

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	13/12/2017 13:27
Date Of Accident	12/12/2017 15:40
Exact Location Of Accident	BLK 865A JURONG WEST ST 81 MULTI STOREY CARPARK.
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK1916U
Insured/Policyholder	
Name Of Registered Owner	ABDUL AZIZ BIN MOHAMAD
NRIC No	S1623229G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91452893
Alternative Phone No	OTHERS-91452893
Vehicle Particulars	
Manufacturer	SUZUKI
Model	UH200AL5 BURGMAN 200 ABS
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/17-982480-WTT
Cover Note Number	
Driver	
Name of Driver	ABDUL AZIZ BIN MOHAMAD
NRIC No	S1623229G
Date Of Birth	24/12/1963
Occupation	INDOOR
Date Of Driving Pass	12/01/1984
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91452893
Fax Number	
Contact Number	OTHERS-91452893
EEmail Address	NOEMAIL

Address	BLK 865 JURONG WEST ST 81 #04-563
Postcode	640865
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?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171212/2162

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	SKX5517L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MDM PANG HIAN
NRIC/Passport Number	S0822152I
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

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:

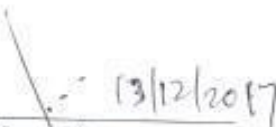
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

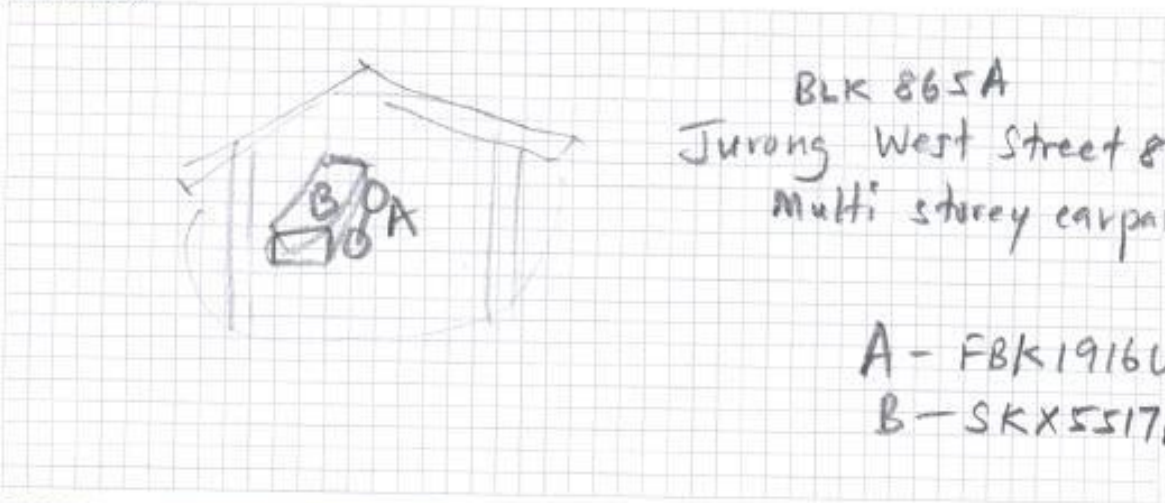


13/12/2017

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

Sketch Plan #2

SKETCH PLAN



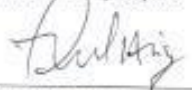
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


pl's Refer to the Police Report
T/2017/2162

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.: 13/12/2017

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171212/2162

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20171212/2162

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK1916U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60741930	07/05/2017	06/05/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL AZIZ BIN MOHAMAD		ID No. S1623229G
Related Vehicle	FBK1916U (Motorcycle)		Contact No. 91452893
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 12/12/2017 at about 0900hrs, I parked my Suzuki motorcycle at Blk 865A Jurong West St 81, MSCP, deck 1A, lot 12. I then went home. everything was intact and normal.

On 12/12/2017 at about 1540hrs, my neighbor informed me that at Blk 865A Jurong West ST 81, MSCP there was a car which had knocked into a motorcycle. I then went to the MSCP to make a check. I discovered that my motorcycle had been knocked down by a car, SKX5517L.

traffic Police was at scene and asked me to lodge a Police report vide J/20171212/0133, under Traffic Police IO Dylan, TEL: 65476251. I wish to state that there were dents, scratches and damages all over my motorcycle.

Accident Sketch Plan

(TP)

1DAC BTBATOLC

511 Bt Batok St 23

Singapore 659545

Mdm Pang Hian

IC: S0822152I

INSURANCE: NTUC

Vehicle No: SKX5517L

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20171212/2162

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20171212/2162

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2017 19:27	Vide Report No.: J/20171212/0133	Station Diary No.: 102
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Informant's Particulars

Name of Informant: ABDUL AZIZ BIN MOHAMAD			Address: APT BLK 865 JURONG WEST STREET 81 #04-563 SINGAPORE 640865	
ID Type / ID No.: NRIC NO / S1623229G			Contact No.: Home/Office:	Mobile: 91452893
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 24/12/1963	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: CONTAINER EQUIPMENT SPECIALIST			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/12/2017 15:40	Type of Location: MSCP
Location: Along Road 1 JURONG WEST STREET 81				
Blk 865A Jurong West St 81, Multi storey carpark.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1916U	Motorcycle	SUZUKI	UH200AL5 BURGMAN 200 ABS	Gold	Seriously Damaged	0
SKX5517L	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20171212/2162

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20171212/2162

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK1916U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60741930	07/05/2017	06/05/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL AZIZ BIN MOHAMAD		ID No. S1623229G
Related Vehicle	FBK1916U (Motorcycle)		Contact No. 91452893
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.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20171212/2162

3 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20171212/2162

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: J/ Staff Sgt YEO CHANG LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2017 19:27
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	



Singapore Police Force