

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	08/05/2019 17:56
Date Of Accident	04/05/2019 00:00
Exact Location Of Accident	ANCHORVALE ST BLK 329 LEVEL 2A LOT 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB8628C
Insured/Policyholder	
Name Of Registered Owner	CHEW KIAN LYE, DESMOND
NRIC No	S8411344A
Email Address	KLCHEW84@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90694946
Alternative Phone No	OFFICE-90694946

Vehicle Particulars

Manufacturer	YAMAHA
Model	FINO-114CC (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00408409
Cover Note Number	

Driver

Name of Driver	CHEW KIAN LYE, DESMOND
NRIC No	S8411344A
Date Of Birth	15/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90694946
Fax Number	
Contact Number	OFFICE-90694946
Email Address	KLCHEW84@GMAIL.COM