

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	18/02/2019 19:59
Date Of Accident	18/02/2019 07:45
Exact Location Of Accident	ALONG SIMEI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2518D
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD FAIRUS KHAN BIN OMAR
NRIC No	S8026050D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97919649
Alternative Phone No	OFFICE-97919649
Vehicle Particulars	
Manufacturer	HONDA
Model	400X MANUAL
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AVMCSB0029021801
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SHAH BIN SALIM
NRIC No	S9213834H
Date Of Birth	31/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97919649
Fax Number	
Contact Number	
Email Address	SHAHZEO@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	RAINING
Road Surface	WET

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

I was driving along simei rd on the most right lane, as i was travelling straight at my own lane, vehicle B (SLW9117A) suddenly signal left and brake to switch lane. As a result vehicle B causes me to jam brake as well and collided onto him. Bike fall towards the right and the ride side of the bike was damaged and my right side of the body was injured.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW9117A
Vehicle Make/Model/Colour	B.M.W. / 318I
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAUN LUKE YEO SHELVAN
NRIC/Passport Number	S9301202Z
Contact Number	93892045
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: : P1

GENDER: : MALE

Passenger 2

NAME: : P2

GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD SHAH BIN SALIM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBK2518D

Were seat belts worn?

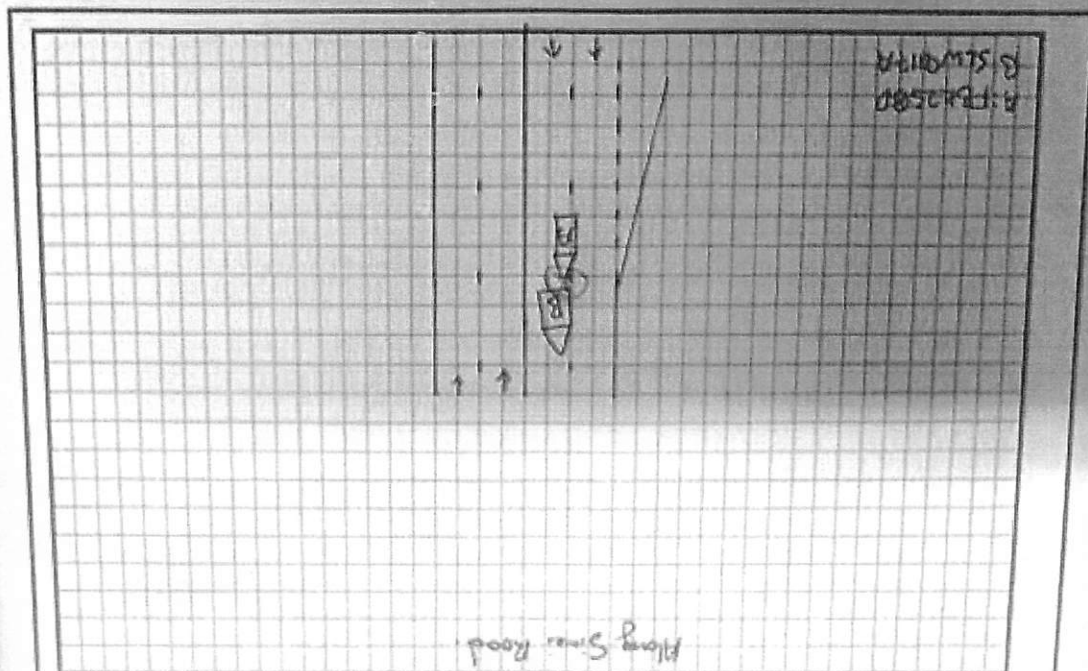
NO

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



Sketch Plan

Police Officer's Signature / Date & Time
Driver's Signature (if driver is not the proprietor) / Date & Time
Witnessed by Reporting Centre
Personal

[Signature]

REPORTING OFFICER
JOHNNY VOO

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Proprietor and/or the Authorized 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 name and signature of the Proprietor or Authorized Driver must be provided in the presence of a police officer or a police constable.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurance Management Centre to the relevant insurance company.
7. For the insurance of the report to the insurer, you hereby consent to the release of the report to the insurer and to copies of the report being made available to the insurer.
8. Consent under the Personal Data Protection Act (PDPA)
9. I understand, acknowledge, agree and warrant that:
 - (a) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of processing my personal data for the purpose of providing me with the relevant insurance services.
 - (b) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.
 - (c) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.
 - (d) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.
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 - (s) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.
 - (t) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.
 - (u) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.
 - (v) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.
 - (w) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.
 - (x) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.
 - (y) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.
 - (z) My name, my workplace and the Company name are provided to the relevant insurance company for the purpose of providing me with the relevant insurance services.

Sketch Plan

ACCIDENT STATEMENT (2000 characters)

I was driving my bike along Simei road. The road was wet, suddenly vehicle SLW9117A slowdown and change his lane and I tried to stop but the road was slippery, I skid and hit onto the car rear side position. Damages of my bike front right side position. My right side body was injured.

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 -
JOHNNY VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 February 2019 at 6:43 PM

Date/Time:

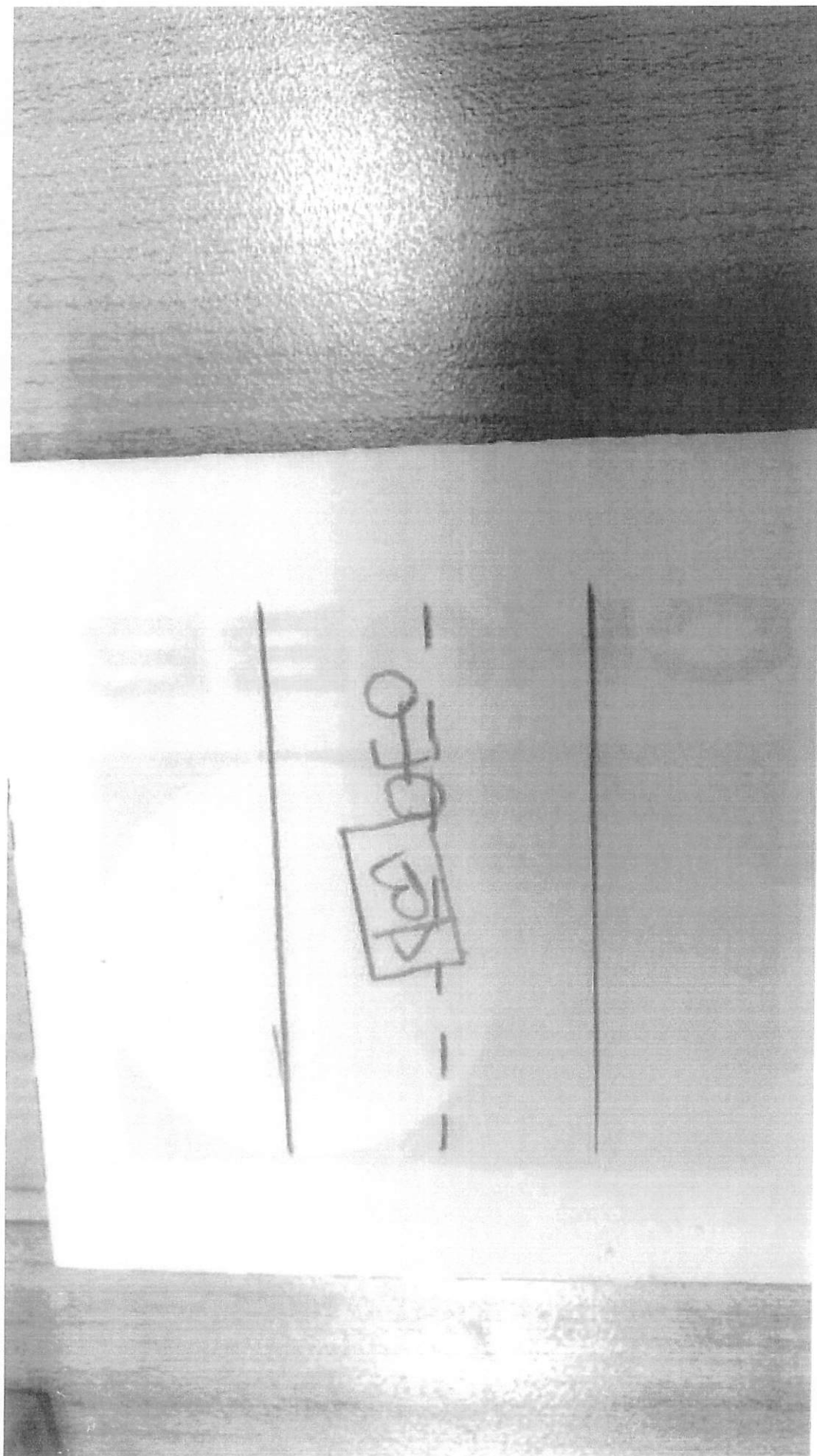
18 February 2019 at 6:43 PM

EMAIL ATTACHMENT

Sabitra

From: Shah Salim <shahzco@gmail.com>
Sent: Thursday, 21 February, 2019 2:13 PM
To: group@ajaxmars.com
Subject: Amend report FBK2518D
Attachments: IMG-20190221-WA0011.jpg

I was driving along since I was on the most right lane, as I was travelling straight in my own lane, vehicle B (SLW9117A) suddenly signal left and brake to switch lane. As a result vehicle B causes me to jam brake as well and collided onto him. Bike fell towards the right and the right side of the bike was damaged and my right side of the body was injured.



PICTURES