

## 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	07/11/2019 15:57
Date Of Accident	07/11/2019 07:40
Exact Location Of Accident	ALONG XILIN AVE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW424Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO CHOON HUAN EUGENE
NRIC No	S7609187J
Email Address	GIGI102515@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96630534
Alternative Phone No	OTHERS-96630534

### Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO-1.5 V CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS005178
Cover Note Number	18/05/2019 - 17/05/2020

### Driver

Name of Driver	YEO CHOON HUAN EUGENE
NRIC No	S7609187J
Date Of Birth	20/03/1976
Occupation	INDOOR
Date Of Driving Pass	03/08/2000
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96630534
Fax Number	
Contact Number	OTHERS-96630534
Email Address	GIGI102515@GMAIL.COM

Address	314A ANCHORVALE LINK #12-147
Postcode	541314
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	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	2
Passenger 1	NAME: : KOH LEE HOON GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO OWN WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM6111G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	HAREEZ B A RAZAK
NRIC/Passport Number	S9602805I

Contact Number 94569125  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

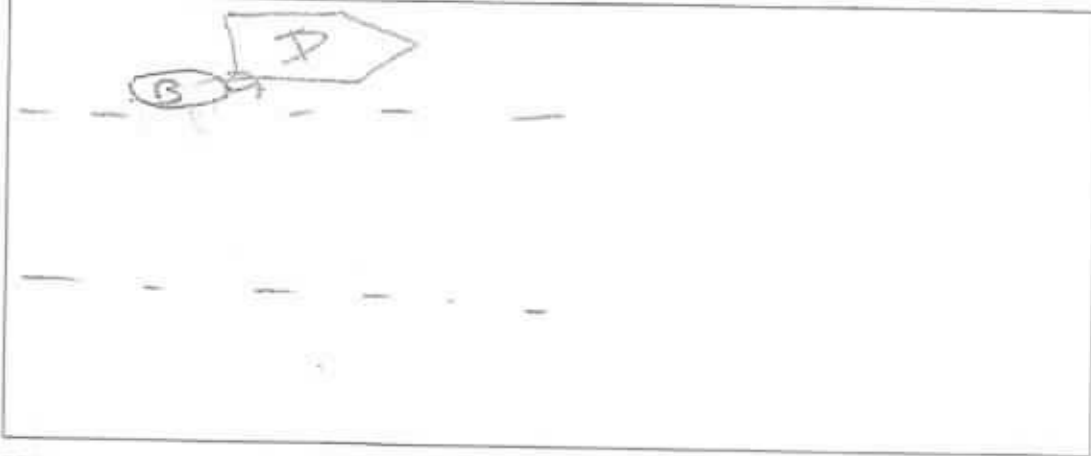
#### DETAILS OF INJURED PERSON 1

Name HAREEZ B A RAZAK  
Approximate Age  
Injuries Sustain ABRASION ON ARM & LEG  
Injured person in which vehicle? FBM6111G  
Were seat belts worn? NO  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

Sketch Plan Pg. 2

Date of accident: 07/11/09 Time: 07:40 Location: 170ng Xilin Ave. 4th floor (Cen)  
 My Vehicle A: SLW 4247 Vehicle B: R3MB111G Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Bill Report

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my effie accident report to:

My workshop :  
 Email address : lnkeeb1@yahoo.com.sg  
 & myself :  
 Email address : Gigi102515@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claims under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

AB  
 Policyholder's signature  
 Date & Time:

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

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

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