

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 First Submission	18/11/2024 15:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/11/2024 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES CENTRAL 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ6789K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KASSIM TAN
NRIC No	S1753703B
Email Address	KASSIMTAN44@GMAIL.COM
Mobile Phone No	(Phone) +65-81319988
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX 155 ABS CVT
Variant	-
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?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	155
Vehicle Fuel	Petrol
First Registration Date	11/01/2021
Chassis no	MH3SG5680LK028566
Effective Date/Time of Ownership	13/01/2021 01:01 (SGT)

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A301043984 VMP

DRIVER

Name of Driver	KASSIM TAN
NRIC No	S1753703B
Date Of Birth	26/07/1966
Occupation	Outdoor
Driving Pass Date	03/08/1984
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81319988
Alt. Phone Number	-
Email Address	KASSIMTAN44@GMAIL.COM
Address	BLK 323 HOUGANG AVENUE 5 02-68 SINGAPORE 530323
Address complement	-
Postcode	-
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	Collision - Head to Rear
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT

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	SHD6624U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KASSIM TAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FZ6789K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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)

Sketch Plan

A: FZ 6789K.
B: SH 6624U.

Describe Circumstance of the Accident

please refer to attached police report

Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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

[Signature] 18/11/2024
1025

Policyholder's Signature / Date & Time

[Signature]

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)























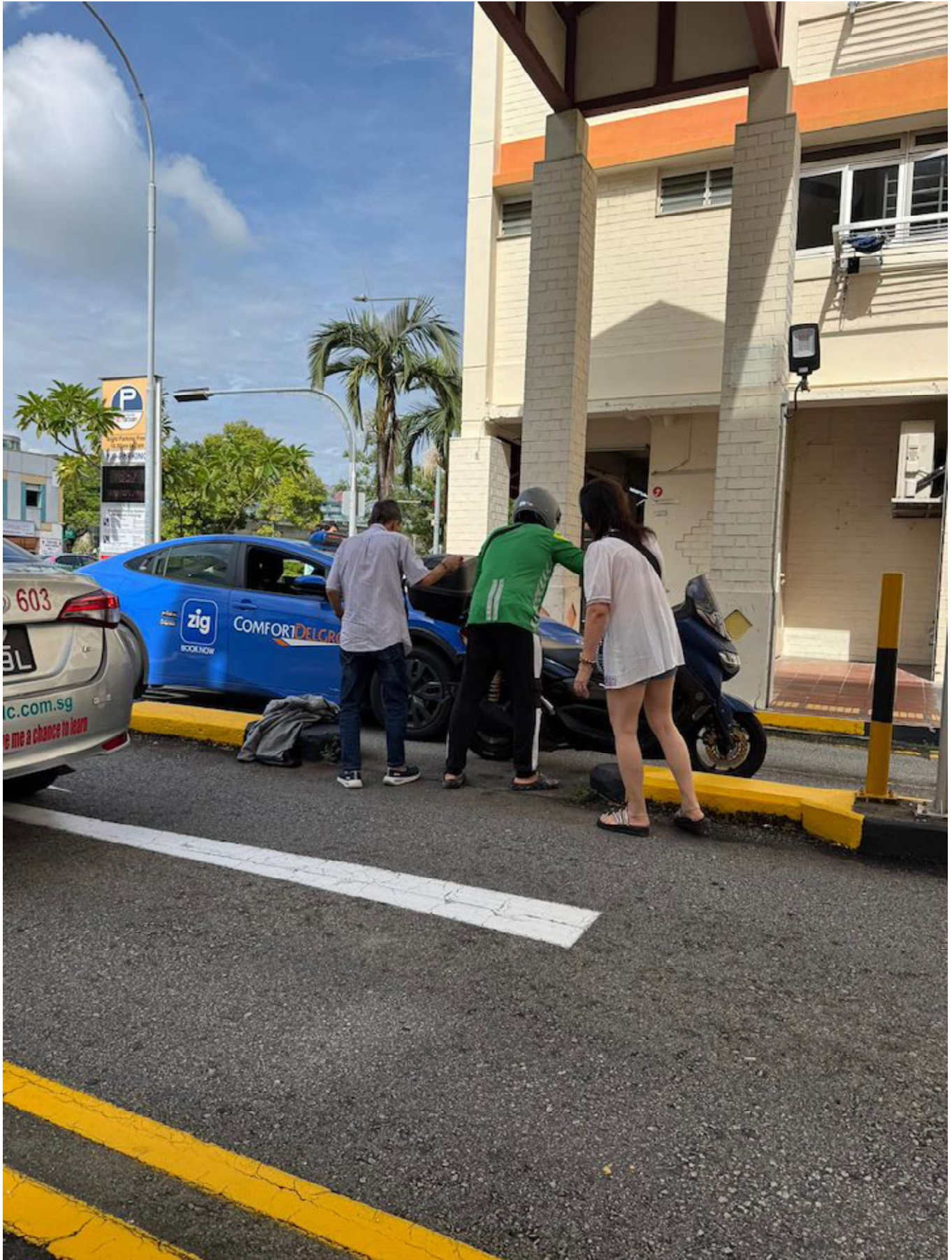














**SINGAPORE
POLICE FORCE**



T/20241117/7071

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20241117/7071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2024 21:44		Vide Report No.: G/20241117/7095		Station Diary No.:	
Informant's Particulars					
Name of Informant: Kassim Tan			Address: 323 hougang ave 5 #02-68 SINGAPORE 530323		
ID Type / ID No.: NRIC NO / S1753703B			Contact No.: Home/Office: Mobile: 81319988		
Nationality: SINGAPORE CITIZEN			Email: Rainmytankassim@gmail.com		
Sex: Male	Age: 58	Date of Birth: 26/07/1966	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2A,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2024 12:00	Type of Location: Car Park	
Location: TAMPINES CENTRAL 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6624U	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241117/7071

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20241117/7071

CONTINUATION OF REPORT

Rider			
Name	KASSIM TAN	ID No.	S1753703B
Related Vehicle	SHD6624U (Motorcycle)	Contact No.	81319988
Hospital/Clinic	CITYHEALTH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2A,3,4,5 Date of Expiry: NIL
Date Treatment	17/11/2024	Date Discharge	17/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

I had just entered the carpark of blk 508 moving slowly, suddenly i was hit by the taxi from the back and i fell over onto my right. driver helped me up and we decided to let insurance settle the matter and myself my son brought me to see a doctor and was given 3 days mc.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241117/7071

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Report No. T/20241117/7071

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
17/11/2024 21:44

Classification Of Case: