

Shua Chen

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	11/02/2019 13:41
Date Of Accident	11/02/2019 08:00
Exact Location Of Accident	AYE TOWARDS TUAS EXIT OF CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ656A
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-87800152

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19092518MFCE/1
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ROHAIZAT BIN OSMAN
NRIC No	S9347772C
Date Of Birth	15/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87800152
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 760 WOODLANDS AVE 6 #07-10
Postcode	730760
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	- - -

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	1
Was any body injured in the Accident?	NO
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	D-19092518MFCE/1
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

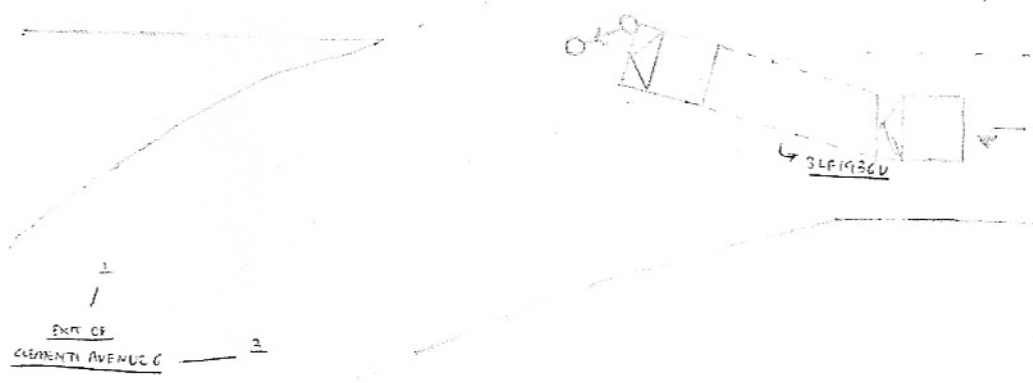
Vehicle Registration Number	SLF1936U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SADANAND VARMA
NRIC/Passport Number	S1352991D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

← AGE TOWARDS TUAJ →

SKETCH PLAN

SLIP ROAD ON TO
WEST COAST WAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/02/2017, @ 0800 HRS, I WAS TRAVELLING ALONG AYE TOWARDS T-DAS, EXIT OF CLEMENTI AVENUE 6, ALONG LANE 1 OF THE TWO LANES, WHILE 2LF1936U WAS TRAVELLING ALONGSIDE MY VEHICLE ALONG LANE 2.

UPON NEGOTIATING THE LEFT BEND, HIS VEHICLE ENTERED MY LANE DESPITE BEING ON THE LEFT TURNING LANE. I HAD NO TIME TO REACT AND MY VEHICLE WAS HIT FROM THE LEFT SIDE BY HIS RIGHT FRONT BUMPER.

I MANAGED TO CONTROL MY VEHICLE & STOPPED AT THE REASIDE TO APPROACH SAID DRIVER.

UPON CHECKING WITH THE DRIVER, I WAS INFORMED THAT IT WAS A LEASE VEHICLE & I WAS TOLD BY THE CAR COMPANY TO LODGE A REPORT.

IN-CAR-CAMERA WAS AVAILABLE & RECORDING IN THE SAID CAR.

DECLARATION

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



Policyholder Signature _____
Date & Time: _____

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

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