

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 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 Report	05/10/2018 14:03
Date Of Accident	05/10/2018 08:00
Exact Location Of Accident	WOODLANDS RD TWDS BUKIT PANJANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9773S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD TAUFIK BIN AZAHARI
NRIC No	S8823408A
Email Address	TAUFIK88SG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97499237
Alternative Phone No	OTHERS-97499237

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5069677304-03
Cover Note Number	

Driver

Name of Driver	MUHAMMAD TAUFIK BIN AZAHARI
NRIC No	S8823408A
Date Of Birth	06/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97499237
Fax Number	
Contact Number	OTHERS-97499237
EEmail Address	TAUFIK88SG@YAHOO.COM.SG

Address	BLK 531 BEDOK NORTH ST 3 #04-686
Postcode	460531
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)	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

I WAS TRAVELLING STRAIGHT ALONG WOODLANDS RD TWDS BUKIT PANJANG ON THE EXTREME LEFT LANE OF A3-LANES RD BESIDE THE BUS STOP. SUDDENLY INFRT OF MY VEH JAMMED BRAKE, TO AVOID COLLISION I SWERVED MY VEH TO MY RIGHT BUT MY VEH HIT ONTO THE REAR RIGHT PORTION OF THE VEH B.

Attachment(s)

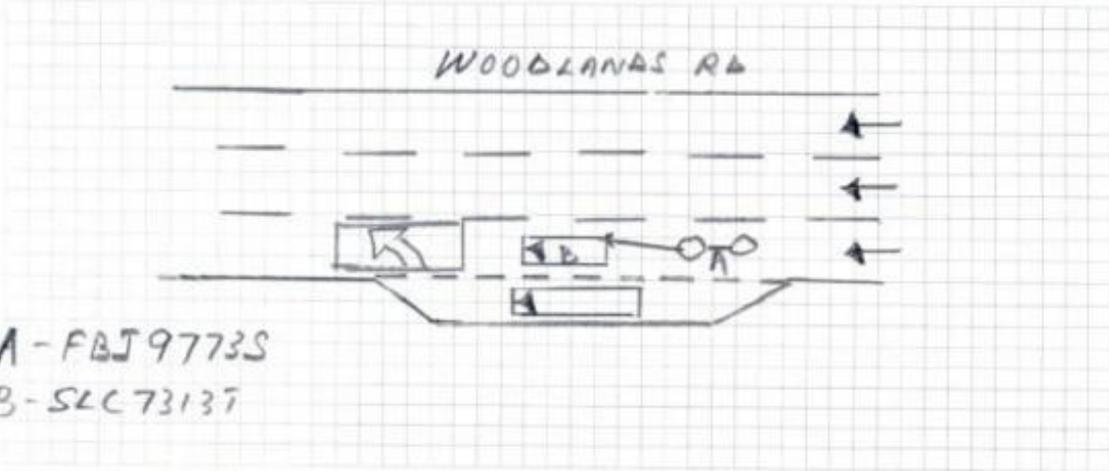
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC7313T
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG KOK SIEW
NRIC/Passport Number	S7641690G
Contact Number	86129169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

[Signature] 5/10/18
Policyholder's Signature
Date & Time:

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

[Signature] 05/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

