

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 12:45
Date Of Accident	12/10/2019 18:05
Exact Location Of Accident	ALONG RAFFLES AVENUE LAMPOST 21F
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6143A
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87493725
Alternative Phone No	OFFICE-87493725

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000001011-02-000
Cover Note Number	

Driver

Name of Driver	MOHAMMED NOR FAZLIE BIN HAMID
NRIC No	S8608576C
Date Of Birth	11/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2008
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87493725
Fax Number	
Contact Number	OTHERS-87493725
Email Address	NOEMAIL

Address	BLK 330A ANCHORVALE STREET #05-519
Postcode	541360
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 - OPENING DOOR OF 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	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

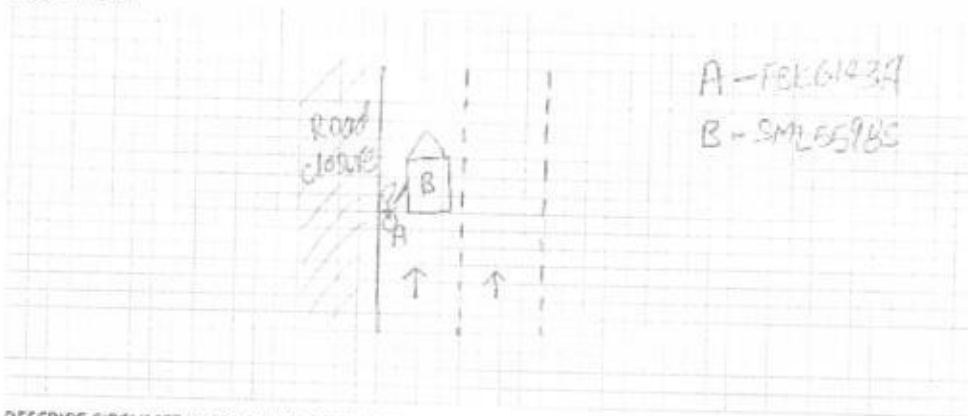
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML5598S
Vehicle Make/Model/Colour	HYUDAI KONA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IAN TAY ZHIWEN
NRIC/Passport Number	
Contact Number	86992967
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

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

Policyholder's Signature
Date & Time



Driver's Signature
If driver is not the policyholder
Date & Time: 4/10/19 10:51 AM

Reporting Centre Personnel's Signature
Name:
TDRIC/RIN No.

ATTACHMENT



INCIDENT REPORT FOR DUTY POST

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition
Raffles Ave Esplanade Busstop Lamp Post 21F	E And S CSC Run 2019	21/10/19	1805hrs	Fine
Person(s) Involved	Particulars of Witness(es)			
SML 5598 S Hyundai KONA (Grey) Ten Tay Zhinwen S 0749 86992967	Passenger: Tenio Filomen Cortezano S. 249B 91716853 SGT 24816 ELIAS			
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)				
At 1805hrs I was travelling along Raffles Ave near esplanade mall bus stop lamp post 21F to check on water barricades as there was an event going on CSC Run 2019, one lane closure on the left side. Vehicle SML 5598 S was on stationary position on my right when suddenly the rear passenger door open and caused me to knock over damaging my right blue blinker and windscreen broken where as the passenger door dented a bit. No injury reported by all parties. Exchanging all particular all done and case all been reported and acknowledged by CSC. Pictures of the damage vehicle parts had been taken and all.				
Reported by: LCP 34750 Fozlie (Rank/Svc No/Name)	Signature 	Date 21/10/19	Time 07 1930hrs	