

## 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 .....        | 20/12/2024 11:03 (SGT) |
| Reported by .....                     | Actual Driver          |
| Date of Accident .....                | 10/12/2024 16:30 (SGT) |
| Exact Location of Accident .....      | Singapore              |
| Additional Location Information ..... | PIE 12.6KM             |
| Country/State of Loss .....           | Singapore              |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | FBT1051S |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                          |
|--------------------------------|--------------------------|
| Is company? .....              | No                       |
| Name Of Registered Owner ..... | ENG BILLY ANTONIO ALEGRE |
| NRIC No .....                  | S9691002I                |
| Email Address .....            | MIKAH2409@GMAIL.COM      |
| Mobile Phone No .....          | (Phone) +65-98287781     |
| Alternative Phone No .....     | -                        |

#### VEHICLE PARTICULARS

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer .....                                                                 | Yamaha                    |
| Model .....                                                                        | R15                       |
| 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 .....                                                                           | 150                       |
| 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 ..... | A 301005329 VMP                      |

#### DRIVER

|                                                                    |                           |
|--------------------------------------------------------------------|---------------------------|
| Name of Driver .....                                               | AHMAD HAKIM BIN ZAHARUDIN |
| NRIC No .....                                                      | T0326159F                 |
| Date Of Birth .....                                                | 24/09/2003                |
| Occupation .....                                                   | Outdoor                   |
| Driving Pass Date .....                                            | 19/09/2023                |
| Driving License Pass Class .....                                   | 2B                        |
| Driving License Validity .....                                     | Valid                     |
| Driving experience .....                                           | 1 YEAR AND 3 MONTHS       |
| Gender .....                                                       | Male                      |
| Mobile Number .....                                                | (Phone) +65-98287781      |
| Alt. Phone Number .....                                            | -                         |
| Email Address .....                                                | MIKAH2409@GMAIL.COM       |
| Address .....                                                      | 23 ROSEWOOD DRIVE #12-12  |
| Address complement .....                                           | -                         |
| Postcode .....                                                     | 737918                    |
| Is the driver the policyholder? .....                              | No                        |
| If No, Relationship of the Driver with the Insured .....           | Friend                    |
| 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? .....                                                  | Yes |
| 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 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 .....             | SHA9091C |
| Vehicle Manufacturer .....                    | Toyota   |
| Vehicle Model .....                           | Prius    |
| 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 .....                              | AHMAD HAKIM BIN ZAHARUDIN |
| Gender .....                                              | Male                      |
| Phone No .....                                            | (Phone) +65-98287781      |
| Address .....                                             | 23 ROSEWOOD DRIVE #12-12  |
| Address Complement .....                                  | -                         |
| Post Code .....                                           | 737918                    |
| Approximate Age Years Old .....                           | 21                        |
| Injuries Sustained .....                                  | Multiple abrasions        |
| Injured person in which vehicle? .....                    | FBT1051S                  |
| Were seat belts worn? .....                               | No                        |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                       |

**Describe Circumstances of the Accident**

DOA: 10/12/24

TIME: 1630 hrs

LOCATION: PIE 12.6km

- Letter to Police Department -

### Declaration

We declare the foregoing particulars are true in every respect.

2. 146

Policyholder's Signature / Date &  
Time

 $x = 2.4$ 

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

9.05 am  
20/12/24

Witnessed by Reporting Centre  
Personnel

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

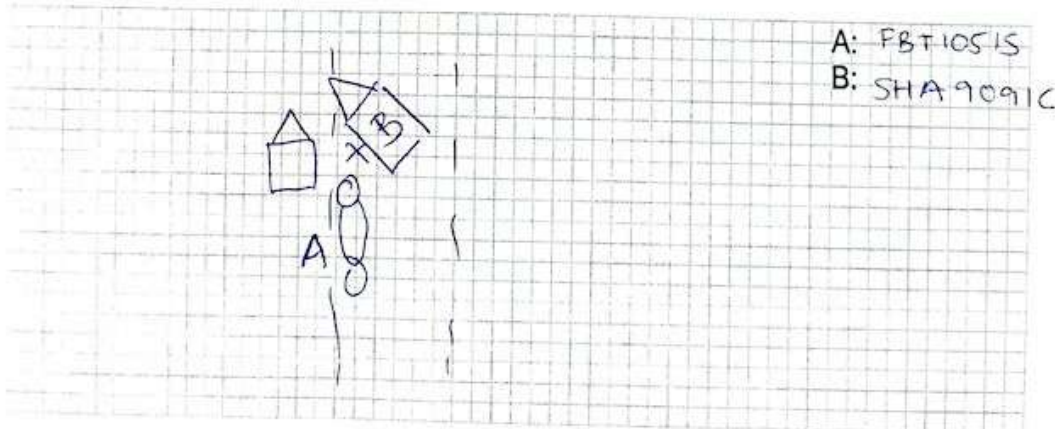
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





