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 witholding 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	15/01/2018 18:10		
Date Of Accident	13/01/2018 03:50		
Exact Location Of Accident	UPPER THOMSON RD NEAR THE PRATA HOUSE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	FX6499H		
Insured/Policyholder			
Name Of Registered Owner	MOHD AYOUB BIN MOHD ALI		
NRIC No	S6917799I		
Email Address	RAIS.ABDULLAH0320@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-84553237		
Alternative Phone No	OTHERS-84553237		
Vehicle Particulars			
Manufacturer	YAMAHA		
Model	133 C. C.		
Exact Purpose for which vehicle was being used at time of accident			
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/17-359187-CA		
Cover Note Number			
Driver			
Name of Driver	MUHAMMAD RAIS BIN ABDULLAH		

NRIC No S9110239J Date Of Birth 20/03/1991 Occupation **INDOOR** 08/07/2010 **Date Of Driving Pass**

Driving Experience 7 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84553237

Fax Number

OTHERS-84553237 Contact Number

EMail Address RAIS.ABDULLAH0320@GMAIL.COM

BLK 107 YISHUN RING ROAD Address

#07-259

Postcode 760107

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - 2 ND OWNER

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions DRIZZLING Road Surface WET

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

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

YES

ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2180000 - FAX NO: 64814246 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180113/2117

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLM9504T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver **ALVIN**

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN	REJEKSING
STATIONARY	5/ THE POTT PRINTA HOUSE
7/	E 223WTWESS &
1800	
	UPAGE THOMASON RD
1 6	And the second of the second o
1 1 1	DELECTING 3:50 am 13 1 JAN 201
	DRIZZLING SISJam 15 JIV
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	ONE WAY ROAD A - FX 64
	P_SLM9
ESCRIBE CIRCUMSTANCES	D. C.
ESCRIBE CIRCONISTANCES	OF THE ACCIDENT
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	107:00
	Refer to 120/80/13
	150/0
0/5	
/	27:02
/	
ECLARATION	ulare are true in given regiment
ECLARATION We declare the foregoing particu	
	ulars are true in every respect.

Accident Sketch Plan

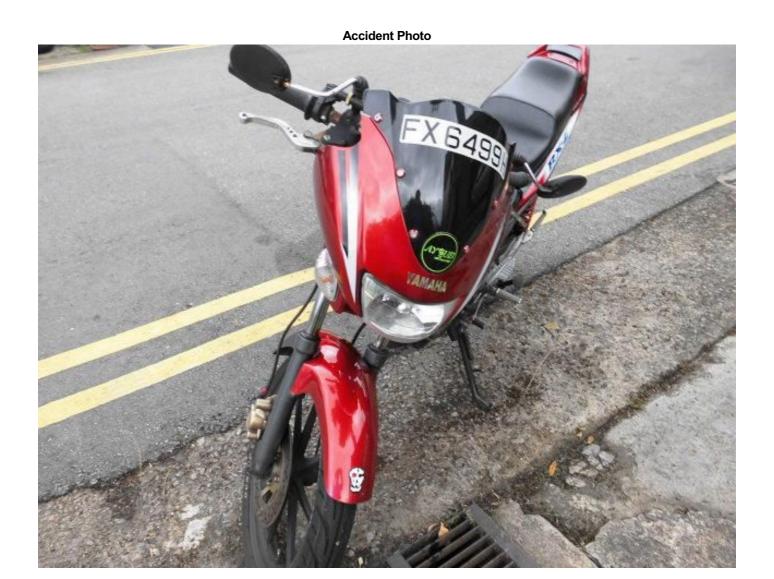
Police Station Of Origin:



Report No. 7 /20180113 /2117
IP No.
IO In-charge:

