

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	15/10/2019 16:51
Date Of Accident	12/10/2019 23:00
Exact Location Of Accident	PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL2506Z
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Insured/Policyholder

Name Of Registered Owner	MOHD YUNOS BIN MOHD JUMADI
NRIC No	S8132687H
Email Address	VERVEMOTORCLINIC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93280092
Alternative Phone No	OFFICE-93280092

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	MOHD YUNOS BIN MOHD JUMADI
NRIC No	S8132687H
Date Of Birth	27/10/1981
Occupation	INDOOR
Date Of Driving Pass	09/04/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93280092
Fax Number	
Contact Number	OFFICE-93280092
EEmail Address	VERVEMOTORCLINIC@GMAIL.COM

Address	880A TAMPINES AVE 8 #01-298
Postcode	521880
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : MIGAWATI BINTE RANI GENDER: : FEMALE
Passenger 2	NAME: : SYASYA MARSYA BINTE MOHD YUNOS GENDER: : FEMALE
Passenger 3	NAME: : MISYA ALESYA BINTE MOHD YUNOS GENDER: : FEMALE
Passenger 4	NAME: : ADAWIYYAH BINTE MOHD JUMADI GENDER: : FEMALE

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

WHILST FILTERING TO THE MAIN ROAD, I SMELLED BURNING SMELL AND SAW SMOKE EMITTING FROM MY BONNET. NOT TOO LONG AFTER A FIRE BROKE OUT. I IMMEDIATELY STOPPED BY THE ROAD SIDE AND EXTINGUISHED THE FIRE.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE FILTERING TO THE MAIN ROAD, I SMELLED BURNING SMELL AND SAW
SMOKE EMITTING FROM MY BONNET. NOT TOO LONG AFTER A FIRE BROKE OUT.
I IMMEDIATELY STOPPED BY THE ROADSIDE AND EXTINGUISHED THE FIRE.

DECLARATION

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

Policyholder's Signature
Date & Time

Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature
Name