

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	11/01/2020 10:41
Date Of Accident	10/01/2020 15:50
Exact Location Of Accident	LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN568G
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	MADHAVAN SAIVARAJ
NRIC No	SXXXX530B
Email Address	MADHAVAN_72@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91993073
Alternative Phone No	OTHERS-91993073

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900113780
Cover Note Number	

Driver

Name of Driver	MADHAVAN SAIVARAJ
NRIC No	SXXXX530B
Date Of Birth	05/05/1972
Occupation	INDOOR
Date Of Driving Pass	18/04/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91993073
Fax Number	
Contact Number	OTHERS-91993073
Email Address	MADHAVAN_72@YAHOO.COM.SG

Address	BLK 229 PASIR RIS ST 21 #04-34
Postcode	510229
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?	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 ATTACHED.

Attachment(s)

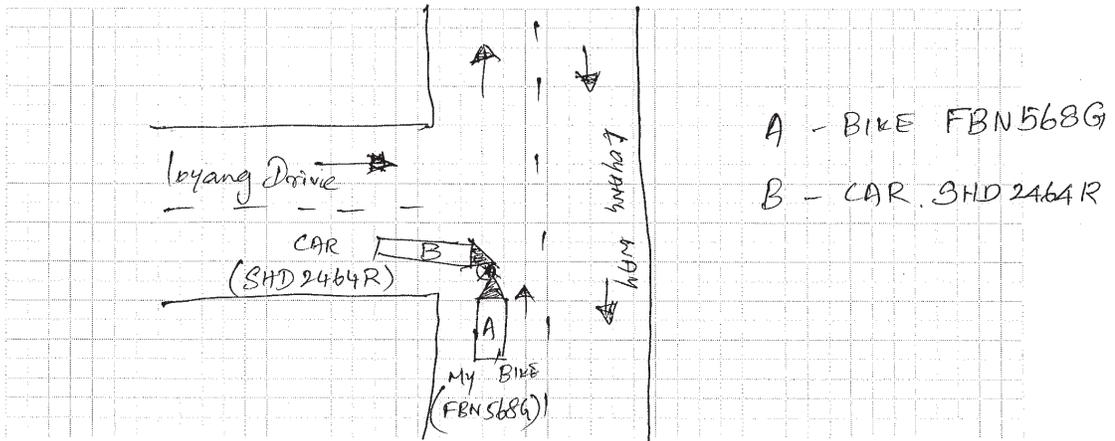
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2464R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	84640885
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along loyang way when come to the junction of loyang way and loyang Drive suddenly a Taxi turn out front loyang drive without stopping and collided onto my motorbike and my motorbike is damage badly.

DECLARATION

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

S. Madh...
 Policyholder's Signature
 Date & Time:
 11. 1. 2020
 10.40am

S. Madh...
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 11. 1. 2020
 10.40 am

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