	TION OF REPORT
Information on Pedestrian(s) Involved	
Any Pedestrian Involved: Yes / No	
No. of Pedestrians Injured: Whether Pedestrian Crossing Was U: ☐ Used ☐ Not Used ☐ Not Availab	
Information on Eyewitness	le
	nilable (Y) No (if Yes to both, please provide the eyewitness' particulars
Brief Details. This report shall be signed by the informant,	arranganou Otacer)
On 13/01/2018 at usont 03504ms. I have	I penked my materiacle Ex649914 in front of
The Prata House along upper Thomson	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ust D 1 3	de a 1 - 1 Day 1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 -
as and toll us that a car had hit on	, 1990c
or SLM 95047 stopping near our motorcycle.	I squ my motorcycle hay down on the road. A
ale subject was standing newly. I approached	the solvect who gave his name as Alvin Alvin
intel hitting my moloriycle. However he others	el \$50 the first time and \$250 the forme time.
never we could not come to an agreement.	I smeller alabolic brooth from Alun and decide
call Police. About to may later, a traffic	police officer care down and had controll a
chabie test on Alin However Alvin	was not creeted. The traffic solice officer
itself us to report to our insurance:	I am ladgly He report for a record.
Structions Number each vehicle and show direction of travel by arrow.	Sketch Plan
1 2 4	
Number each pedestrian and show direction by arrow.	
Use solid line to show path of vehicle before accident	
direction by arrow. Use solid line to show path of vehicle	
Use solid line to show path of vehicle before accident 1 dotted line	
Use solid line to show path of vehicle before accident 1 dotted line after accident: 1 Show distance and direction to landmarks,	
Use solid line to show path of vehicle before accident 1 dotted line after accident 1 Show distance and direction to landmarks, identify by name. Include road signs and any other important physical features.	ertificate to this report. If you don't have the certificate with you
Use solid line to show path of vehicle before accident 1	ertificate to this report. If you don't have the certificate with you report number as reference. Signature Of Informant:
Use solid line to show path of vehicle before accident 1 dotted line after accident 1 show distance and direction to landmarks, identify by name. Include road signs and any other important physical features. IPORTANT: Please attach a copy of your vehicle's Insurance (ow, please fax a copy to the Traffic Police at 65474749 stating the	eport number as reference.
Use solid line to show path of vehicle before accident 1 dotted line after accident. 1 show distance and direction to landmarks, identify by name. Include road signs and any other important physical features. IPORTANT: Please attach a copy of your vehicle's Insurance ow, please fax a copy to the Traffic Police at 65474749 staring the tank/Name/Signature Of Officer Recording The Report.	Signature Of Informant:

NP168 (1/07)

