SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.		
(P) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	ACCIDENT STATEMENT	
Date Of Report	22/02/2019 17:44	
Date Of Accident	07/02/2019 14:30	
Exact Location Of Accident	ALONG MARINE PARADE CENTRAL CARPARK ENTRANCE.	
Country/State of Loss	SINGAPORE	
Design to the state of the stat	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBM4144A	
Insured/Policyholder		
Name Of Registered Owner	BAN HOCK HIN COMPANY PRIVATE LIMITED	
Co Reg No	197000288K	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-62816520	
Vehicle Particulars		
Manufacturer	YAMAHA	
Model	YBR125	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE	
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	MOTORCYCLE	
Insurance Company		
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD	
Type Of Coverage	THIRD PARTY	
Fleet Policy	YES	
Policy Number	AVFMSB0000591803	
Cover Note Number		
Driver		
Name of Driver	LI JUN YI	
NRIC No	G8749239M	
Date Of Birth	11/02/1992	
Occupation	OUTDOOR	
Date Of Driving Pass	22/01/2019	
Driving Experience	0 YEAR AND 0 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-90350135	
Fax Number		
Contact Number		

PW@SG.MCD.COM

NA Address

Postcode

Was driver an employee of the Insured's Company

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PARKED VEHICLE Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I was driving my motorcycle along Marine Parade Central Carpark entrance. Vehicle SLQ3871B wanted to exit the gantry. However the barrier did not open , as such the vehicle SLQ3871B reversing his car and without knowing I behind the car and hit onto my bike front left side position . Damages of my bike front left side position. No injuries were involved.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLQ3871B Vehicle Registration Number

HONDA / VEZEL HYBRID 1.5 AUTO Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category LEONG KOK YEN Name of Driver

NRIC/Passport Number

90177187 Contact Number

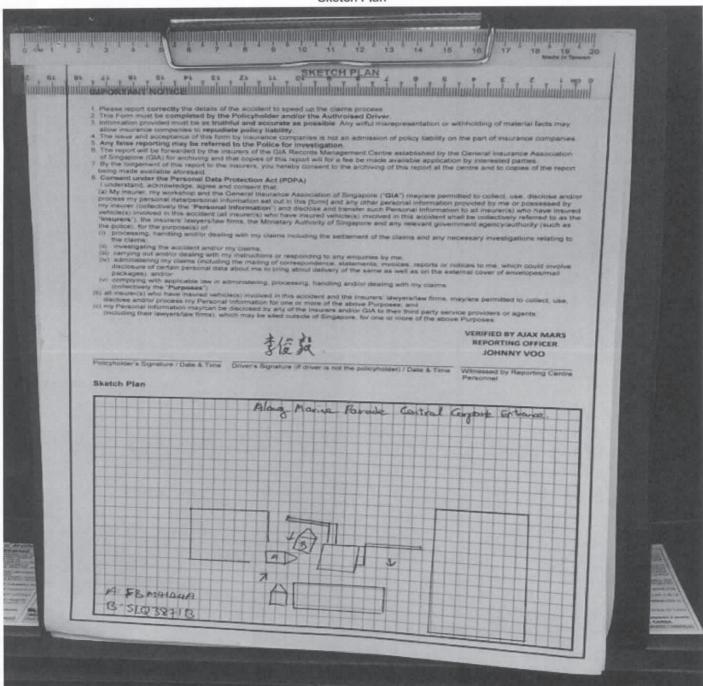
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



ACCIDENT S	STATEMENT (2000	characters)
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SLQ3871B wanted to exit the gantry. Hovehicle SLQ3871B reversing his car and	ne Parade Central Carpark entrance. Vehicle owever the barrier did not open, as such the d without knowing I behind the car and hit onto es of my bike front left side position. No injuries
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provide	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - JOHNNY VOO CHEON YEE	是海南
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
22 February 2019 at 2:16 PM	22 February 2019 at 2:16 PM