SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number **EMail Address**

Fax Number

- 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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.

	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	25/12/2017 18:50	
Date Of Accident	25/12/2017 13:40	
Exact Location Of Accident	ALONG HOUGANG ST 51 (BUANGKOK ST)	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKE6760T	
Insured/Policyholder		
Name Of Registered Owner	MOHAMED RAFI S/O MOUHAMADALLY	
NRIC No	S8017088B	
Email Address	RIVALDO700@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-81218036	
Alternative Phone No	OFFICE-81218036	
Vehicle Particulars		
Manufacturer	KIA	
Model	CERATO FORTE KOUP 1.6 6AT	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	MT/00372089	
Cover Note Number	N.A	
Driver		
Name of Driver	MOHAMED RAFI S/O MOUHAMADALLY	
NRIC No	S8017088B	
Date Of Birth	12/06/1980	
Occupation	INDOOR	
Date Of Driving Pass	19/06/2009	
Driving Experience	8 YEARS AND 6 MONTHS	
Gender	MALE	

(LOCAL) +65-81218036

RIVALDO700@GMAIL.COM

OFFICE-81218036

Address NIL

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

s)

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I SKE6760T was driving along Hougang street 51 along Buangkok road in the middle lane when the front vehicle EZ3883C made a sudden stop.i slowed down my vehicle and managed to stop my vehicle for a few seconds when suddenly the other party SJP4016P hit me from behind which moved my vehicle to hit the front car bumper. No injuries involved

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP4016B

Vehicle Make/Model/Colour MITSUBISHI LANCER / RED

Details Of Properties NIL

Vehicle Category PRIVATE CAR
Name of Driver MR SHAWN

NRIC/Passport Number

Contact Number 91857842

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

EZ3883C

Vehicle Make/Model/Colour TOYOTA VIOS

Details Of Properties NIL

Vehicle Category PRIVATE CAR
Name of Driver HO YEW WAH
NRIC/Passport Number S0112201J
Contact Number 97673883

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

IMPORTANT NOTICE 1. Place report correctly the decides of the projection to release up the design of the projection of

Common Statement

ACCIDENT STATEMENT (2000 characters)

lane when the front vehicle EZ3883C in and managed to stop my vehicle for a fe	g street 51 along Buangkok road in the middle made a sudden stop.i slowed down my vehicle ew seconds when suddenly the other party moved my vehicle to hit the front car bumper.No
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provi VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD SUMARDI BIN MOHD AFFANDI	ided above are true in every aspect
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time 25 December 2017 4:35 pm	Date/Time: 25 December 2017 4:35 pm

