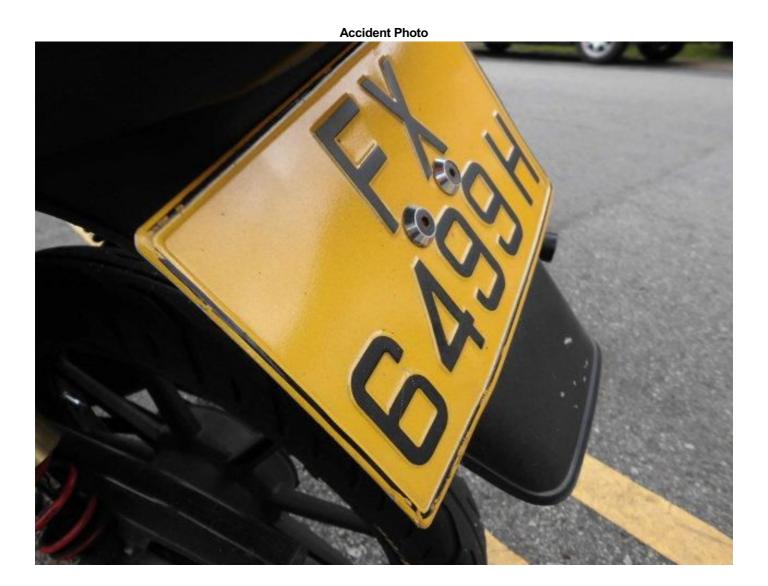


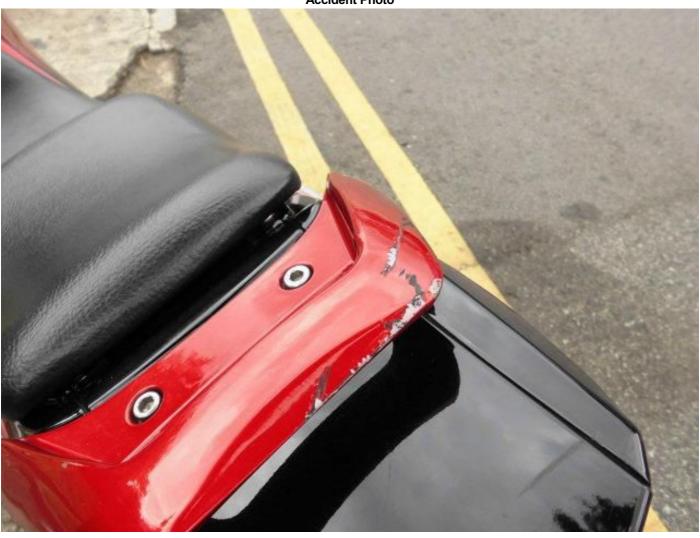




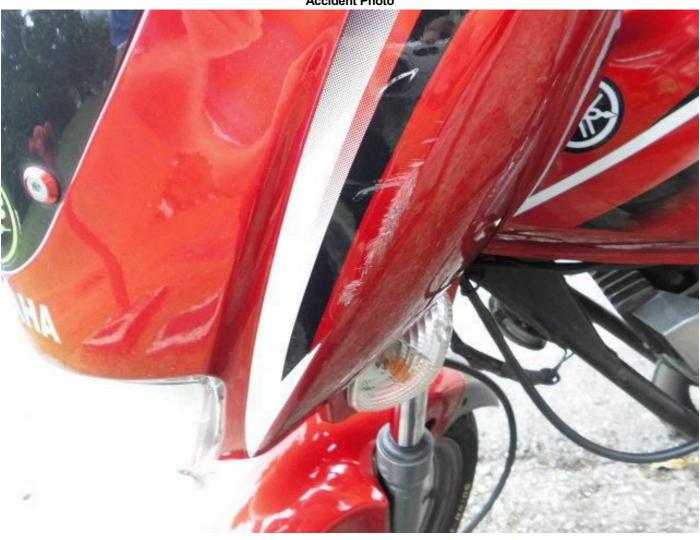














Police Report

Police Station Of Origin:



