

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	10/01/2018 09:43
Date Of Accident	09/01/2018 15:30
Exact Location Of Accident	BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX7326S
Insured/Policyholder	
Name Of Registered Owner	CITINET EXPRESS
Co Reg No	-
Email Address	SLUGCO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86293231
Alternative Phone No	OFFICE-86293231

Vehicle Particulars

Manufacturer	HONDA
Model	125 C.C.
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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/17-984682-WTT
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHAIROL BIN SELAMAT
NRIC No	S8532652Z
Date Of Birth	30/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86293231
Fax Number	
Contact Number	OTHERS-86293231
Email Address	SLUGCO@GMAIL.COM

Address	BLK 351 WOODLANDS AVE 1 #04-717
Postcode	730351
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SLP1174Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.



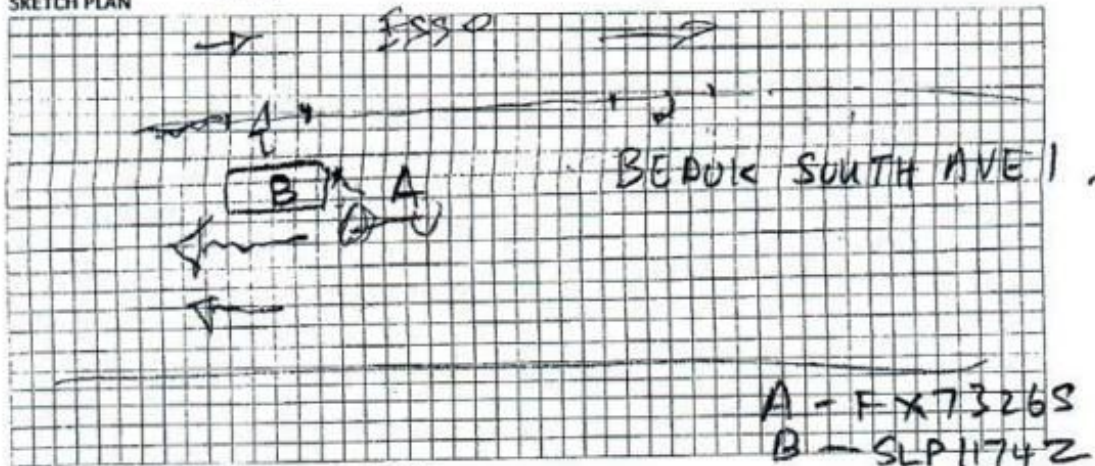
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



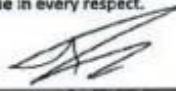
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


MOTORBIKE A WAS DRIVING ALONG BEDOK SOUTH AVE 1. MOTORBIKE A WENT TO GO STRAIGHT. THEY COLLIDE WITH CAR B. CAR B TURNING RIGHT. HIT CURB BORDER BELOW RIGHT HAND SIDE. PICTURES ARE TAKEN.

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.:

GIARMC Sketch/Plan Form, V3

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**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP322)

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



J/20170518/2080

1 of 2

Report No. J/20170518/2080

Date/Time Report Made 18/05/2017 13:49	Video	Report No.	Station Diary No. 99
Name Of Informant MUHAMMAD KHAIROL BIN SELAMAT	Address BLK 351 WOODLANDS AVENUE 1 #04-717 SINGAPORE 730351	Contact No. Mobile 86293231	
ID Type / ID No. NRIC NO / S8532652Z	Email Address		
Nationality SINGAPORE CITIZEN	Sex Male	Age 31	Date of Birth 30/09/1985
Occupation GUEST RELATION	Language		Race Boyanesse
Institution/School Name	Location Of Incident 351 WOODLANDS AVENUE 1 #04-717 HDB- WOODLANDS SINGAPORE 730351		
Date/Time Of Incident 23/12/2015 00:00	At home		

Brief details.

On the 23/12/2015, I discovered that I have lost my NRIC S8532652Z and my driving licence. I made a check but to no avail. I have previously made a police report regarding this and the police report number is A/20151223/2101.

