

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	11/12/2018 12:55
Date Of Accident	10/12/2018 18:00
Exact Location Of Accident	ALONG WOODLAND DRIVE 50
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1594J
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD HILMI BIN MOHAMAD JAAFAR
NRIC No	S8731302F
Email Address	HILMIJAAFAR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88138849
Alternative Phone No	OFFICE-88138849

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X ABS
Exact Purpose for which vehicle was being used at time of accident	MOTORCYCLE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMMPHQ18-000468
Cover Note Number	

Driver

Name of Driver	MOHAMAD HILMI BIN MOHAMAD JAAFAR
NRIC No	S8731302F
Date Of Birth	03/10/1987
Occupation	INDOOR
Date Of Driving Pass	05/02/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88138849
Fax Number	
Contact Number	OFFICE-88138849
Email Address	HILMIJAAFAR@HOTMAIL.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	2
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 was travelling along WOODLANDS DR 50 when there was an accident on coming traffic, I was stopping at the zebra crossing waiting for vehicle to move off & when I start to move off, the front left of my motorcycle FBL1594J contact onto car SLM7071M rear right bumper. We were distracted by the accident that cause the minor accident. No injuries involved. That's all.

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	SLM7071M
Vehicle Make/Model/Colour	MERCEDES BENZ/C180 AVANTGARDE (R17 LED)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEN YAN
NRIC/Passport Number	S6845813G
Contact Number	81125180
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN


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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

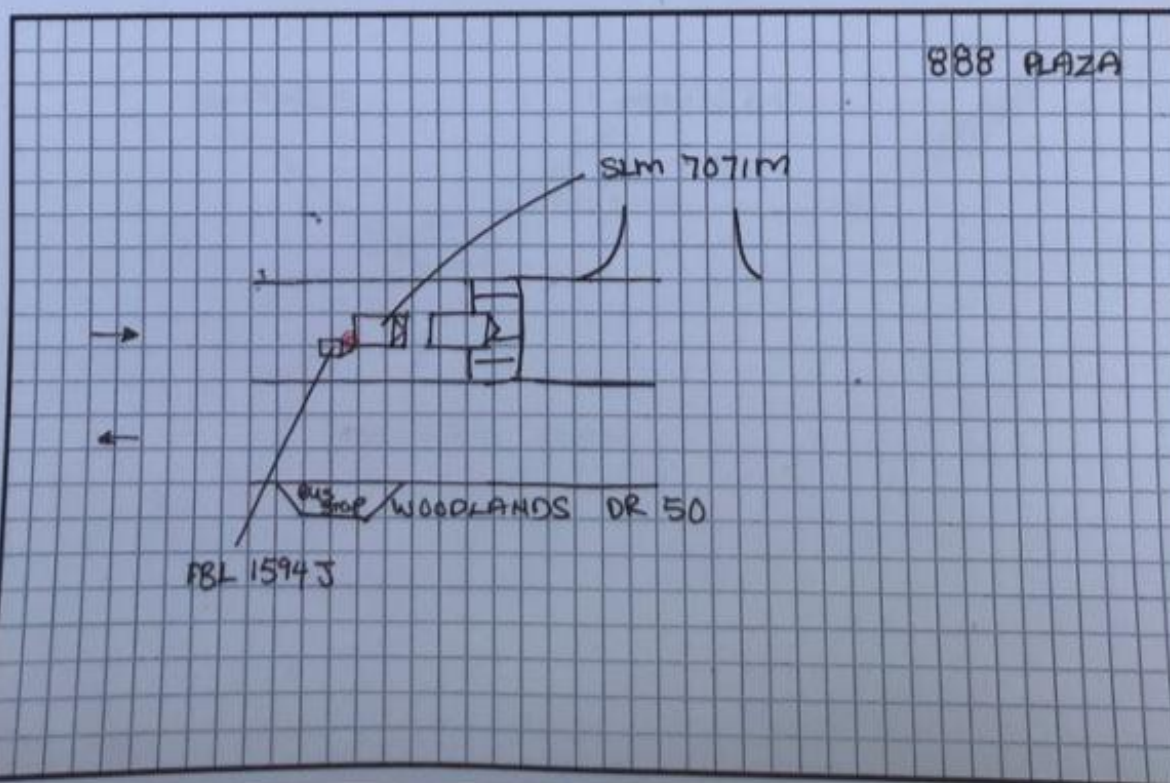
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

 11/12/18 1049am
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

I was travelling along WOODLANDS DR 50 when there was an accident on coming traffic, i was stopping at the zebra crossing waiting for vehicle to move off & when I start to move off, the front left of my motorcycle FBL1594J contact onto car SLM7071M rear right bumper. We were distracted by the accident that cause the minor accident. No injuries involved. That's all.

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 -
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 December 2018 at 10:58 AM

Date/Time:

11 December 2018 at 10:58 AM

Accident Photo



Accident Photo

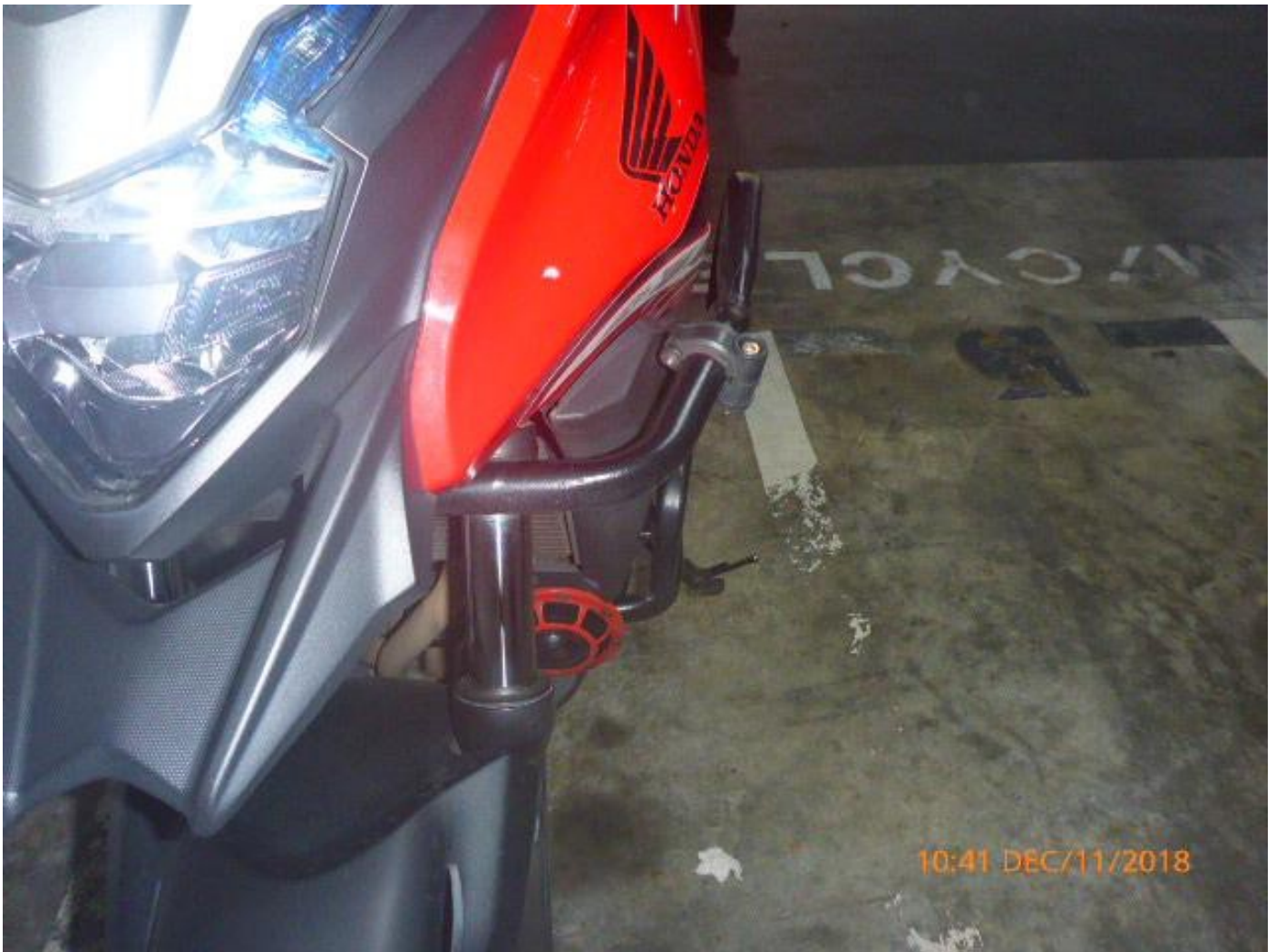


10:40 DEC/11/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S8731302F**

Name:
**MOHAMAD HILMI BIN
MOHAMAD JAAFAR**

Birth Date: **03 Oct 1987**
Issue Date: **11 May 2013**





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8731302F**



Name:
**MOHAMAD HILMI BIN
MOHAMAD JAAFAR**

Race:
BOYANESE

Date of birth: **03-10-1987** Sex: **M**

Country of birth:
SINGAPORE







Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 CC	05 Feb 2007
Class 2A	Motorcycles between 201 CC and 400 CC	03 Mar 2016
Class 3	Motor cars \leq 2000 kg with \leq 7 passengers, exclusive of the driver; and motor tractor/vehicles \leq 2500 kg	09 Mar 2017

S8731302F

S / No. 9000257365

Licence No: S8731302F

NP 428A

4940899

S8731302F

MRIC No: S8731302F

Date of issue
05-02-2013

Address
APT BLK 895C WOODLANDS DRIVE 50
#03-44
SINGAPORE 732895