**SINGAPORE  
POLICE FORCE**



T/20241215/7046

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

1 of 3

Report No. T/20241215/7046

REPORT OF A TRAFFIC ACCIDENT

|                                                 |            |                                                               |                             |                    |
|-------------------------------------------------|------------|---------------------------------------------------------------|-----------------------------|--------------------|
| Date/Time Report Made:<br>15/12/2024 16:44      |            | Vide Report No.:<br>G/20241210/0108                           |                             | Station Diary No.: |
| <b>Informant's Particulars</b>                  |            |                                                               |                             |                    |
| Name of Informant:<br>AHMAD HAKIM BIN ZAHARUDIN |            | Address:<br>23 ROSEWOOD DRIVE #12-12 Tower 2 SINGAPORE 737918 |                             |                    |
| ID Type / ID No.:<br>NRIC NO / T0326159F        |            | Contact No.:<br>Home/Office: Mobile: 98287781                 |                             |                    |
| Nationality:<br>SINGAPORE CITIZEN               |            | Email:<br>MIKAH2409@GMAIL.COM                                 |                             |                    |
| Sex:<br>Male                                    | Age:<br>21 | Date of Birth:<br>24/09/2003                                  | Type of Informant:<br>Rider |                    |
| Race:<br>Malay                                  |            | Language:<br>English                                          |                             |                    |
| Occupation:<br>Singapore armed forces personnel |            | Driving Licence Information:<br>Class: 2B Date of Expiry:     |                             |                    |

General Information of the Accident

|                                                                             |                              |                                    |                                            |                                         |
|-----------------------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------------|-----------------------------------------|
| Type of Accident:                                                           | Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>10/12/2024 16:25 | Type of Location:<br>Straight Road      |
| Location:<br><br>KALLANG SECTOR                                             |                              |                                    |                                            |                                         |
| Weather:<br>Sunny                                                           |                              | Road Surface:<br>Dry               |                                            |                                         |
| Traffic Flow:<br>One Way                                                    |                              | Traffic Control:<br>Not Controlled |                                            | Traffic Volume:<br>Moderate             |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                              |                                    |                                            | Anyone conveyed by<br>ambulance:<br>Yes |

Details of Vehicle Involved

| Vehicle No. | Type       | Make   | Model | Color  | Condition    | No of Passenger |
|-------------|------------|--------|-------|--------|--------------|-----------------|
| FBT1051S    | Motorcycle |        |       |        |              | 0               |
| SHA9091C    | Taxi       | TOYOTA | Prius | Yellow | No<br>Damage | 1               |

Details of Person Involved

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20241215/7046

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

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Report No. T/20241215/7046

CONTINUATION OF REPORT

|                                        |                           |                  |                                                                             |
|----------------------------------------|---------------------------|------------------|-----------------------------------------------------------------------------|
| <b>Rider</b>                           |                           |                  |                                                                             |
| Name                                   | AHMAD HAKIM BIN ZAHARUDIN |                  | ID No. T0326159F                                                            |
| Related Vehicle                        | FBT1051S (Motorcycle)     |                  | Contact No. 98287781                                                        |
| Hospital/Clinic                        | TAN TOCK SENG HOSPITAL    |                  | Class of Driving Licence & Expiry Date<br>Class: 2B<br>Date of Expiry: NIL  |
| Date Treatment                         | 10/12/2024                | Date Discharge   | 10/12/2024                                                                  |
| No. of Days granted Medical Leave (MC) | 07                        | Degree of Injury | Slight                                                                      |
| <b>Driver</b>                          |                           |                  |                                                                             |
| Name                                   | TAXI DRIVER               |                  | ID No. UNKNOWN                                                              |
| Related Vehicle                        | SHA9091C (Taxi)           |                  | Contact No. NIL                                                             |
| Hospital/Clinic                        | NIL                       |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                       | Date Discharge   | NIL                                                                         |
| No. of Days granted Medical Leave (MC) | NIL                       | Degree of Injury | NIL                                                                         |

**Brief Details.**

It happened on PIE 12.6KM.

Taxi suddenly slowed down and swerve out with no signal, i tried to steer away but got caught in between two cars (the taxi mentioned and another car on the next lane). The taxi collided with the side of my bike and i crashed.



**SINGAPORE  
POLICE FORCE**

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



T/20241215/7046

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Report No. T/20241215/7046

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD GHAZALI BIN ABDUL RAZAK  
Contact No.: 65476367

NP168

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

Date/Time:  
15/12/2024 16:44

Classification Of Case: