



### 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	12/01/2018 17:03
Date Of Accident	28/12/2017 12:00
Exact Location Of Accident	JUNCTION OF JTC HALL ROAD/WEST COAST ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FX6139Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ZAKI BIN MOHD ALI
NRIC No	S9536838G
Email Address	MHD_ZAFAKIFIEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91478869
Alternative Phone No	OTHERS-91478869
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	Y125Z-125CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-986888-WTT
Cover Note Number	
<b>Driver</b>	
Name of Driver	MUHAMMAD ZAKI BIN MOHD ALI
NRIC No	S9536838G
Date Of Birth	18/10/1995
Occupation	INDOOR
Date Of Driving Pass	18/01/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91478869
Fax Number	
Contact Number	OTHERS-91478869
Email Address	MHD_ZAFAKIFIEE@HOTMAIL.COM



Address	BLK 47 TEBAN GARDENS ROAD #06-224
Postcode	600047
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171230/2078 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SJM2871C
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)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD ZAKI BIN MOHD ALI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX6139Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


## SKETCH PLAN

### IMPORTANT NOTICE

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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.

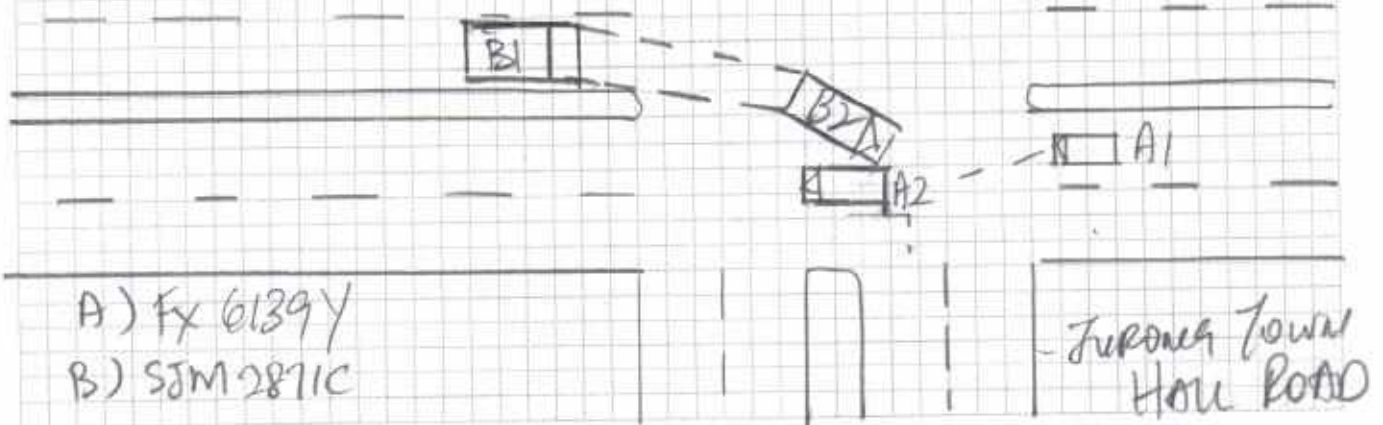
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

WAS1 CO087 ROAD



A) FX 6139Y

B) SJM 2871C

JURONG TOWN  
HALL ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Report to Police Report  
1/2017/230/2078

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: Reski WATAB  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20171230/2078

1 of 3

Report No. T/20171230/2078

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/12/2017 15:13	Vide Report No.:	Station Diary No.: 91
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**Informant's Particulars**

Informant's Particulars			
Name of Informant: MUHAMMAD ZAKI BIN MOHD ALI		Address: APT BLK 47 TEBAN GARDENS ROAD #06-224 SINGAPORE 600047	
ID Type / ID No.: NRIC NO / S9536838G		Contact No.: Home/Office:	Mobile: 91478869
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 18/10/1995	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: KFC RIDER		Driving Licence Information: Class: 2B	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/12/2017 12:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 WEST COAST ROAD JURONG TOWN HALL ROAD Junction of West Coast Road and Jurong Town Hall Road towards West Coast				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:
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
FX6139Y	Motorcycle	YAMAHA	Y125Z	Red	Totally Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX6139Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17986888	28/10/2017	27/10/2018



Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20171230/2078

**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 ZAKI BIN MOHD ALI	ID No.	S9536838G
Related Vehicle	FX6139Y (Motorcycle)	Contact No.	91478869
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/12/2017	Date Discharge	28/12/2017
No. of Days granted Medical Leave	08	Degree of Injury	Slight

**Brief Details.**

On 28/12/2017 at about 1200hrs, when I was travelling along West Coast Road towards West Coast with one and half car length before reaching the junction of Jurong Town Hall Road, I saw one car turning right into Jurong Town Hall Road so I slowed down my motorcycle and let the car go.

When I had rode passed the stop line of the junction, I saw one black car at the opposite direction turning right into Jurong Town Hall Road from West Coast Road. I tried to avoid the car by swiping my motorcycle to the left but the car still hit onto my motorcycle rear tyre. I lost balance of the motorcycle and flied off from my motorcycle and landed on the road and my motorcycle only dropped after some distance away from me.

The male Chinese driver got out of his car to help me but I did not manage to obtain his particulars. Some passerby called for ambulance and I was conveyed to Ng Teng Fong General Hospital for treatment and I was given total of 8 days of outpatient MC.





SINGAPORE  
POLICE FORCE



T/20171230/2078

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3





Report No. T/20171230/2078

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: D / Staff Sgt KELVIN TAN JOON MING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2017 15:13
Officer In Charge Of Case: TP / GIT /  Contact No.:	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE  SN 37

# ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 12 / 2017 (DD/MM/YYYY), TIME: 12 : 00 (HH:MM)

LOCATION: Jalan West Coast RD and Jering turn hall rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX 6139 Y  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: MED/UMT/17-98688-WTT  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Y125 Z  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going to work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Muhammad Zafar B Md. Ali (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S95368386 CONTACT: 9147 8869  
 c) ADDRESS: BK 47, Teban Garden Rd, H06-224

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

\* No of passenger  
(including driver)  
(1)

- DRIVER  
 a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 18 / 10 / 1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19/01/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) owner  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CHAMAN 71 M.P.C.

## 8. THIRD PARTY VEHICLE

\* No of passenger  
(including driver)  
( )

- a) VEHICLE NUMBER: 83M 2871 C MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

\* No of passenger  
(including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_

Email: mhd\_zafaklflee@hotmail.com

fax =

✓ 100



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9536838G



Name

MUHAMMAD ZAKI BIN MOHD  
ALI

محمد زكي بن محمد علي

Race

MALAY

Date of birth

18-10-1995

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9536838G

Name

MUHAMMAD ZAKI BIN MOHD ALI

Birth Date: 18 Oct 1995

Issue Date: 19 Jan 2016



002520162G



4816538

NRIC No. S9536838G



Date of issue

12-08-2010

Address

APT BLK 47 TEBAN GARDENS ROAD  
#06-224  
SINGAPORE 600047

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

19 Jan 2016

Class 2B Motorcycles <= 200 cc



Licence No: S9536838G

NP 428A



**W 699650**  
**MSIG Insurance (Singapore) Pte. Ltd.** (S.S. Reg. No. 2004122120)  
 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807  
 Tel +65 6827 7888. Fax +65 6827 7800  
 www.msig.com.sg

### CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)  
 The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)  
 The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189) of the Revised Edition (Republic of Singapore)  
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)  
 Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : **MSD/VMT/17-986888-WTT A0633-001/W0806**

SUM INSURED : **TPL** ✓  
 EXCESS : **NIL** ✓

1. Index mark and Registration Number of Vehicle **S9536838G** ✓  
**PX6139Y** ✓  
**YAMAHA** ✓ **125 c.c.**
2. Name of Policyholder **MOHAMMAD ZAKI BIN MOHD ALI** ✓
3. Effective date of the Commencement of Insurance  
 for the purposes of the Act **0001AM 28/10/2017** ✓
4. Date of Expiry of Insurance **27/10/2018** ✓
5. Persons or Classes of Persons entitled to drive  
**a. The Policyholder.**

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing with the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use  
**Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.**

7. The Policy does not cover  
**FROM FRIENDSHIP MOTOR COMPANY**  
**1. Use for hire or reward.**  
**2. Use for racing, pace-making, reliability trial or speed-testing.**  
**3. Use for the carriage of goods (other than samples) in connection with any trade or business.**  
**4. Use for any purpose in connection with the Motor Trade.**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

23/10/2017 (K)  
 WTT-CI-0404-14

**WTT INSURANCE AGENCIES PTE LTD**  
 Underwriting Agent  
 For MSIG Insurance (Singapore) Pte. Ltd.