MBHH18132327 / Ajax Mars Pte Ltd - Bukit Merah ENTRY DATE & TIME: 12/10/2018 02:45 SUBMITTED BY: Victor Ang

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aloresald.		
	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	
Insured/Policyholder		
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		

OTHERS-92761261

MIKESIOW13@YAHOO.COM.SG

Address

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

-

NO

NO

#### **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.

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?

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 bindspot 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

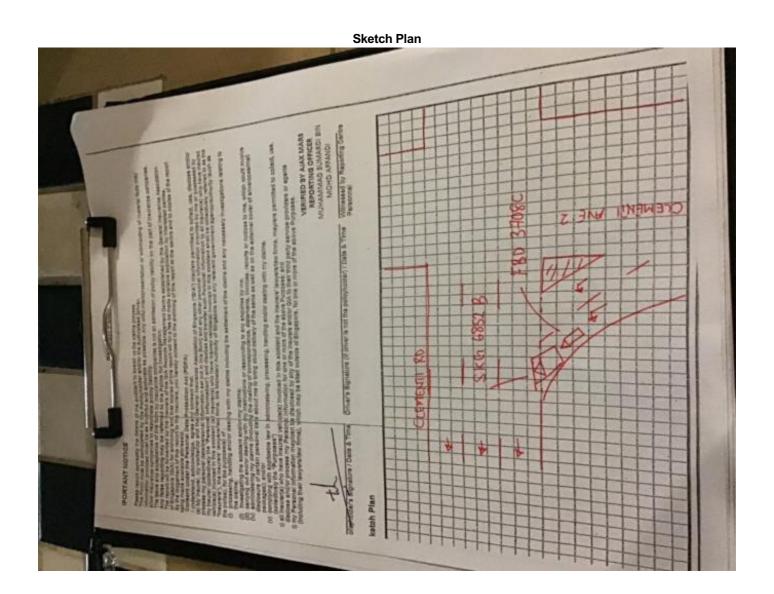
Contact Number 81575846

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



# **ACCIDENT STATEMENT (2000 characters)**

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Taxi Voucher No.:	
DECLARATION  I/We declare that the above particulars & information prov	vided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD SUMARDI BIN MOHD AFFANDI	
MADO O‴	·
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
11 October 2018 at 7:52 PM	11 October 2018 at 7:52 PM





