

# 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 Actual 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 Submission ..... 15/11/2022 11:11 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/11/2022 08:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... New Bridge Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBK9949Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Tan Shin Haur  
NRIC No ..... S7225899A  
Email Address ..... matt.tsh@hotmail.com  
Mobile Phone No ..... (Phone) +65-94524996  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Nc750d  
Variant ..... Integra  
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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Auto  
CC ..... 750

### INSURANCE COMPANY

Name of Insurance Company ..... Auto & General Insurance (Singapore) Pte. Limited.  
Policy Number / Cover Note Number ..... -

### DRIVER

Name of Driver ..... Tan Shin Haur  
NRIC No ..... S7225899A  
Date Of Birth ..... 25/07/1972  
Occupation ..... Indoor

Date Of Driving Pass .....	02/11/2010
Driving experience .....	12 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-94524996
Alt. Phone Number .....	-
Email Address .....	matt.tsh@hotmail.com
Address .....	#20-55
Address complement .....	-
Postcode .....	612337
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to sketch Plan.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNG8349P
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private hire
Name of Driver .....	Lew Sin Keong Philip
NRIC No .....	S2197631H

Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	Front bumper left came off a bit. See photo.
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	Tan Shin Haur
Gender .....	Male
Phone No .....	(Phone) +65-94524996
Address .....	As above
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	50
Injuries Sustained .....	Right leg bruises and abrasion. See Photos.
Injured person in which vehicle? .....	FBK9949Y
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstance of the Accident

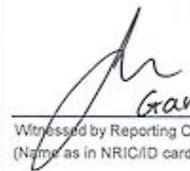
- travelling along New Bridge road.
- saw car on my right trying to cut into my lane
- so I stop my bike with my right leg down.
- but the car also stop
- then I move my bike
- and the car move <sup>as</sup> well and my right leg was caught between car's front left bumper & the side board of my bike
- my leg was injured (with bruises & abrasion).
- car's bumper popped out (see photo).

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) / Date & Time

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) **Gan Lay Peng**  
**399I 2**



