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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/02/2019 20:51
Date Of Accident	21/02/2019 03:30
Exact Location Of Accident	ALONG UPPER CROSS ST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBN1660R
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN (LEASING)
Co Reg No	197000288K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62816520
Vehicle Particulars	
Manufacturer	YAMAHA
Model	NMAX155 ABS
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	AVFMSB0000651800_
Cover Note Number	
Driver	
Name of Driver	NAVINDR VEERA KUMAR

NRIC No G2536125W
Date Of Birth 16/02/1992
Occupation OUTDOOR
Date Of Driving Pass 13/06/2017

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (FOREIGN) 6016-6822797

Fax Number

Contact Number

EMail Address NAVINDR92@GMAIL.COM

Address NA

Postcode

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

My bike was park at the upper cross road. Suddenly lorry GBA145L accidentally hit onto my bike and dropping on the floor. Damages of my bike rear side storage box and front left side position. No injuries were involved.

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 GBA145L

Vehicle Make/Model/Colour TOYOTA /DYNA 150MANUAL

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LIM SENG HUAT

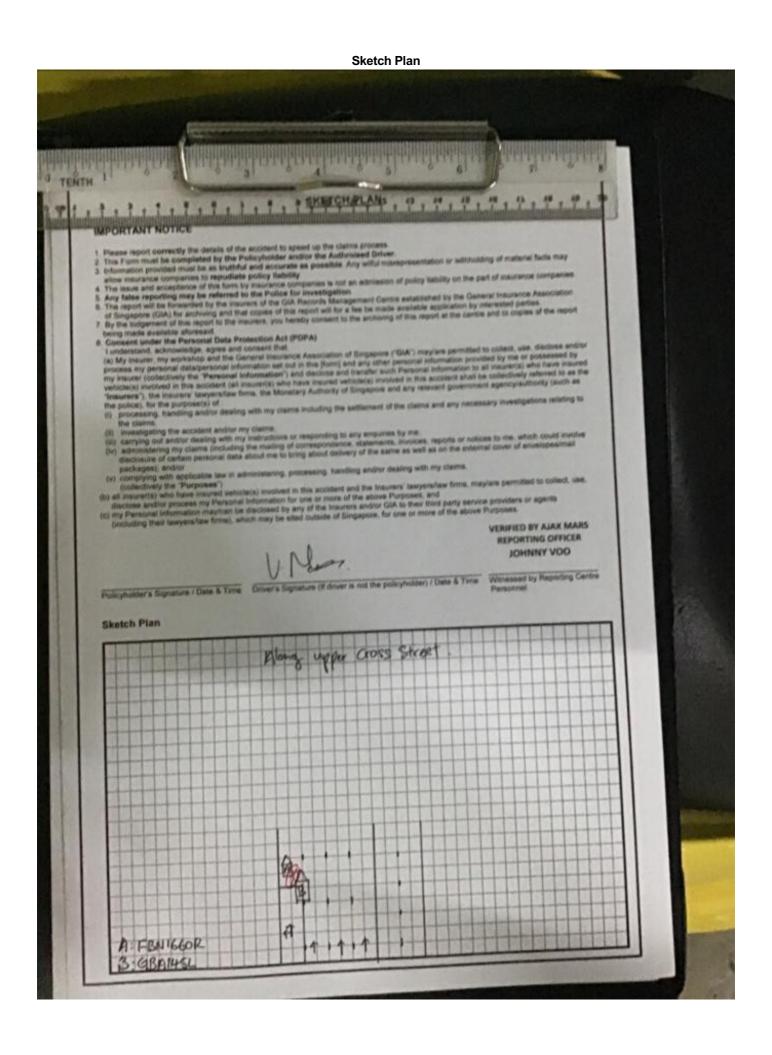
NRIC/Passport Number S1289226H Contact Number 81226704

