

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                                 |                                   |
|---------------------------------|-----------------------------------|
| Date of Submission              | 05/07/2022 13:49 (SGT)            |
| Reported by                     | Both                              |
| Date of Accident                | 25/06/2022 16:00 (SGT)            |
| Exact Location of Accident      | 63A Carlisle Rd, Singapore 219634 |
| Additional Location Information | PARKED AT 63A CARLISLE ROAD       |
| Country/State of Loss           | Singapore                         |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | FBK4323K |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | BRILLET ERIC NICOLAS |
| NRIC No                  | SXXXX535J            |
| Email Address            | ERIC@EKKKO.COM       |
| Mobile Phone No          | (Phone) +65-94529234 |
| Alternative Phone No     | -                    |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Ducati                    |
| Model  | SCRAMBLER FULL THROTTLE   |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private use               |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Motorcycle                |
| Transmission   | Manual                    |
| CC   | 803                       |

#### INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MC/00837398/01                            |

#### DRIVER

|                |                      |
|----------------|----------------------|
| Name of Driver | BRILLET ERIC NICOLAS |
| NRIC No        | SXXXX535J            |
| Date Of Birth  | 01/02/1971           |
| Occupation     | Indoor               |

|  |                       |
|--|-----------------------|
| Date Of Driving Pass .....   | 08/12/1994            |
| Driving experience .....   | 27 YEARS AND 6 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-94529234  |
| Alt. Phone Number .....  | -                     |
| Email Address .....  | ERIC@EKKKO.COM        |
| Address .....  | 63A CARLISLE ROAD     |
| Address complement .....   | -                     |
| Postcode .....   | 219634                |
| Is the driver the policyholder? .....                              | Yes                   |
| If No, Relationship of the Driver with the Insured .....           | -                     |
| Does Driver Own Other Vehicles? .....                              | No                    |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                     |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                     |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |                              |
|--------------------------|------------------------------|
| Type of Accident .....   | Collided into Parked Vehicle |
| Weather Conditions ..... | Clear                        |
| Road Surface .....       | Dry                          |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 2   |
| Was anybody injured in the Accident? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| Was any other vehicle or property damaged? .....  | Yes |
| Number of Passengers (Including Driver) .....   | 0   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### AS PER THE SKETCH PLAN

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |


#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                                |
|-----------------------------------|--------------------------------|
| Vehicle Registration Number ..... | GBH2726K                       |
| Vehicle Manufacturer .....        | -                              |
| Vehicle Model .....               | -                              |
| Vehicle Variant .....             | -                              |
| Vehicle Colour .....              | -                              |
| Vehicle Category .....            | Goods vehicle                  |
| Name of Driver .....              | MOHAMED BASHIR BIN ABDUL RAHIM |
| NRIC No .....                     | SXXXXX611I                     |

Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

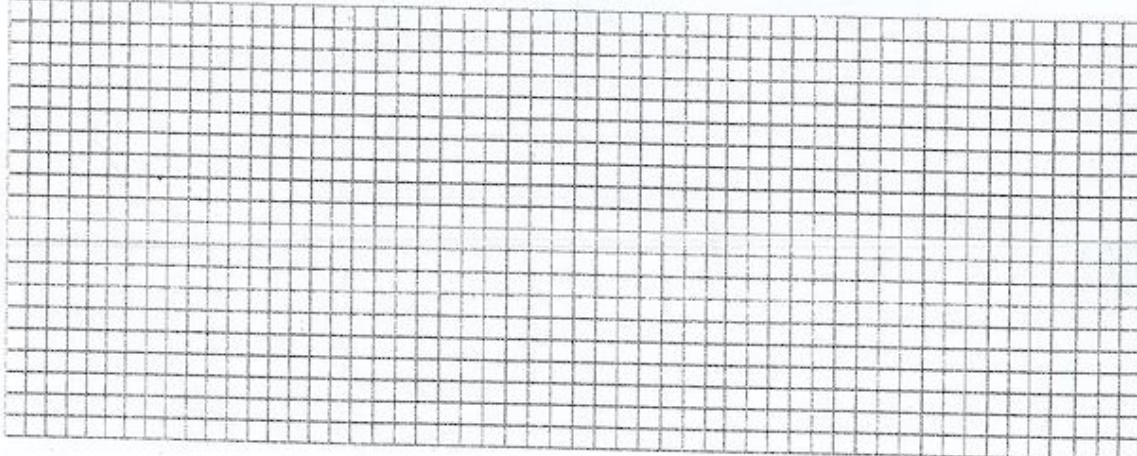
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that :  
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
 (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
 (ii) investigating the accident and/or my claims;  
 (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
 (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
 (collectively the "Purposes")  
 (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
 (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