, Serial No. F 43902

Report No. 7/20180113/2117

REPORT OF A TRAFFIC ACCIDENT Date and Time Report Made: Vide Report No.: Station Diary No .: 13/01/2018 gt 1620hrs Informant's Particulars Name of Informant: Address: 1314 107 Ring Road #07- 259 Myhammal Rais Bin Abdyllah Postal Code : 760107 ID Type/No: Date of Birth: Contact No.:-Mobile: 8455 3237 20/03/1991 5 9110239 J Homes Office : Race: Sex: Type of Informant: Driver Rider D Cyclist D Vehicle Owner D Pedestrian Aget Malay 26 Male ☐ Passenger ☐ Pillion ☐ Police Officer ☐ Others (specify) Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Walter General Information on the Accident Date of Accident: Type of Location: ☐ Fatal ☐ Injury Ø Non-Injury 13/01/2018 □ Bend ☐ Flyover ☐ Roundsbout ☐ Gradient ☐ Straight Road Type of Accident : For non-injury, involved: ☐ Bridge Time of Accident: □ Car Park □ X-junction □ T-junction ☐ Foreign vehicle ☐ Pedestrian / Cyclist ☐ Y-junction ☐ Private Property ☐ Police vehicle 0350 hrs ☐ Hit & Run ☐ Others (specify) . Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction) Upper Thamosn Prata rock neur Type of Collision: Weather: (i) Between moving vehicles (ii) Moving Vehicle Against: Clear Reining Parked Vehicle Pedestrian Animal Lamp Post Road Divider/Kerb Others (specify) ☐ Side Swipe (same direction) ☐ Head on Others (specify): ☐ Head to Rear ☐ Side Swipe (opposite direction) ☐ Head to Side ☐ Others (specify) Traffic Control: Traffic Flow: Traffic Volume: Road Surface: Road Speed Drink Drive: ☐ Heavy ☐ Moderate ☐ Light ☐ No traffic One-way ☐Traffic Lights Wet Dry Limit: Yes/No Others (specify): ☐ Two-way ☐ Manual Control ☐ Dual Carriageway ☑ Uncontrolledkm/h Details Of Vehicle(s) & Driver(s) Involved Vehicle No. Type/Make Name & ID Damage Class of Contact No. Degree of Name of Insurance Validity /Colour (serious. of Driver D/Lie & Injury & Insurance Cert. No. Period of slight or no Exp Date Days Given Co. insurance damage) M/Leave Muhammat Ros Bin Abballah 16/02/2017 MSI 6 Yomaha / Silyt No injury 28 84553237 FX 6499 H 17-35-187-69 5/1 / 40/3 Marson Alvin Morcedes 1 SLM 9504 T Bluck Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.) Name ID No. Related Contact No. Degree of Days given Hospital/Clinic Vehicle Warded Medical Leave Injury

Police Report

Police Station Of Origin:

NP168 (1/07)



Report No. 7 /20180113 /2117 IP No.

IO In-charge:

CONTINUATION OF REPORT

Information on Pedestrian(Any Pedestrian Involved: Y		5*
lo. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used ☐ Used ☐ Not Used ☐ Not Available	Pedestrian's Degree of Injury : ☐ Killed ☐ Seriously Injured ☐ Slightly Injured ☐ Not Injured
nformation on Eyewitness		
ny eyewitness available :	No Eyewitness* Particulars Availa and contact number to the Invi	ble (19) No (if Yes to both, please provide the eyewitness' particulars estigation Officer)
rief Details. This report sl	nall be signed by the informant.	The second secon
n 13/01/2018 3	t about ossalus, I hul	parked my matorcycle Ex649914 in front of
he Prata House	along Upper Thomson r	sal. I had went in with my frances to have
	though my meal, a mule	subject Danial contact: 43365676 approch
s and toll us	that a car had hit one	of our motorcycle. We came out and saw a
ar SLM 95047 St	17 0	59w my motorcycle lying down on the road. A
de subject min st	andly nearby. L approached	He subject who gave his name as Aluin Aluin
00.	brogile. However he offered	\$50 the first time and \$250 the about time.
we could not	CONTRACTOR OF THE PROPERTY OF	smeller alcoholic breath from Alun and decide
call Polie. About	6 11	value officer care down and had conducted a
thalyse test on 6	the Alun However Alun in	vus not crrestel. The traffic police officer
lse) us to repo	nt to our insurance.	- an looking the report for a record.
structions		Sketch Plan
Number each vehicle and si of travel by arrow.	lew direction	
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Number each pedestrian direction by arrow.	and show	
Use solid line to show part before accident	h of vehicle	
	od line	
after accident.		
Show distance and direction identify by name.	o tandinaras.	Constitution of the second
Include road signs and any of physical features.	her important	
MPORTANT: Please atta	ech a copy of your vehicle's insurance (ne Traffic Police at 65474749 stating the	ertificate to this report. If you don't have the certificate with you sport number as reference.
	Officer Recording The Report:	Signature Of Informant:
8	C4 sss Aller	M
Name/Signature Of Interpr	eter:	Date: 13/01/2015
Investigation Officer In-Ch	arge Of Case:	Classification Of Case:
	ion Bin Sadin	T-ALLANDER MINISTER MANAGEMENT AND
Authentication Stamp		

2 of 2

Page 17 of 17