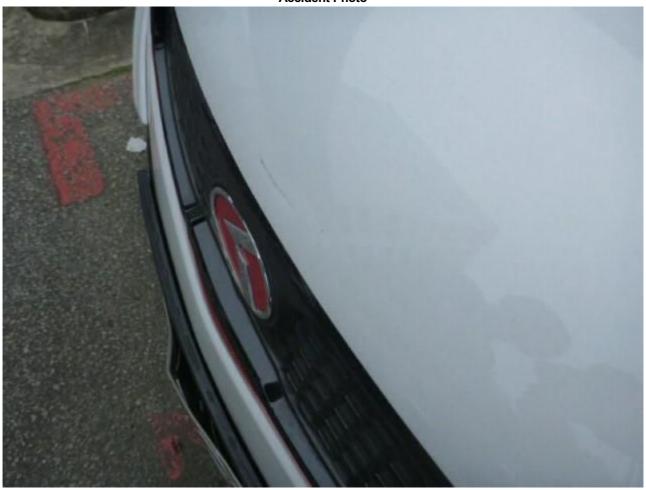
























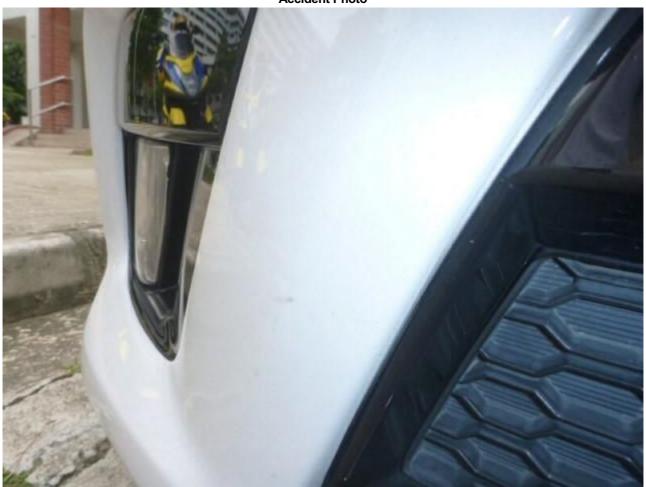






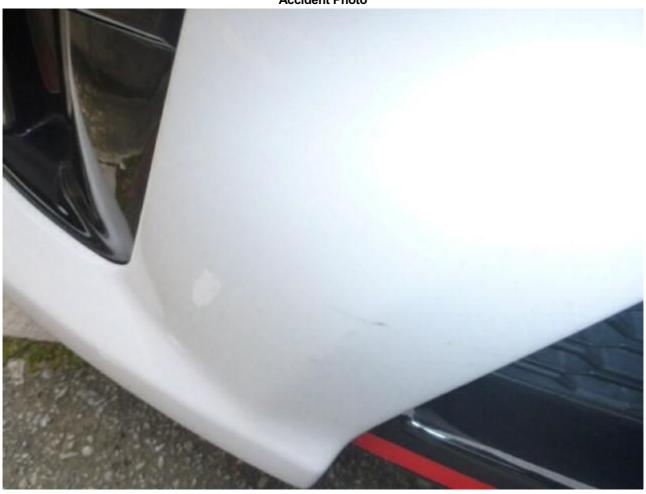




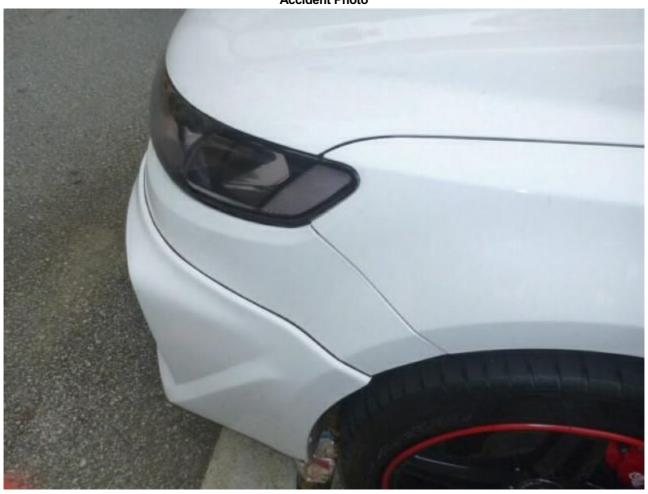








Accident Photo















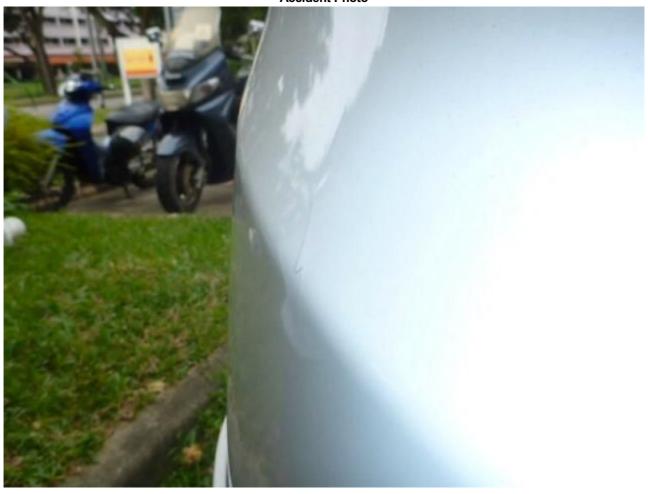














Accident Photo







































Accident Photo







Accident Photo



















Accident Photo





Driving License

