

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	04/12/2017 15:22
Date Of Accident	29/11/2017 17:30
Exact Location Of Accident	TAMPINES AVE 10 & PASIR RIS DRIVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA1154D
Insured/Policyholder	
Name Of Registered Owner	RAJA MUHAMMAD ISRAAFIL WANAFKHATIHII BIN RAJA SHAH
NRIC No	S9544618C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81864246
Alternative Phone No	OTHERS-81864246

Vehicle Particulars

Manufacturer	YAMAHA
Model	WR400FS
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/VMT/17-362395-CA
Cover Note Number	

Driver

Name of Driver	RAJA MUHAMMAD ISRAAFIL WANAFKHATIHII BIN RAJA SHAH
NRIC No	S9544618C
Date Of Birth	26/11/1995
Occupation	INDOOR
Date Of Driving Pass	30/10/2014
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81864246
Fax Number	
Contact Number	OTHERS-81864246
Email Address	NOEMAIL

Address	BLK 232 PASIR RIS DRIVE #01-508
Postcode	510232
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	DRIZZLING
Road Surface	WET

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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20171201/2101. ATTENDED BY SITI

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	XD9323D
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 GBF4823K

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 RAJA MUHAMMAD ISRAAFIL WANAFKHATIHII BIN RAJA SHAH

Approximate Age 22

Injuries Sustain

Injured person in which vehicle? FBA1154D

Were seat belts worn? NO

Was injured conveyed to hospital by ambulance? YES

Address BLK 232 PASIR RIS DRIVE #01-508

Postcode 510232

Accident Sketch Plan Pg. 1

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.

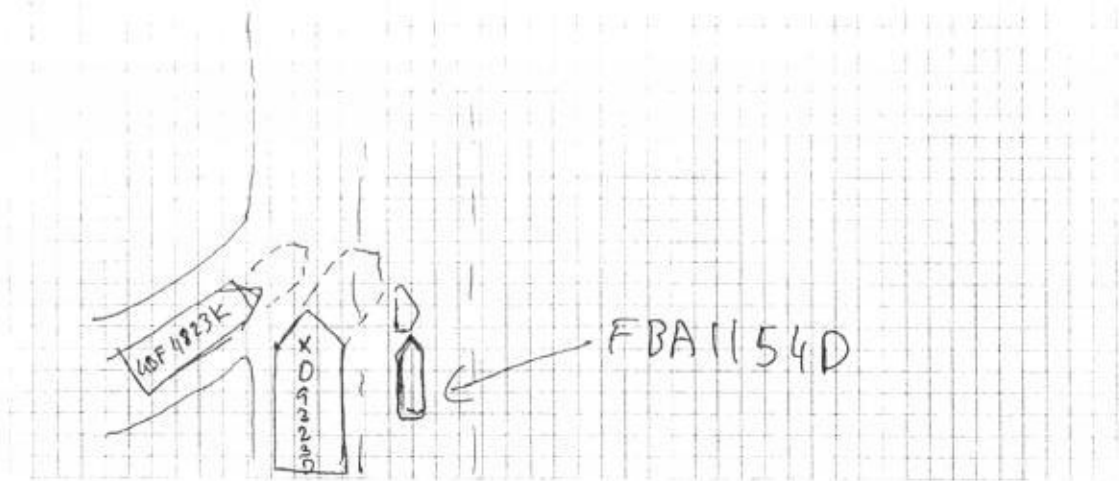
Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Reporting Name: [Signature]
Tel: 67416697
Fax: 67492305
Email: vac.tb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

04 DEC 2017

Policyholder's Signature

Date & Time: 4/12/17

Driver's Signature

(if driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 KAKI BUKIT AVE 4

Singapore 415933

Reporting Centre Tel: 67492305

Name: Fax: 67492305

URL: www.idac.hk/singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171201/2101

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20171201/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2017 16:26		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: RAJA MUHAMMAD ISRAAFIL WANAFKHATIHII BIN RAJA SHAH DAN			Address: APT BLK 232 PASIR RIS DRIVE 4 #01-508 SINGAPORE 510232		
ID Type / ID No.: NRIC NO / S9544618C			Contact No.: Home/Office: Mobile: 81864246		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 26/11/1995	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/11/2017 17:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES AVENUE 10 PASIR RIS DRIVE 12 Opposite Tampines Ikea				
Weather: Drizzling		Road Surface: Wet		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
FBA1154D	Motorcycle	YAMAHA	WR400FS	Blue	Slightly Damaged	0
GBF4823K	Lorry					0
XD9323D	Truck					0

Accident Sketch Plan Pg. 1



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POLICE FORCE**



T/20171201/2101

Police Station Of Origin:
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9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20171201/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBA1154D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17362395	03/04/2017	02/04/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAJA MUHAMMAD ISRAAFIL WANAFKHATIHII BIN RAJA SHAHDAN	ID No.	S9544618C
Related Vehicle	FBA1154D (Motorcycle)	Contact No.	81864246
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	29/11/2017	Date Discharge	29/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 29/11/2017 at about 1730hrs, I was riding my motorcycle (FBA1154D) along Tampines Ave 10 towards Pasir Ris Drive 12. I was travelling on the second lane from the left, and when I was near Tampines Ikea, a lorry (GBF4823K) abruptly exited out of Tampines Industrial Ave 5. In order to avoid collision, a truck (XD9323D) that was travelling along the extreme left lane, swerved into my lane. I tried to avoid the truck but I was unable to do so. The front right side of the truck collided with the left side of my motorcycle.

I was then conveyed to the CGH by an ambulance and my motorcycle was left at the scene. I sustained lacerations on my left arm and left ankle. I was given a five days MC and there were stitches on my left ankle. My motorcycle's left foot peg was broken and the decal was scratched. However, I am unsure of how much will repairing the damages to my motorcycle cost.

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SINGAPORE
POLICE FORCE



T/20171201/2101

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9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20171201/2101

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:

G /

Sgt 2 TEO YEE WAN, Renny

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/12/2017 16:26

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Classification Of Case:

Authentication Stamp

NP168



SN 160

Signature: