

## 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	12/10/2018 02:45
Date Of Accident	10/10/2018 21:30
Exact Location Of Accident	UNCTION OF CLEMENTI AVE 2 AND CLEMENTI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD3708C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIOW BOON FONG
NRIC No	S7043719H
Email Address	MIKESIOW13@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92761261
Alternative Phone No	OTHERS-92761261

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T-MAX
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMMPHQ17-000970
Cover Note Number	N.A

### Driver

Name of Driver	SIOW BOON FONG
NRIC No	S7043719H
Date Of Birth	01/12/1970
Occupation	INDOOR
Date Of Driving Pass	25/03/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92761261
Fax Number	
Contact Number	OTHERS-92761261
Email Address	MIKESIOW13@YAHOO.COM.SG

Address	NA
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?	
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 FBD3708C was driving along the slip road of Clementi ave 2 towards Clementi rd. While I was in the queueing at the slip road I was checking onto my blindspot and the oncoming traffic, as I look forward suddenly the other party SKG6852B make a Jem brake, I applied my brake to avoid the contact with the other party but couldn't stop on time and collided onto the other party rear vehicle. No injuries was involved.

#### 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	SKG6852B
Vehicle Make/Model/Colour	VOLKSWAGEN / TIGUAN / WHITE
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81575846
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



**ACCIDENT STATEMENT (2000 characters)**

I FBD3708C was driving along the slip road of Clementi ave 2 towards Clementi rd. While I was in the queueing at the slip road I was checking onto my blindspot and the oncoming traffic, as I look forward suddenly the other party SKG6852B make a Jem brake, I applied my brake to avoid the contact with the other party but couldn't stop on time and collided onto the other party rear vehicle. No injuries was involved.

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 -  
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 October 2018 at 7:52 PM

Date/Time:

11 October 2018 at 7:52 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

