

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 23/07/2020 15:23

Date Of Accident 23/07/2020 07:25

Exact Location Of Accident AT TAMAN JURONG SHOPPING CENTRE LOBBY

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE2074J

Insured/Policyholder

Name Of Registered Owner MOHAMMED HASSIM ASHRAF BIN MOHAMMED AZIZ

NRIC No SXXXX766F

Email Address HASSIMZASHRAFZ@GMAIL.COM

Mobile Phone No (LOCAL) +65-91436014

Alternative Phone No OFFICE-91436014

Vehicle Particulars

Manufacturer SUZUKI

Model GSX1300RL1-1.3

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 MOTORCYCLE

Insurance Company

Name of Insurance Company DIVINE ARROW INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number MC/00819189

Cover Note Number

Driver

Name of Driver MOHAMMED HASSIM ASHRAF BIN MOHAMMED AZIZ

NRIC No SXXXX766F

Date Of Birth 17/09/1980

Occupation INDOOR

Date Of Driving Pass 09/03/2005

Driving Experience 15 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91436014

Fax Number

Contact Number OFFICE-91436014

Email Address HASSIMZASHRAFZ@GMAIL.COM

Address BLK 415C CHOA CHU KANG CRESCENT
#06-308

Postcode 623415

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 SIDE SWIPE

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

AS PER SKETCH PLAN

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 SKG1612U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver CHEE YONG MAN

NRIC/Passport Number SXXXX210J

Contact Number 84701323

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)