

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 witholding 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.

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 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 11/07/2024 17:50 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 10/07/2024 19:30 (SGT) Exact Location of Accident Singapore Additional Location Information PIE (CHANGI) BEFORE TOA PAYOH LOR 6 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

155

Vehicle Registration Number FBV9635U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PERWRIE OSMAN HILL NRIC No S1713496E Email Address WIRAHILL@GMAIL.COM Mobile Phone No (Phone) +65-90016152 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Yamaha Model T155 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

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A301066899VMP

DRIVER

Name of Driver PERWRIE OSMAN HILL NRIC No S1713496E Date Of Birth 25/09/1965 Occupation Outdoor

Driving Pass Date 16/08/1988 Driving experience 35 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-90016152 Alt. Phone Number Email Address WIRAHILL@GMAIL.COM Address 152 JALAN TECK WHYE #01-15, S680152 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHED 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 SHD7285H Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM LI LI
NRIC No	S7419966F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident No. Of Passenger (Including Driver)	-
5 \	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	PERWRIE OSMAN HILL
Phone No	Male (Phone) +65-90016152
Address	(Filolie) +03-90010132
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	
Injured person in which vehicle?	FBV9635U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	_

SKETCH PLAN

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- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's SigMature Date & Time. Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SESSION CONTRACTOR AND A

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SKETCH PLAN A: FBY96350 B: SHD 7283H DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to police report DECLARATION I/We declare the foregoing particulars are trudin every respect. Reporting Centre Personnel's Signature Oriver's Signature (If driver is not the policyholder) Date & Time: Policyholder's Signature Date & Time: Name: NRIC/FIN No.: GIARMC Sketch Frankover, VS

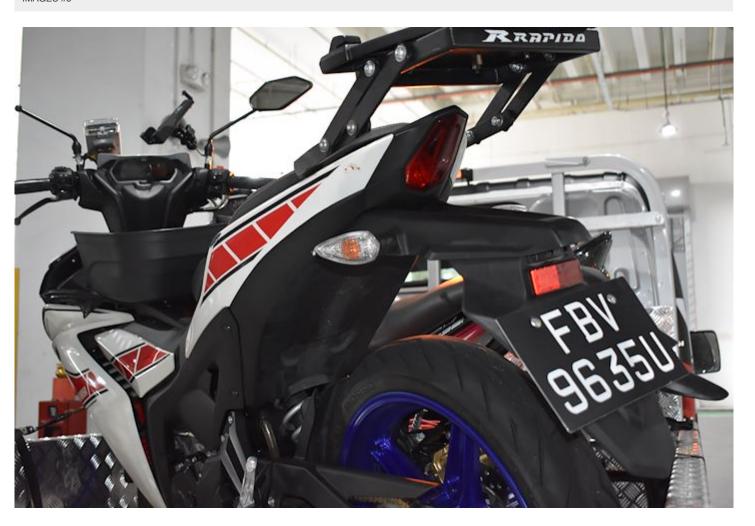
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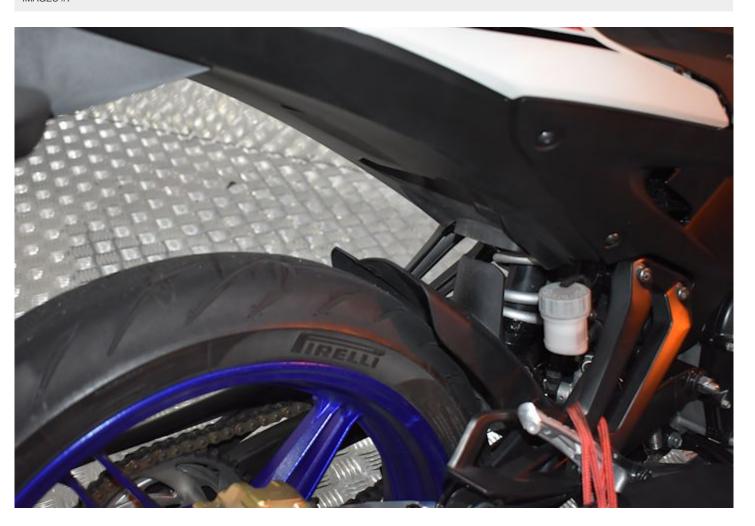


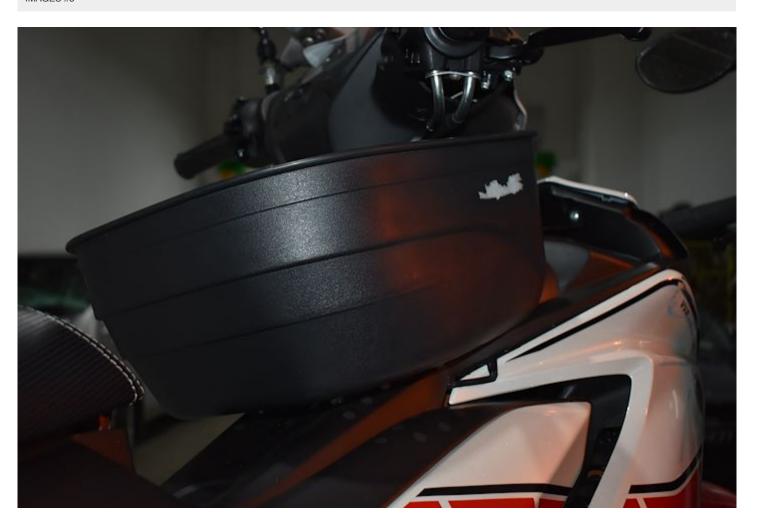


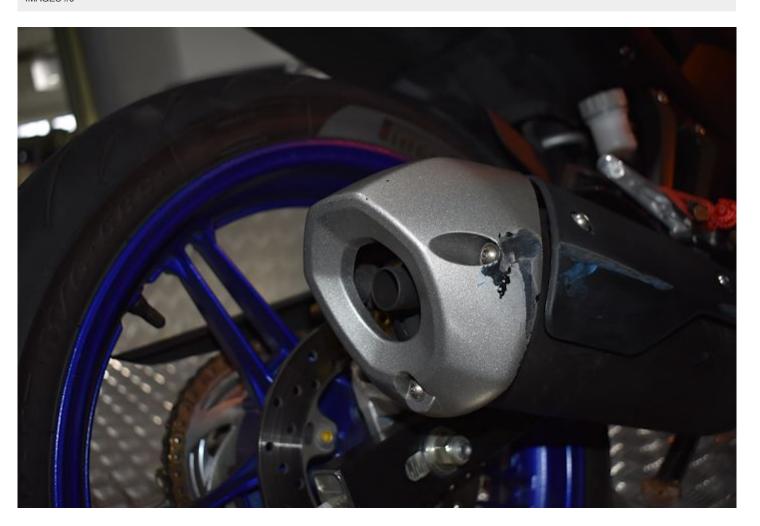


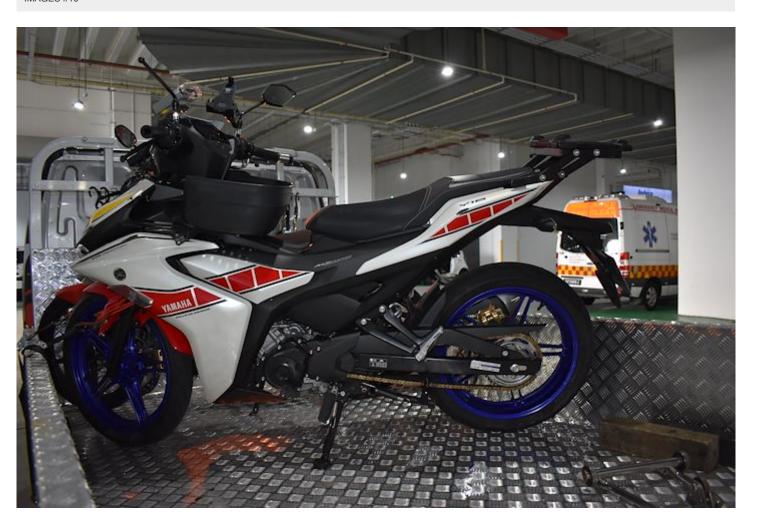








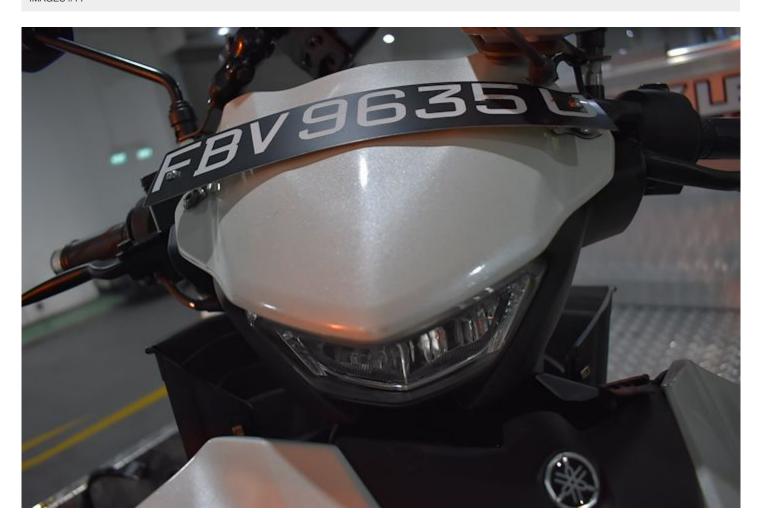




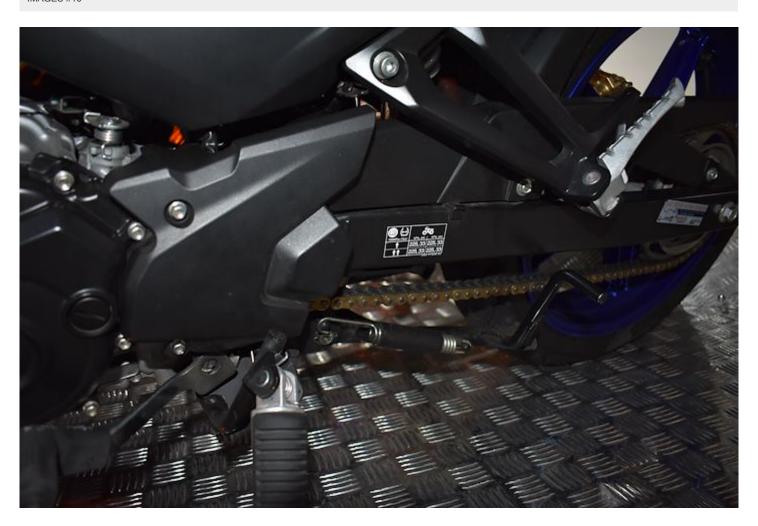
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240711/7080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2024 15:29		ide:	Vide Report No.:	Station Diary No.:		
Informan	r's Particular	8				
Name of Informant: PERWRIE OSMAN HILL		IILL	Address: 152 JALAN TECK WHYE #01-15 SINGAPORE 680152			
ID Type / ID No.:		Mobile: 90016152				
Nationali SINGAP	y: DRE CITIZE	N	Email: WIRAHILL@GMAIL.COM			
Sex: Age: Date of Birth: Male 58 25/09/1965			Type of Informant: Rider			
Race: Eurasian			Language: English			
Occupation: Chauffeur		***************************************	Driving Licence Information Class:	n: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2024 19:30	Type of Location Straight Road
Location: LORONG 6 TOA P	АҮОН	·		
		Road Surface: Dry		
Weather: Clear Traffic Flow: One Way			10 Library	fic Volume: lerate

	Details of Vehicle Involved					Market Committee
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBV9635U	Motorcycle	YAMAHA	Y16	White	Slightly Damaged	0
SHD7285H	Motor car	HYUNDAI	Ioniq	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBV9635U	MSIG INSURANCE (SINGAPORE) PTE. LTD.			



T/20240711/7080

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240711/7080

CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians Injured: NIL			Use of F	Use of Pedestrian Crossing: NA		
Rider		000000				
Name	PERWRIE OSMAN HILL			ID No.		S1713496E
Related Vehicle	FBV9635U (Motorcycle)			Conta	ct No.	90016152
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	10/07/2024 Date Di			scharge	10/07	7/2024
No. of Days grant	ed Medical Leave (MC)	Degree	of Injury Slight		[
Driver						
Name	LIM LI LI		ID No		S7419966F	
Related Vehicle	SHD7285H (Motor car)		Conta	ct No.	NIL	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date			scharge	NIL	
No. of Days granted Medical Leave (MC) NIL				Degree of Injury NIL		

Brief Details

I was travelling on the second lane of the four lane road when a taxi from the first lane suddenly cut into my path and collided into me. As a result of the impact, my bike and I were thrown to the left. I sustained abrasions all over my body including my face. I was given 7 days of medical leave from Ng Teng Fong. There is a witness by the name of Adrian 81002855.





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



3 of 3 Report No. T/20240711/7080

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2024 15:29
