

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 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 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 Report	26/02/2018 13:45
Date Of Accident	22/02/2018 18:30
Exact Location Of Accident	UPPER BUKIT TIMAH RD TWDS WOODLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE9096P
Insured/Policyholder	
Name Of Registered Owner	PALLIMATTATHIL SAIDUMHAMMED HABEEB R
Passport No/FIN	G6009490Q
Email Address	HABEEBRAHMANPS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85220602
Alternative Phone No	OTHERS-85220602

Vehicle Particulars

Manufacturer	HONDA
Model	399 C. C.
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-366281-CA
Cover Note Number	

Driver

Name of Driver	PALLIMATTATHIL SAIDUMHAMMED HABEEB R
Passport No/FIN	G6009490Q
Date Of Birth	30/05/1983
Occupation	INDOOR
Date Of Driving Pass	15/08/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85220602
Fax Number	
Contact Number	OTHERS-85220602
EEmail Address	HABEEBRAHMANPS@GMAIL.COM

Address	SIGMA ELEVATOR SINGAPORE PTE LTD
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF5830P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JACK SEOW
NRIC/Passport Number	
Contact Number	93870711
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

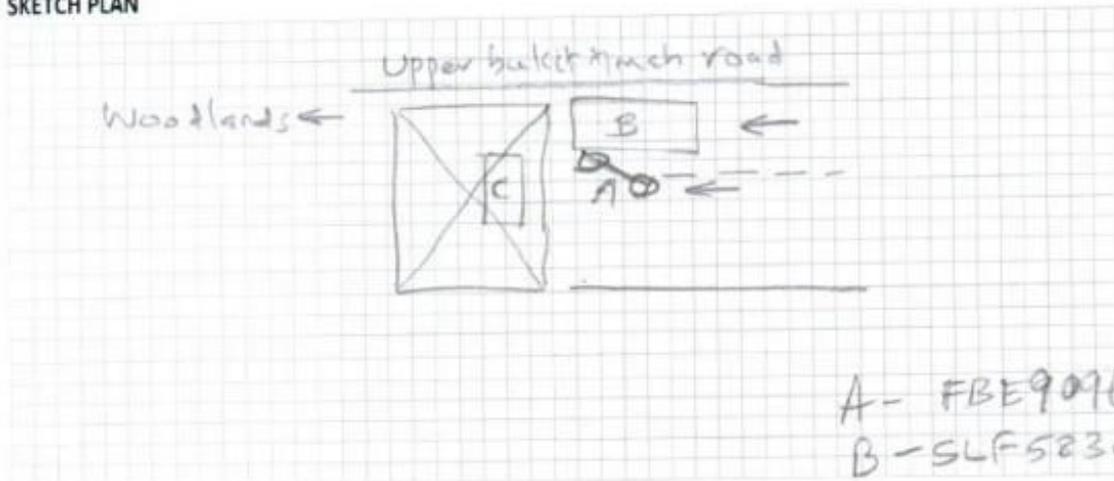
DETAILS OF INJURED PERSON 1

Name	PALLIMATTATHIL SAIDUMHAMMED HABEEB R
Approximate Age	

Injuries Sustain	LEFT LEG PAIN
Injured person in which vehicle?	FBE9096P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

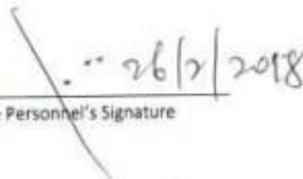
Motor bike A riding towards woodlands. Vehicle B was station before yellow box suddenly Vehicle 'C' comes to the yellow box. Vehicle 'A' sudden break to avoid the collision. Vehicle A stopped after drop front left corner to Vehicle B. handle bar touched to Vehicle 'B'

DECLARATION

I/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:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan #3



Jack Seow 邵坤明
Business Manager
Mobile: 9387 0711
Tel: 6255 8188 Fax: 6250 6992
Email: jack@expresslabel.com.sg

← TP

Express[®]
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Accident Photo



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