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

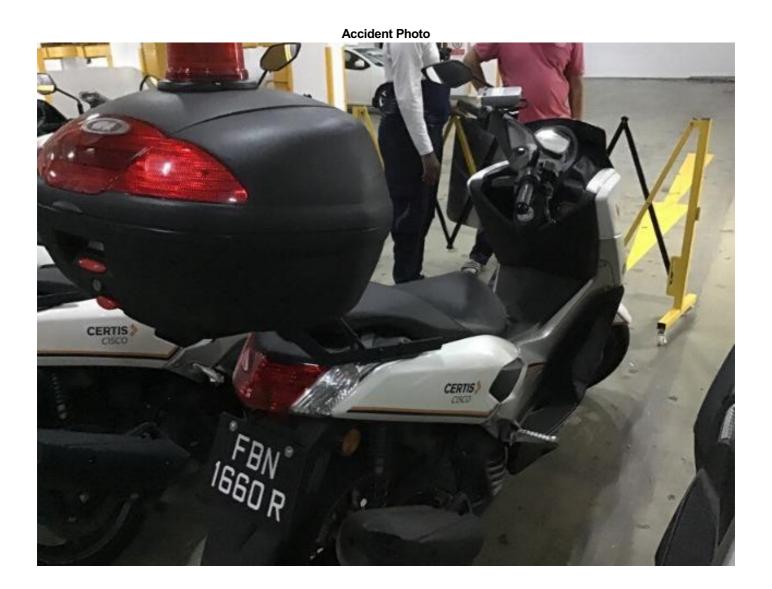


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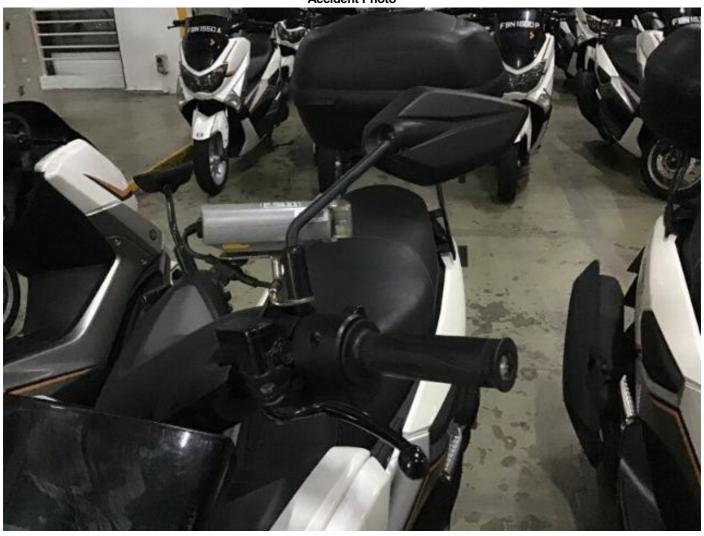
ACCIDENT STATEMENT (2000 characters)	
	ad. Suddenly lorry GBA145L accidentally hit Damages of my bike rear side storage box and involved.
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provid VERIFIED BY AJAX MARS REPORTING OFFICER - JOHNNY VOO CHEON YEE MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
28 February 2019 at 8:12 PM	28 February 2019 at 8:13 PM



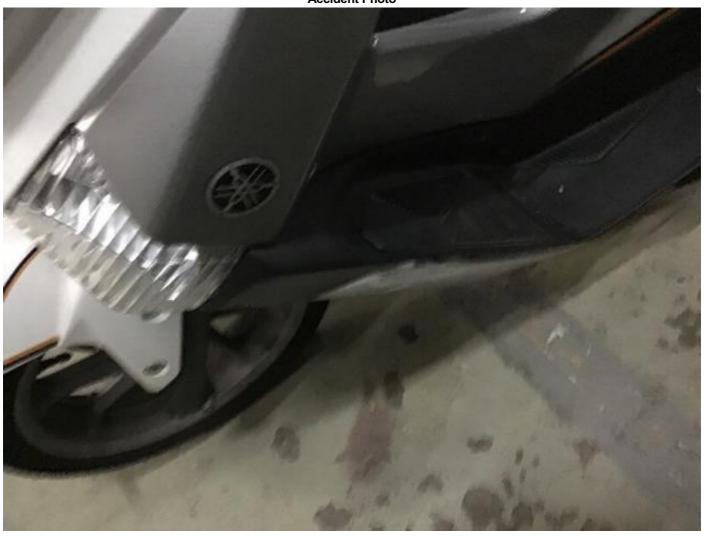
















Identification Card



Identification Card

