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 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

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Date Of Report

04/02/2019 07:49

Date Of Accident

01/02/2019 11:30

Exact Location Of Accident

ALONG ROBINSON ROAD (SLIP ROAD)

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YN7351X

Insured/Policyholder

Name Of Registered Owner

AETOS SECURITY MANAGEMENT PTE LTD

Co Reg No

200208601N

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-98962243

Vehicle Particulars

Manufacturer

ISUZU

Model

LORRY

Exact Purpose for which vehicle was being used at

time of accident

GOODS TRANSPORTATION

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

YES

Policy Number

D-19092514MFCV/6

Cover Note Number

Driver

Name of Driver

THAYALAN A/L THANGARAJOO

Passport No/FIN

F7404559Q

Date Of Birth Occupation

23/02/1973

Date Of Driving Pass

OUTDOOR

Driving Experience

22/02/2010 8 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-98962243

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

NO 55 JALAN SERI AUSTIN6/22 . TAMAN SERI AUSTIN

JOHOR BAHRU MALAYSIA

Postcode

81100

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

2

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?

hiclo)

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

3

Passenger 1

ambulance?

NAME:

: EDDIE CHI THER

GENDER:

: MALE

Passenger 2

NAME:

: SYAHRUM BIN SAIMIN

GENDER:

: MALE

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 ATTACHMENT

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

SH6298B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

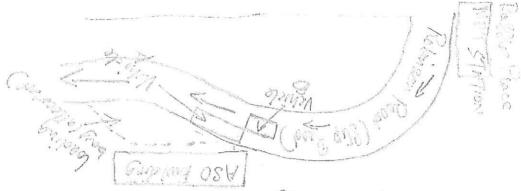
Postcode

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Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

Avelicle - YN 7351X Brelicle - SH 6298B



Please refair to affactionens DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Please refer to attachment.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: 2 2 14

Name; NRIC/FIN No .:

Reporting Centre Personnel's Signature