

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	18/11/2022 16:58 (SGT)
Reported by	Both
Date of Accident	16/11/2022 08:33 (SGT)
Exact Location of Accident	702 Bedok North Rd, Singapore
Additional Location Information	BLK 702 BEDOK NORTH ROAD CAR PARK LOT 55
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK1004B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YUYAN
NRIC No	SXXXX490D
Email Address	yuyantanyy@gmail.com
Mobile Phone No	(Phone) +65-83339180
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cbr600rr
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	599

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/00804827/02

DRIVER

Name of Driver	TAN YUYAN
NRIC No	SXXXX490D
Date Of Birth	23/06/1989
Occupation	Indoor

Date Of Driving Pass	23/10/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83339180
Alt. Phone Number	-
Email Address	yuyantanyy@gmail.com
Address	BLK 705 BEDOK NORTH ROAD
Address complement	#06-3432
Postcode	470705
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER THE POLICE REPORT AND 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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

WITNESS DETAILS


WITNESS 1

Name	Zaiton Hashim
Phone	(Phone) +65-96454215
Email	z.manja73@gmail.com

SKETCH PLAN

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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.

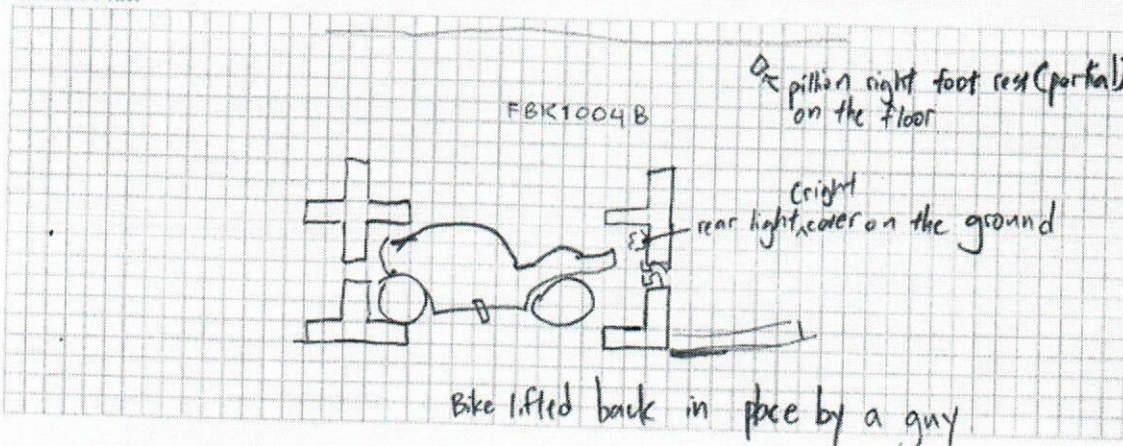

Policyholder's Signature / Date & Time
18/11/22 1600hr

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

Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

In the morning of 16/11/22, when I hop on my bike, I notice the following.

- 1) ~~the~~ Grip of the right handle bar damage.
- 2) Right side mirror not in position, and can see crack marks on the mirror holder.

I ~~guess~~ suspect someone may hit my bike and bike drop on the right.

I got off the bike, look at the right side of the bike and notice the following.

- 1) There are scratch mark on the right side.
- 2) scratch mark on the right handle bar
- 3) The rear right ~~side~~ signal light crack and the particles are on the floor.
- 4) The pillion right foot rest crack and the partial of it is on the floor.
- 5) some additional scratch mark ~~on the~~ and crack on the right fairing.

I notice there is a dent on the rear left of the car plate.


I have lodged a police report on the same day of the incident. This morning (18/11/2022) my neighbour (witness) staying ~~next to the~~ directly facing the carpark share with me a video showing a taxi driver lifting my bike off up. ~~she~~ The witness told me she heard a loud bang when she wanted to close the window so she looked out and saw the incident. she only managed to take video of the after event.

Declaration

We declare the foregoing particulars are true in every respect.

 18/11/22 1600hr
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel