Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/08/2020 17:42

SINGAPORE ACCIDENT STATEMENT

,MPORTANT NOTICE

- 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 witholding 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	05/08/2020 14:47
Date Of Accident	04/08/2020 16:25
Exact Location Of Accident	TIONG BAHRU ROAD - REDHILL SHELL STATION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC2333L
Insured/Policyholder	
Name Of Registered Owner	JAMES TEO SEK LENG
NRIC No	SXXXX391A
Email Address	JAMESTEO@GMX.COM
Mobile Phone No	(LOCAL) +65-97713456
Alternative Phone No	OFFICE-97713456
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135-135CC
Exact Purpose for which vehicle was being used a ime of accident	PRIVATE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	MOTORCYCLE
surance Company	
nme of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
pe Of Coverage	THIRD PARTY FIRE AND/OR THEFT
et Policy	NO
icy Number	MC/00805171

Driver

Cover Note Number

JAMES TEO SEK LENG Name of Driver

SXXXX391A NRIC No 02/10/1976 Date Of Birth OUTDOOR Occupation 25/03/2015 **Date Of Driving Pass**

5 YEARS AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97713456 Mobile Number

Fax Number

OFFICE-97713456 Contact Number JAMESTEO@GMX.COM **EMail Address**

ress

ostcode.

NO

OWNER

Was driver an employee of the Insured's Company NO

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

YES

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

KIM KEAT NEIGHBOURHOOD POLICE POST

ROAD: BLK 231 LORONG 8 TOA PAYOH, POSTCODE: 310231

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2529999 - FAX NO: 63554311

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE TRAFFIC ACCIDENT REPORT NO. T/20200805/2052 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 Witness 1

Name

MRS. NG

Phone Number

96887855

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGT15U

Vehicle Make/Model/Colour

AUDI / A6 / GREY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SANI BIN ARTHMAT

NRIC/Passport Number

SXXXX279I

Contact Number

Company Name

of Damage

Passenger (Including Driver)

JAMES TEO SEK LENG Aproximate Age 43 Injuries Sustain Injured person in which vehicle? FBC2333L Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address 59 BELMONT ROAD Postcode 269891

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	Date & Time:	Manager 1	