

## 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
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#### 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

Accident report SA2Q24CK0002

DOA: 10/12/24  
TIME: 1630 hrs  
LOCATION: PIE 12.6km

- Refer To Police Report -

LOCATION: PIE 12.6km

- Refer To Police Report -

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

## SKETCH PLAN

### IMPORTANT NOTICE

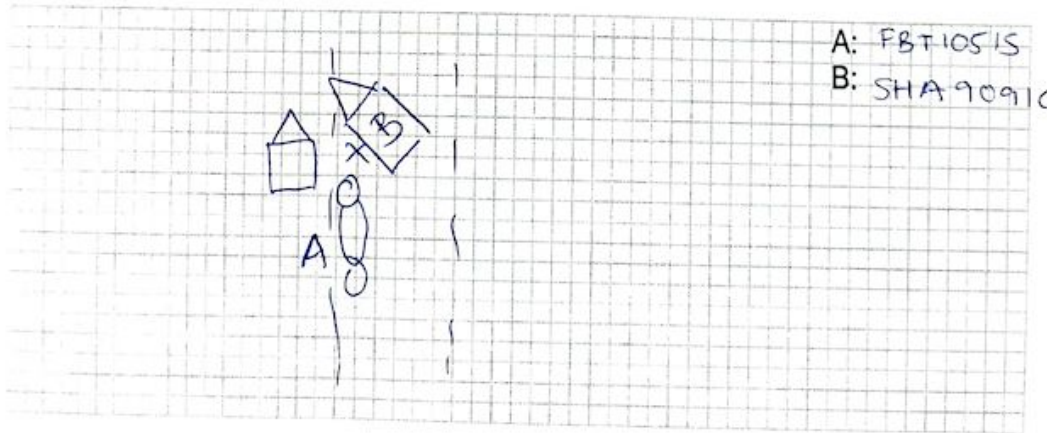
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. The 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.
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

                     9.05am  
20/12/24  
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: 15/12/2024 16:44		Vide Report No.: G/20241210/0108		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: AHMAD HAKIM BIN ZAHARUDIN		Address: 23 ROSEWOOD DRIVE #12-12 Tower 2 SINGAPORE 737918		
ID Type / ID No.: NRIC NO / T0326159F		Contact No.: Home/Office:                      Mobile: 98287781		
Nationality: SINGAPORE CITIZEN		Email: MIKAH2409@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 24/09/2003	Type of Informant: Rider	
Race: Malay		Language: English		
Occupation: Singapore armed forces personnel		Driving Licence Information: Class: 2B                      Date of Expiry:		

General Information of the Accident

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

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT1051S	Motorcycle					0
SHA9091C	Taxi	TOYOTA	Prius	Yellow	No 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 Class: 2B 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 Class: NIL 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: