

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	11/11/2024 14:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/11/2024 23:00 (SGT)
Exact Location of Accident	Lor 1 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBV9459L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YASIN BIN MHD ZAIN
NRIC No	S1314512A
Email Address	mhafizyasin1997@gmail.com
Mobile Phone No	(Phone) +65-96197339
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Future
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	125
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51026645

DRIVER

Name of Driver	YASIN BIN MHD ZAIN
NRIC No	S1314512A
Date Of Birth	26/05/1958
Occupation	Indoor
Driving Pass Date	27/11/1984
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	40 YEARS
Gender	Male
Mobile Number	(Phone) +65-96197339
Alt. Phone Number	-
Email Address	mhafizyasin1997@gmail.com
Address	713 BEDOK RESERVOIR ROAD #07-3952
Address complement	-
Postcode	470713
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

STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

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	SHD4595H
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	YASIN BIN MHD ZAIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBV9459L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.

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

I understand, acknowledge, agree and consent that:

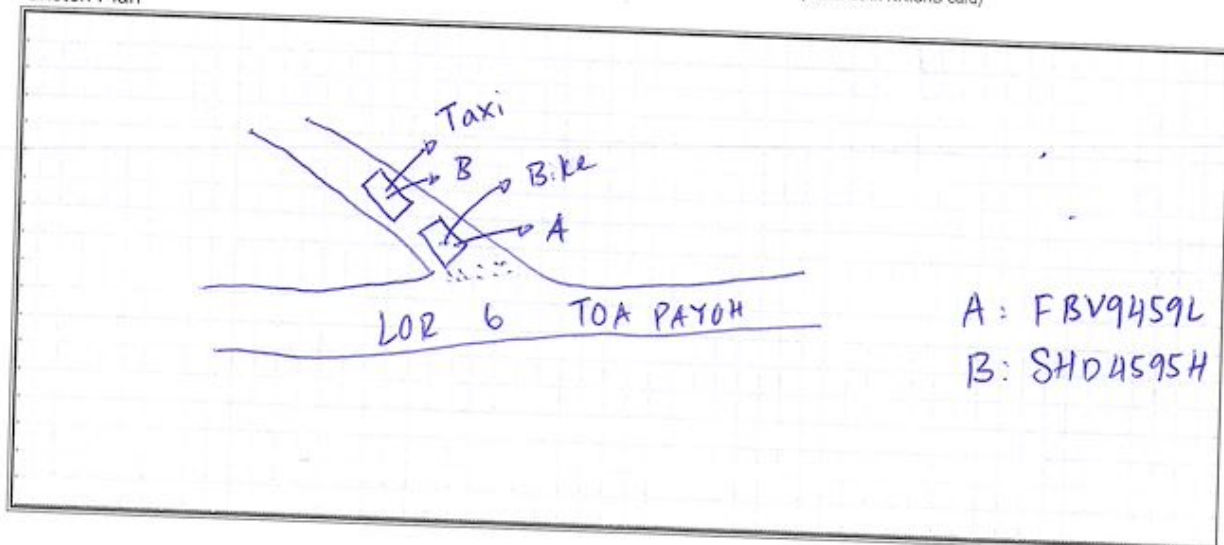
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Describe Circumstance of the Accident

Refer To Police report

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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)

















**SINGAPORE
POLICE FORCE**



T/20241108/7130

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

1 of 3

Report No. T/20241108/7130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2024 20:39		Vide Report No.: T/20241108/7018		Station Diary No.:
Informant's Particulars				
Name of Informant: Yasin Bin Mohd Zain		Address: 713 Bedok Reservoir Road #07-3952 SINGAPORE 470713		
ID Type / ID No.: NRIC NO / S1314512A		Contact No.: Home/Office: Mobile: 96197339		
Nationality: SINGAPORE CITIZEN		Email: mhafizyasin1997@gmail.com		
Sex: Male	Age: 66	Date of Birth: 26/05/1958	Type of Informant: Rider	
Race: Malay		Language: English		
Occupation: Building structure cleaner and related worker		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2024 20:35	Type of Location: Merging Road to PIE
Location: LORONG 1 TOA PAYOH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBV9459L	Motorcycle	HONDA	FUTURE 125 MANUAL	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBV9459L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	CN51026645	18/01/2024	16/01/2025



**SINGAPORE
POLICE FORCE**



T/20241108/7130

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

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Report No. T/20241108/7130

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Yasin Bin Mohd Zain	ID No.	S1314512A
Related Vehicle	FBV9459L (Motorcycle)	Contact No.	96197339
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	06/11/2024
No. of Days granted Medical Leave (MC)	20	Degree of Injury	Serious

Brief Details.

This report is to supplement taxi driver details of the older report T/20241108/7018. Taxi Driver Plate number is SHD4595H and the number of MC days are 20 days of hospitalisation leave.



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



T/20241108/7130

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Report No. T/20241108/7130

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

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

Date/Time:
08/11/2024 20:39

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20241108/7018

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

1 of 3

Report No. T/20241108/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2024 10:41		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: YASIN BIN MOHD ZAIN		Address: 713 BEDOK RESERVOIR ROAD #07-3952 SINGAPORE 470713		
ID Type / ID No.: NRIC NO / S1314512A		Contact No.: Home/Office: Mobile: 96197339		
Nationality: SINGAPORE CITIZEN		Email: mhafizyasin1997@gmail.com		
Sex: Male	Age: 66	Date of Birth: 26/05/1958	Type of Informant: Rider	
Race: Malay		Language: English		
Occupation: Building structure cleaner and related worker		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2024 20:35	Type of Location: Merging Road to PIE
Location: LORONG 1 TOA PAYOH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBV9459L	Motorcycle	HONDA	FUTURE 125 MANUAL	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBV9459L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	CN51026645	18/01/2024	16/01/2025



**SINGAPORE
POLICE FORCE**



T/20241108/7018

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

2 of 3

Report No. T/20241108/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YASIN BIN MOHD ZAIN		ID No. S1314512A
Related Vehicle	FBV9459L (Motorcycle)		Contact No. 96197339
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge 04/11/2024
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury Serious

Brief Details.

I was riding on my bike along Toa Payoh Lor 6, near HDB at approximately 8.35pm. I took the merging lane near Toa Payoh Lor 2 to enter PIE Changi. I saw a lorry ahead and I carefully slowed down to maintain a safe distance. Suddenly, I was hit hard from the back. From the impact, I lunged forward and fell. My right knee hit hard on the road surface and my left knee was stuck on the bike. I then realised that I had been hit by a Comfort taxi (SH4595H. The taxi driver (Mr Low SXXXX246F) approached me, helped me to the side of the road, and asked if I was okay. I told him I was in a lot of pain. He immediately sent me to A&E at TTSH. After doing X-ray, the doctor informed me that my knee cap is severely injured and broken and admitted me into the hospital for further treatment. I was told that I would need a major surgery. I was discharged on 6 Nov at 7.30pm as the doctor saw my wife and son fit to take care of me at home (taking me to the toilet). I bought commode, wheelchair and frame walker to go to the toilet and to my polyclinic to change the dressing and for the upcoming doctor's appointment. I was given 20 days of Hospitalisation leave dated from 03/11/2024 to 22/11/2024. The doctor told me that the recovery may take 3-6 months to heal. I understand that my bike had been transported to the workshop with multiple damages. I am making this report for insurance and claims purposes.



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Tel No: 65470000



T/20241108/7018

3 of 3

Report No. T/20241108/7018

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

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

Date/Time:
08/11/2024 10:41

Classification Of Case: