

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 Actual 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	30/07/2022 09:52 (SGT)
Reported by	Both
Date of Accident	29/07/2022 17:50 (SGT)
Exact Location of Accident	Punggol Road, Singapore
Additional Location Information	HEADING TOWARDS PUNGGOL END AT JUNCTION NEXT TO BLK 305D
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF9048Z
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TIO HWA NGEE EDDIE
NRIC No	SXXXX661D
Email Address	edti0661@gmail.com
Mobile Phone No	(Phone) +65-96616623
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Harley Davidson
Model	FLSTF FATBOY
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	1690

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P20514794R00

DRIVER

Name of Driver	TIO HWA NGEE EDDIE
NRIC No	SXXXX661D
Date Of Birth	11/12/1962

Occupation	Outdoor
Date Of Driving Pass	25/08/1981
Driving experience	40 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96616623
Alt. Phone Number	-
Email Address	edti0661@gmail.com
Address	APT BLK 493B TAMPINES AVENUE 9 #09-470
Address complement	-
Postcode	S521493
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	Collision - Head to Rear
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)	1
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

PLEASE REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK3106X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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

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 willful 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. The 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.
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.



[Signature]

Policyholder's Signature / Date & Time
30 JUL 2022
o9wan

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

Witnessed by Reporting Centre Personnel

Sketch Plan



- STOPPED AT TRAFFIC LIGHT TO DO A U-TURN.
- FELT A BUMP FROM BEHIND AND A FEW SECONDS LATER A BIGGER BUMP.
- CAME OFF MY BIKE AND APPROACH THE DRIVER AND IT SEEM THAT HE WASN'T AWARE THAT HE HAD REAR ENDED MY BIKE
- DRIVER SAID SORRY AND EXPLAIN THAT HE WAS DISTRACTED BY HIS DAUGHTER, WHO WAS IN THE FRONT SEAT.
- I ASK HIM TO COME OUT OF HIS VEHICLE AND TALK TO ASK ME TO CLAIM INSURANCE.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 30 JUL 2022
dywan

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

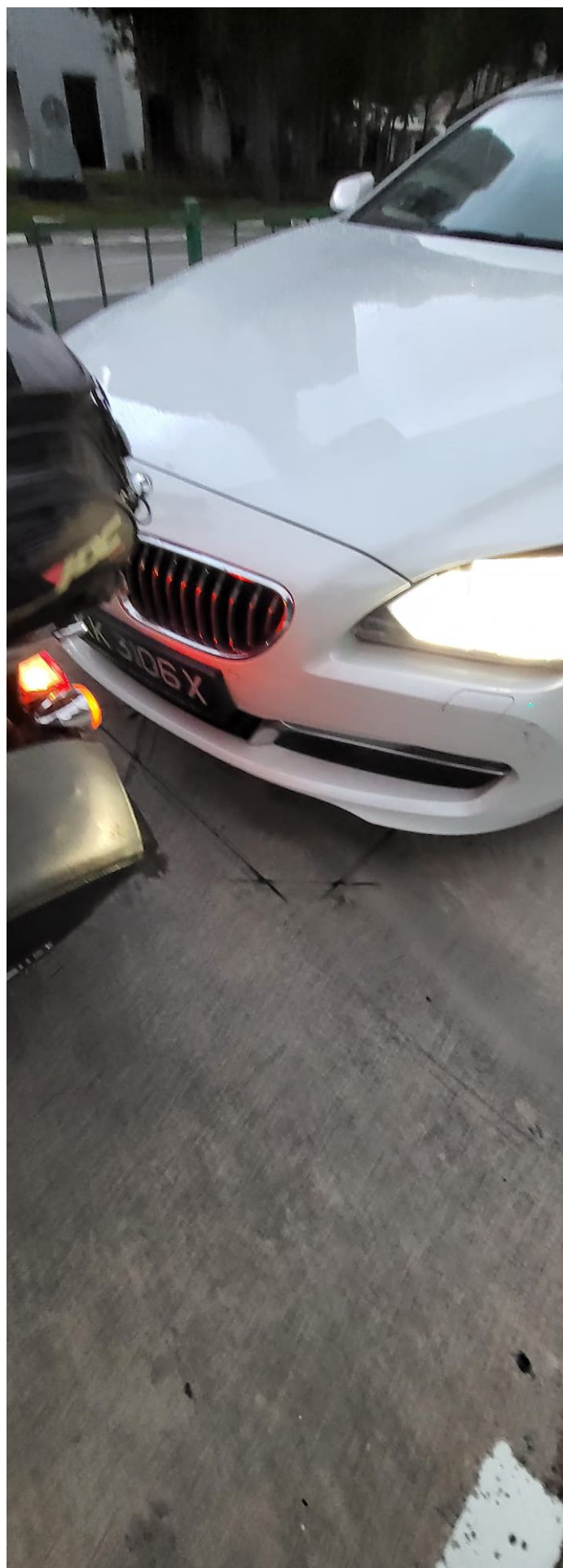


Witnessed by Reporting Centre
Personnel











IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2G227U0001 Vehicle Registration No: FBF9048Z
 Name (as shown in NRIC): TIO HWA NGEE EDDIE NRIC/FIN/Passport No: S1527661D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT BLK 493B TAMPINES AVENUE 9 #09-470 Singapore (521493)
 Contact (Tel): _____ Mobile No.: 96616623
 Email Address: edti0661@gmail.com
 Date of Accident: 29.07.2022 Time of Accident: 1750HRS
 Place of Accident: PUNGGOL ROAD HEADING TOWARDS PUNGGOL END AT JUNCTION NEXT TO BLK 305D
 Insurance Company: BUDGET DIRECT

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

WRONG VEHICLE CATEGORY FOR OTHER VEHICLE PROPERTY 1

NOT MOTORCYCLE FOR SKK3106X, IS A PRIVATE CAR

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name: ONG YEE DOO
 NRIC/FIN No.: _____
 Date: 30.07.2022





