

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	21/11/2017 14:00
Date Of Accident	06/11/2017 21:15
Exact Location Of Accident	WOODLANDS AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1315E
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Insured/Policyholder

Name Of Registered Owner	AHMAD MUHAMMAD BIN SUHAIRI
NRIC No	S9230877D
Email Address	SANI14JR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96405007
Alternative Phone No	OTHERS-96405007

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
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
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-356454-CA
Cover Note Number	

Driver

Name of Driver	AHMAD MUHAMMAD BIN SUHAIRI
NRIC No	S9230877D
Date Of Birth	25/08/1992
Occupation	INDOOR
Date Of Driving Pass	13/07/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96405007
Fax Number	
Contact Number	OTHERS-96405007
Email Address	SANI14JR@GMAIL.COM

Address	BLK 647 WOODLANDS RING ROAD #02-74
Postcode	730647
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171116/2105

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4447M
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	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	AHMAD MUHAMMAD BIN SUHAIRI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBF1315E
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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 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:
 - (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.
- (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:
 - (i) 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 Signature
Date & Time:

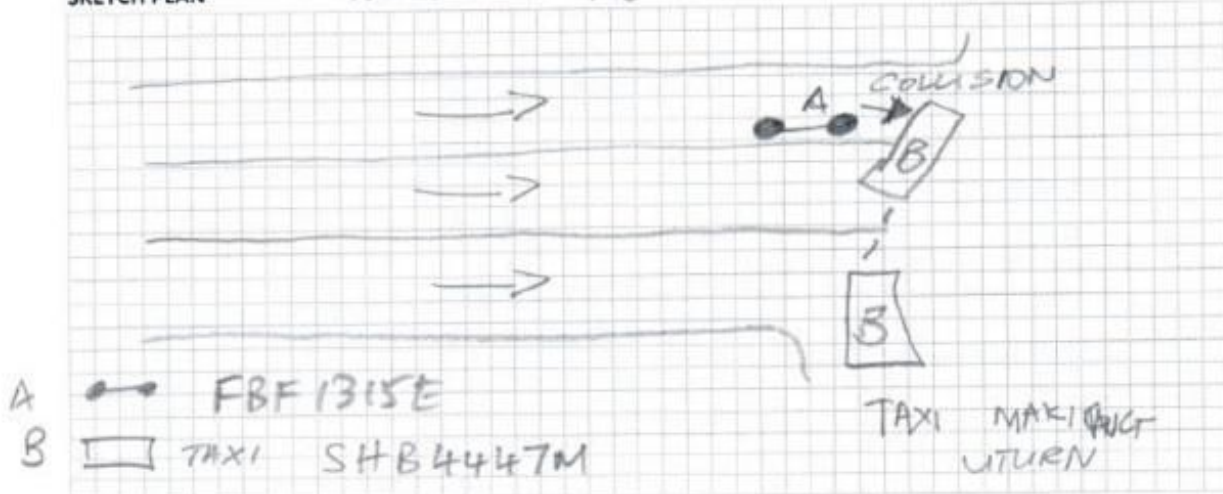
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

WOODLANDS AVE 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20171116/2105

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SLAMC SketchForm_X3

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171116/2105

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

2 of 3
Report No. T/20171116/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: Not Available	
Driver			
Name	AHMAD MUHAMMAD BIN SUHAIRI	ID No.	S9230877D
Related Vehicle	NIL	Contact No.	68119304
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YUSOF	ID No.	NIL
Related Vehicle	NIL	Contact No.	96733553
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	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION, I WAS RIDING ALONG WOODLANDS AVENUE 5 WHEN I SAW THIS TAXI COMING OUT FROM A U-TURN. I HORNED AT HIM AND SWERVED TO THE LEFT TO AVOID HIM. BUT HE STILL TRIED TO COMPLETE THE U-TURN SO I CRASHED INTO HIS FRONT LEFT SIDE. I FELL AFTER THAT AND WAS INJURED. THE TAXI DRIVER THEN CAME TO ME AND SPOKE TO ME. THATS ALL.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20171116/2105

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

1 of 3

Report No. T/20171116/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2017 15:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: AHMAD MUHAMMAD BIN SUHAIRI	Address: 647 WOODLANDS RING ROAD #02-74 HDB-WOODLANDS SINGAPORE 730647		
ID Type / ID No.: NRIC NO / S9230877D	Contact No.: Home/Office: 68119304 Mobile: 96405007		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 25	Date of Birth: 25/08/1992	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: ASSISTANT OPERATIONS	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/11/2017 21:15	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1315E	Motorcycle	YAMAHA	FZ 16	Red	Seriously Damaged	0
SHB4447M	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF1315E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	71952670	10/12/2016	09/12/2017

Police Report



**SINGAPORE
POLICE FORCE**



T/20171116/2105

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

2 of 3

Report No. T/20171116/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: Not Available	
Driver			
Name	AHMAD MUHAMMAD BIN SUHAIRI	ID No.	S9230877D
Related Vehicle	NIL	Contact No.	68119304
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YUSOF	ID No.	NIL
Related Vehicle	NIL	Contact No.	96733553
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	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION, I WAS RIDING ALONG WOODLANDS AVENUE 5 WHEN I SAW THIS TAXI COMING OUT FROM A U-TURN. I HORNED AT HIM AND SWERVED TO THE LEFT TO AVOID HIM. BUT HE STILL TRIED TO COMPLETE THE U-TURN SO I CRASHED INTO HIS FRONT LEFT SIDE. I FELL AFTER THAT AND WAS INJURED. THE TAXI DRIVER THEN CAME TO ME AND SPOKE TO ME. THATS ALL.

Police Report



**SINGAPORE
POLICE FORCE**



T/20171116/2105

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

3 of 3

Report No. T/20171116/2105

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
S SIVAVIKNESH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp NORHIDAWATI BINTE AHMAD
Contact No.: 65476310

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
16/11/2017 15:41

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____