

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	28/11/2017 11:44
Date Of Accident	21/11/2017 21:50
Exact Location Of Accident	SENGKANG EAST RD / PUNGGOL WEST FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4180K
Insured/Policyholder	
Name Of Registered Owner	SULAIMAN BIN HARON
NRIC No	S8301578J
Email Address	LEMAN2513@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97961808
Alternative Phone No	OFFICE-97961808

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/17-364132-CA
Cover Note Number	-

Driver

Name of Driver	SULAIMAN BIN HARON
NRIC No	S8301578J
Date Of Birth	08/01/1983
Occupation	INDOOR
Date Of Driving Pass	23/04/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97961808
Fax Number	
Contact Number	OFFICE-97961808
Email Address	LEMAN2513@YAHOO.COM.SG

Address	BLK 329B ANCHORVALE ST #03-589
Postcode	542329
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	COLLISION - HEAD TO REAR
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

PLEASE REFER TO POLICE REPORT.

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	GY9416K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	R.VIJAYAKUMAR
NRIC/Passport Number	
Contact Number	83931396
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	SULAIMAN BIN HARON
Approximate Age	
Injuries Sustain	ABRASION AND FRACTURE ON LEFT LEG AND OTHER PARTS OF BODY
Injured person in which vehicle?	FBJ4180K
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

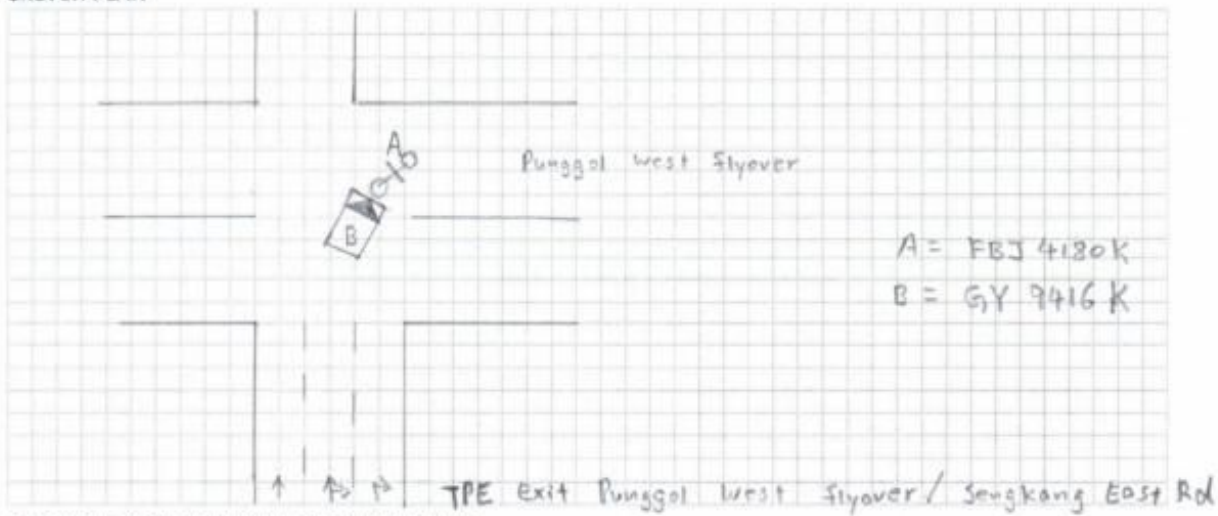
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171122/7006

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

1 of 3

Report No. T/20171122/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2017 17:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SULAIMAN BIN HARON			Address: APT BLK 329B ANCHORVALE STREET #03-589 SINGAPORE 542329		
ID Type / ID No.: NRIC NO / S8301578J			Contact No.: Home/Office: Mobile: 97961808		
Nationality: SINGAPORE CITIZEN			Email: leman2513@yahoo.com.sg		
Sex: Male	Age: 34	Date of Birth: 08/01/1983	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: SENIOR SERVICE ENGINEER			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: 21/11/2017 21:50	Type of Location: Traffic light junction
Location: NIL Sengkang East Road/Punggol West Flyover				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ4180K	Motorcycle	YAMAHA	FZ 16	Blue		0
GY9416K	Van					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171122/7006

2 of 3

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

Report No. T/20171122/7006

CONTINUATION OF REPORT

Rider			
Name	SULAIMAN BIN HARON	ID No.	S8301578J
Related Vehicle	FBJ4180K (Motorcycle)	Contact No.	97961808
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/11/2017	Date Discharge	22/11/2017
No. of Days granted Medical Leave	10	Degree of Injury	Serious
Driver			
Name	R.VIJAYAKUMAR	ID No.	NIL
Related Vehicle	GY9416K (Van)	Contact No.	83931396
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.

On 21/11/2017 at about 2150hrs, I was riding my motorbike of plate numbers FBJ4180K moving to the traffic flow turning right going towards Sengkang East Road/Punggol West Flyover. Out of sudden, the vehicle plate number GY9416K hit the rear side of my motorbike and I then collided when I was turning right after the hit.

My motorbike fell on top of my left leg and I was injured during the incident happened. Ambulance came to the incident location and I was conveyed to Changi General Hospital for further treatment. I was given 10 days Hospitalisation leave by the doctor due to abrasion and fracture on my left leg and other parts of my body.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171122/7006

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

3 of 3

Report No. T/20171122/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476423

Authentication Stamp
NP168

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

Date/Time:
22/11/2017 17:46

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

