

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	30/03/2018 00:33
Date Of Accident	29/03/2018 09:00
Exact Location Of Accident	JUNCTION OF DRAYCOTT PARK AND STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ69B
Insured/Policyholder	
Name Of Registered Owner	TAY CHRISTOPHER CHARLES
NRIC No	S6929791I
Email Address	CHRISTAY69@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96700089
Alternative Phone No	OFFICE-96700089

Vehicle Particulars

Manufacturer	YAMAHA
Model	TMAX530
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MC/00277543/02
Cover Note Number	N.A.

Driver

Name of Driver	TAY CHRISTOPHER CHARLES
NRIC No	S6929791I
Date Of Birth	20/09/1969
Occupation	INDOOR
Date Of Driving Pass	12/11/1986
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96700089
Fax Number	
Contact Number	OFFICE-96700089
Email Address	CHRISTAY69@GMAIL.COM

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	COLLISION - HEAD TO REAR
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?	NO
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)	2
Passenger 1	NAME: : WUU SU SAN
	GENDER: : FEMALE

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

ON THE DATE AND TIME MENTIONED I WAS RIDING ALONG THE SAID MENTIONED ROAD AND MADE A STOP AT SAID JUNCTION AT THE STOP LINE TO CHECK FROM TRAFFIC FROM MY RIGHT (MY VEHICLE WAS STATIONARY FOR SOME TIME AS THERE WAS ONCOMING TRAFFIC) WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. THE IMPACT PUSHED MY VEHICLE FORWARD, ACROSS. STOP LINE, BUT I MANAGED TO KEEP THE BIKE UPRIGHT. I HAD A PILLION WITH ME AT THE TIME OF THE ACCIDENT. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGE IT.

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

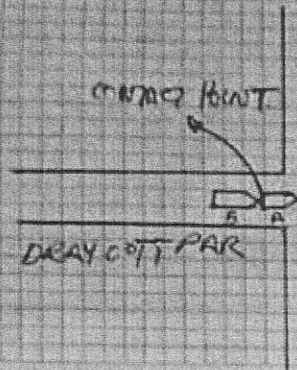
Vehicle Registration Number	SHC1028D
Vehicle Make/Model/Colour	TOYOTA/PRIUS/BLU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA SOON KENG
NRIC/Passport Number	S1565581Z
Contact Number	91367395
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



A. FBJ 69B
B. SHC 1028D

28/3/18
0900hrs


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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X 
Policyholder's Signature
Date & Time:

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

Reporting Child Personnel's Signature
Name:
NRIC/FIM No.:

Common Statement

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED I WAS RIDING ALONG THE SAID MENTIONED ROAD AND MADE A STOP AT SAID JUNCTION AT THE STOP LINE TO CHECK FOR TRAFFIC ON MY RIGHT. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. THE IMPACT PUSHED MY VEHICLE FORWARD, ACROSS. STOP LINE, BUT I MANAGED TO KEEP THE BIKE UPRIGHT. I HAD A PILLION WITH ME AT THE TIME OF THE ACCIDENT. NOBODY WAS INJURED.

STATEMENT WAS READ TO ME AND I ACKNOWLEDGE IT.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

29 March 2018 at 5:49 PM

Date/Time:

29 March 2018 at 5:50 PM