My moto was parked, at the side of the road, next to my house as usual. I had a moto cover as well. At about 4 PM on Saturday 25/06/2022, a FEDEX Delivery Van stopped by the side of the same road (CARLISLE RD) to drop off a delivery then quickly moved off and subsequently hit the rear tyre of my moto and caused it to luffe hard on its right side (exhaust side). The driver immediately stopped and parked a few metres in front to contact me. I was home at the time and witnessed the accident from my balcony window. I came down to inspect the damage after the bike was put upright. Saw the motor was broken on right side, exhaust muffler impact and dented, main footpeg for brake severely dented, right passenger footpeg scratched, and right throttle axially damaged on handle bar. Bike was able to start and ride but throttle very light and right brake very hard to press.

Driver assisted me and gave me all his details:

IC: 51687611L

NAME: MOHAMED BASHIR BIN ABDUL RAHIM

CAR: FEDEX VAN GBH 2726K

TIME OF ACCIDENT: ~ 4PM SATURDAY 25/06/2022

PLACE OF ACCIDENT: 63A CARLISLE ROAD

MY DETAILS (MOTO OWNER)

IC: 57176535T

NAME: BRILLET ERIC NICOLAS

MOBILE: 9452 9234

EMAIL: ERIC@EKKKO.COM

MOTO: DUCATI SCRAMBLER FULL THROTTLE / FBK 4323K

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel























**Contact us at**  
 Hotline: (65) 6532 2888  
 E-mail: CustomerService@DirectAsia.com

## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**


This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

|  |   |
|--|---|
| <b>Certificate No.</b>   | : MC/00837398/01                            |
| <b>Type of Coverage</b>  | : Third-Party Fire and Theft Cover          |
| <b>1) Vehicle Registration No.</b>   | : FBK4323K                                  |
| <b>Chassis No.</b>   | : ZDMK100AAB003370                          |
| <b>2) Name of Policy Holder</b>  | : Brillet, Eric Nicolas                     |
| <b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>   | : 12/08/2021 00:00                          |
| <b>4) Date of Expiry of Insurance</b>  | : 11/08/2022 23:59                          |
| <b>5) Persons or Classes of Persons Entitled to Drive</b>  |   |
| (a) A named driver who is driving on the Policyholder's permission.  |   |
| Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.  |   |
| <b>6) Limitations as to use*</b>   |   |
| Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. |   |
| *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.  |   |
| <b>Sum Insured</b>   | : Market Value                              |
| <b>Policy Excess</b>   | : S\$ 600.00                                |
| <b>Theft Excess Outside Singapore</b>  | : 50% of market value capped at S\$2,000.00 |
| <b>Main driver</b>   | : Brillet, Eric Nicolas                     |
| <b>Important Note:</b> The policy only covers the main driver and the following named driver:<br>No named driver declared  |   |
| <b>Finance Company / Hire Purchase</b>   | :   |

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 13/07/2021

**Direct Asia Insurance (Singapore) Pte. Ltd.**

  
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**Underwriting Manager**

MC-01-001

**Direct Asia Insurance (Singapore) Pte Ltd**  
 20 Anson Road #08-01 Twenty Anson Singapore 079912  
 www.DirectAsia.com

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