Property information

Signature Of Officer Recording The Report: J / Cpl NUR DINI BINTE HASNEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2017 13:49
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / WEN JIANQUAN, NICHOLAS Contact No.: 67910000	Classification Of Case:

Authentication Stamp

SN 130



Signature:

Singapore Police Force

FUPO hotline number: 68429645

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



J/20170518/2080

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. J/20170518/2080

S/N	Item	Type	Brand/ Account/ Security- Type	Make/ Model/ Access/ Center	Serial No. / Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAPORE NRIC		S853265 2Z	1		One Pink NRIC belonging to MUHAMMAD KHAIROL BIN SELAMAT, S8532652Z
2	Licence	Lost	Qualified Driving Licence		S853265 2Z	1		One driving licence belonging to MUHAMMAD KHAIROL BIN SELAMAT, S8532652Z

Signature Of Officer Recording The Report:

J / Cpl NUR DINI BINTE HASNEN

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
18/05/2017 13:49Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
WEN JIANQUAN, NICHOLAS
Contact No.: 67910000

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429641



SN 130

Signature:

Singapore Police Force

Dear Sir/Madam,

We herewith enclose your photocard driving licence. Please check to ensure that all the details are correct. If you detect any error, please contact us at Tel: 65470000 within one month from date of receipt.

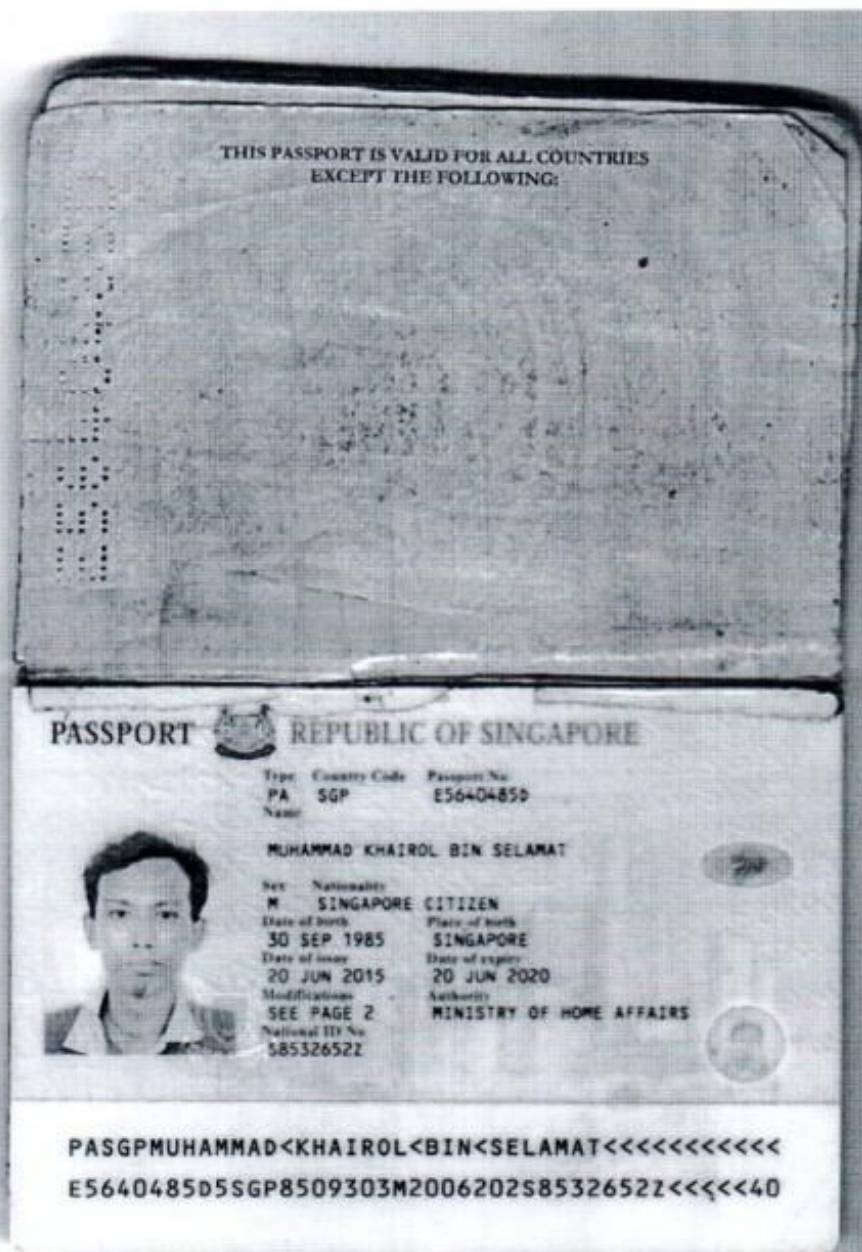
Please drive with care and consideration. Thank you.

Commander
Traffic Police



For new licence holder, please be reminded that your licence will be revoked if you do not renew it within the stipulated time twice or more.

Sketch Plan #6



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

