

MVAZ19001973 / VAG = Shi Ming
ENTRY DATE & TIME: 05/01/2019 11:01
SUBMITTED BY: CHRISTINA ONG Mui Lan

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 willful 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 05/01/2019 11:01
Date Of Accident 04/01/2019 20:00
Exact Location Of Accident ORCHARD TURN
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBB298Z
Insured/Policyholder
Name Of Registered Owner DEIVANAI D/O SOJE MANY
NRIC No S7935274H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97690977
Alternative Phone No OTHERS-97690977

Vehicle Particulars

Manufacturer YAMAHA
Model JUPITER MX (HC)
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

Vehicle Category THIRD PARTY
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 5077288633-02 (TPFT)
Cover Note Number

Driver

Name of Driver DEIVANAI D/O SOJE MANY
NRIC No S7935274H
Date Of Birth 22/10/1979
Occupation INDOOR
Date Of Driving Pass 11/12/2003
Driving Experience 15 YEARS AND 0 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-97690977
Fax Number OTHERS-97690977
Contact Number NOEMAIL
Email Address

Address BLK 406 #07-239 SIN MING AVENUE
 Postcode 570406
 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 (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 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

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

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 :

Vehicle Registration Number SLK4027C
 Vehicle Make/Model/Colour HONDA SUV
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number 91205731
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON :

Name DEIVANAI D/O SOJIE MANY

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

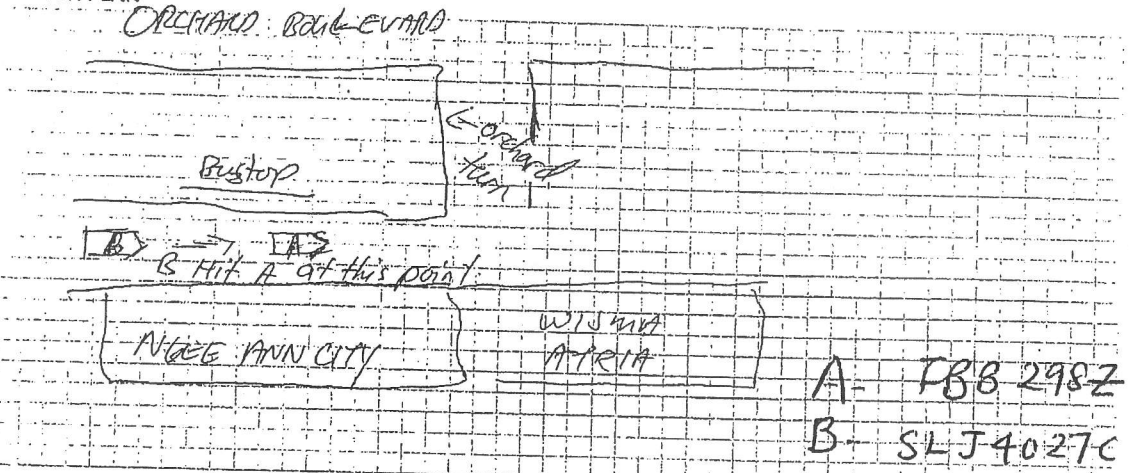
Address

Postcode

BRUISES ON RIGHT LEG AND LEFT THIGH
FBB298Z

NO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA - 4/1/19

On the day 04/01/2019 my vehicle F88 298Z was involved in a rear accident when I was riding towards to Orchard turn a car SLJ 4027C was coming from behind. At 1 fell onto the ground road. The driver immediately came to my assistant. My bike was damaged at the back and side right side of the bike was also damaged.

DECLARATION

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

Policyholder's Signature
Date & Time:

PR 05/01/19 05 JAN 2019

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

