

## 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	11/12/2017 11:48
Date Of Accident	09/12/2017 12:25
Exact Location Of Accident	JUNC OF KITCHENER RD & VERDUN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	AT81Z
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD S/O MANSOOR HALLAJ
NRIC No	S8030405F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98518760
Alternative Phone No	OFFICE-98518760
Vehicle Particulars	
Manufacturer	HONDA
Model	VFR800A2
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
Fleet Policy	NO
Policy Number	MSD/VMT/17-371883-CA
Cover Note Number	-
Driver	
Name of Driver	MUHAMMAD S/O MANSOOR HALLAJ
NRIC No	S8030405F
Date Of Birth	07/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2005
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98518760
Fax Number	
Contact Number	OFFICE-98518760
EEmail Address	NOEMAIL

Address	5000K MARINE PARADE RD #16-45
Postcode	449292
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
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	SKW6835S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAY KOK KHOONG
NRIC/Passport Number	S1115072A
Contact Number	91069658
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	MUHAMMAD S/O MANSOOR HALLAJ
Approximate Age	
Injuries Sustain	RIGHT KNEE & BACK
Injured person in which vehicle?	AT81Z
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident 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: 11 DEC 17

  
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

Verdun Rd

Kitchener Link

A: AT 812

B: SKW 68355

box

Kitchener Rd

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: 11 DEC 17

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/20171210/2035

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20171210/2035

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2017 12:52		Vide Report No.:	Station Diary No.: 45
<b>Informant's Particulars</b>			
Name of Informant: MUHAMMAD S/O MANSOOR HALLAJ		Address: 5000K MARINE PARADE ROAD #16-45 SINGAPORE 449292	
ID Type / ID No.: NRIC NO / S8030405F		Contact No.: Home/Office: Mobile: 98518760	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 07/10/1980	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: SIA ENGINEER/ SOLE PROPRIETOR		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2017 12:25	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 KITCHENER ROAD VERDUN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Stopped Vehicle			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AT81Z	Motorcycle	HONDA	VFR800A2	Red	Slightly Damaged	0
SKW6835S	Car				Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AT81Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17371883	07/11/2017	06/11/2018

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POLICE FORCE**



T/20171210/2035

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No: T/20171210/2035

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD S/O MANSOOR HALLAJ	ID No.	S8030405F
Related Vehicle	AT81Z (Motorcycle)	Contact No.	98518760
Hospital/Clinic	THE NEPTUNE CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	09/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	TAY KOK KHOONG	ID No.	S1115072A
Related Vehicle	SKW6835S (Car)	Contact No.	91069658
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 the 09/12/2017 at about 1225hrs, I was riding my motorcycle AT81Z along Kitchener Road on the rightmost lane. There was heavy traffic and I was waiting at the traffic light signal at the junction of Kitchener Road and Verdun Road. The traffic light signal turned green, and as I was about to move off, I suddenly felt an impact from the rear of my motorcycle. I lost my balance and fell off the motorcycle. A vehicle SKW6835S had started to move and collided into the rear right portion of my motorcycle's box. My motorcycle was still stationary when the collision happen. The other driver moved his vehicle out of the way, and alighted to attend to me. Some of the passer-by also helped to moved my motorcycle away. The other driver and I exchanged particulars. I felt some pain in my right knee and my back as well as some cramps in my leg. The driver had offered to call for the ambulance but I declined, and I informed that I will see the doctor myself.

Shortly after the accident, I went to see the doctor at The Neptune Clinic and was given a medical certificate of 3 days, however I currently do not have the medical certificate with me, as I had forgotten to take the MC from the clinic after making payment.

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POLICE FORCE**



T/20171210/2035

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Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20171210/2035

## 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 LIM WEI SIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/12/2017 12:52

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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