

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 Authorised 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 ability.
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 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 Report	24/02/2014 17:08
Date Of Accident	12/02/2014 18:05
Exact Location Of Accident	BKE TWDS PIE NEAR LAMP POST 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF8555H
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD FAZDLY BIN ROSLEE
NRIC No	S82107951
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15 MANUAL
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Motorcycle
Insurance Company	
Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MSCN71542170/E01
Cover Note Number	
Driver	
Name of Driver	MUHAMAD YUSRI BIN ROSLEE
NRIC No	S7801227G
Date Of Birth	15/01/1978
Occupation	Indoor
Date Of Driving Pass	06/05/2003
Driving Experience	10 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-93887626
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 701 BEDOK RESERVIOR RD #03-3558 S(470701)
Postcode	
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured Owner
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident Unknown - REFER SKETCH
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? Yes
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No

Details of Police Action

Was the accident reported to the police? Yes
If Yes, Please state which Police Station
Police Station Name [Other] TRAFFIC POLICE HQ
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

PLS REFER ATTACHED

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD7773B
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFX2918S
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

MUHAMAD YUSRI BIN ROSLEE

Approximate Age

Injuries Sustain

REFER ATTACHED

Injured person in which vehicle?

FBF8555H

Were seat belts worn?

No

Was injured conveyed to hospital by ambulance?

Yes

Address

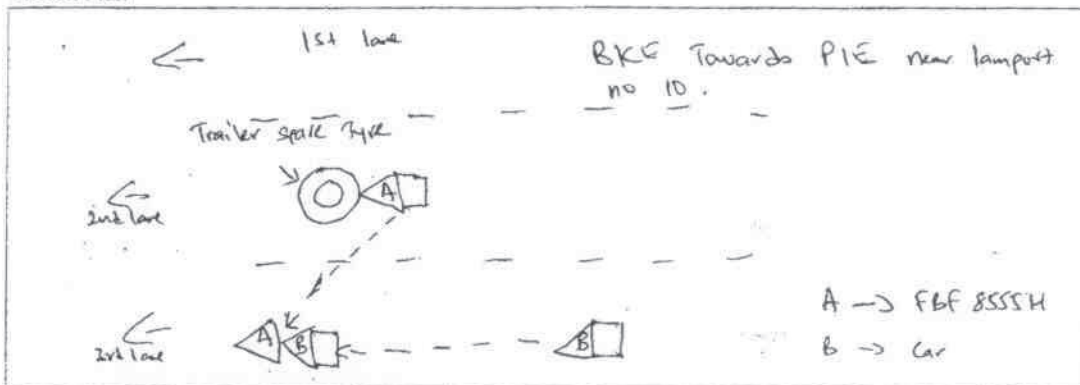
BLK 701 BDK RESERVIOR RD
03-3558

Postcode

470701

SKETCH PLAN**IMPORTANT NOTICE**

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Sketch Plan**Describe Circumstances of the Accident**

I wished to state that I could not recall how the accident happened. The above sketch plan is based on what Traffic Police Investigating officer told me.

I was travelling along BKE towards PIE and that was the last location I could recall. The moment I realized, I was already in NHH A & E. Ambulance was called and conveyed me to NHH.

Traffic Police officer informed that they had managed to trace the Trailer's registration number. Investigation is still on going.

I was warded in NHH till 14/02/2014.

Declaration

I/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



24 FEB 2014