Officer In Charge Of Case:	Classification Of Case:
NP168	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No SKON247B000D _Vehicle Registration No: FBV9635U Name(as shownin NRIC): PERWRIE OSMAN HILL NRIC/FIN/Passport No : \$1713496E (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate . 152 JALAN TECK WHYE #01-15, _Singapore680152) Address _Mobile No. : 90016152 Contact (Tel) . WIRAHILL@GMAIL.COM Email Address . 10/07/2024 _Time of Accident: 19:30 Date of Accident : PIE (CHANGI) BEFORE TOA PAYOH LOR 6 Place of Accident Insurance Company: MSIG Insurance (Singapore) Pte. Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: To amend vehicle manufacture and model to YAMAHA / T155 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .:

Date:



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tel +65 5827 7888 Co.Reg No. 200412212G GST Reg. No. 20-0412212G A Member of MSEAD INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1997 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) THE MOTOR VEHICLES (THERD-PARTY BOXS) BULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THERD-PARTY BOXS AND COMPENSATION) ACT 1950
(REPUBLIC OF SINGAPORE) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION.

MOTORCYCLE Third Party Fire And Theft

Certificate No.

A 301066899 VMP

Excess: SGD300

Windscreen Excess: NIL

- 1. Index Mark and Registration Number of Vehicle
- Name of Policyholder 2. PERWRIE OSMAN HILL
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 15/01/2024
- 4. Date of Expiry of Insurance 14/01/2025
- Persons or Classes of Persons entitled to drive* PERWRIE OSMAN HILL

*Provided that the person driving is permitted in accordance with the beersing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to Use *

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. The Policy does not cover

- (1) Use for tire or reward.
- (2) Use for racing pace-making reliability trial or speed-testing.
- (3) Use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Rick and Compensation) Act 1960 and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings,

This Certificate is not transferable to a new owner of the vehicle, if for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made, Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Russ and Compensation) Act 1960.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1968 and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

> MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

> > Mack Eng Chief Executive Officer

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