

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 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	24/02/2018 16:00
Date Of Accident	03/02/2018 08:30
Exact Location Of Accident	TRAFFIC LIGHT OF BUKIT TIMAH RD TWDS NEWTON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD2767M
Insured/Policyholder	
Name Of Registered Owner	MOHD ALI BIN A S SHAHUL HAMEED
NRIC No	S1465065B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92229442
Alternative Phone No	OTHERS-92229442

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	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/17-984886-WTT
Cover Note Number	

Driver

Name of Driver	MOHD ALI BIN A S SHAHUL HAMEED
NRIC No	S1465065B
Date Of Birth	01/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92229442
Fax Number	
Contact Number	OTHERS-92229442
Email Address	NOEMAIL

Address	BLK 304 UBI AVENUE 1 #04-87
Postcode	400304
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
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : NOR LAILA BTE SARNAM GENDER: : FEMALE

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 POLICE REPORT : T/20180207/2180

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	SJZ5849E
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	MOHD ALI BIN A S SHAHUL HAMEED
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD2767M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NOR LAILA BTE SARNAM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD2767M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan


SKETCH PLAN

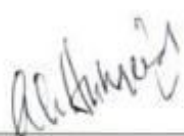
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

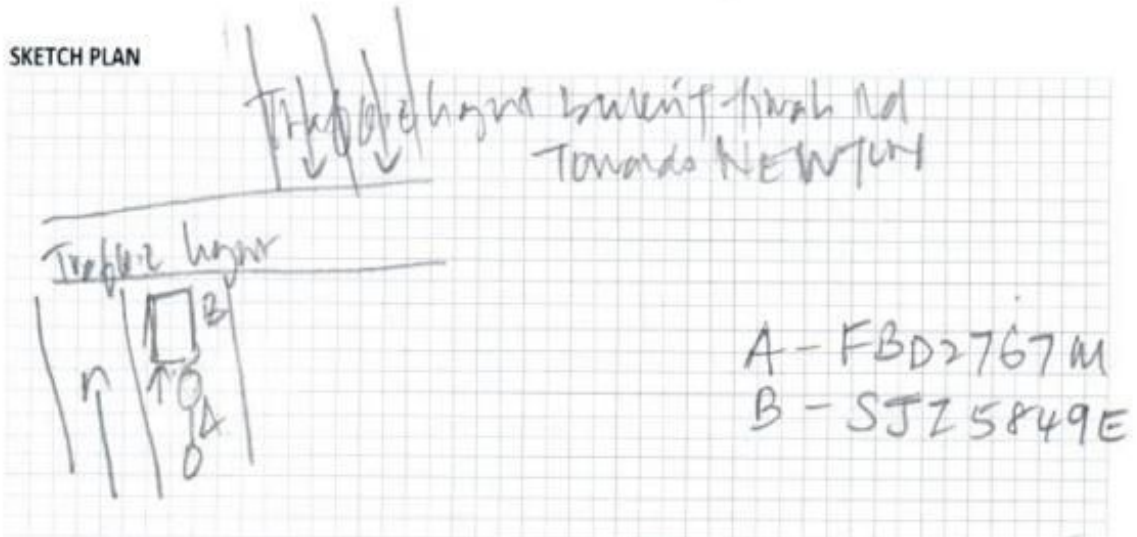

Policyholder's Signature
Date & Time:


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

 24/2/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



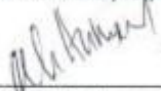
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

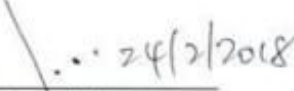
— Pls Refer to the Police Report —
T/20180207/2180

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180207/2180

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

2 of 3

Report No. T/20180207/2180

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD ALI BIN A S SHAHUL HAMEED	ID No.	S1465065B
Related Vehicle	FBD2767M (Motorcycle)	Contact No.	92229442
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pillion			
Name	NOR LAILA BTE SARNAM	ID No.	S1488508J
Related Vehicle	FBD2767M (Motorcycle)	Contact No.	98250139
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/02/2018	Date Discharge	03/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 03/02/2018 at about 0830hrs, I was riding my motorbike along Bukit Timah Road and at that point of time I pillion my wife. We were riding towards Newton Circles and out of sudden, I noticed a vehicle ahead of me stop as the traffic light turns red. I was unable to brake on time and as such my motorbike collided at the rear of the vehicle in front of me. Due to the collision, my wife and I suffers slight injuries and my wife was conveyed to Tan tock Seng Hospital. The driver did not suffer any injury. That is all.

[Handwritten signature]

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/20180207/2180

1 of 3

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

Report No. T/20180207/2180

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2018 20:22	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: MOHD ALI BIN A S SHAHUL HAMEED			Address: APT BLK 304 UBI AVENUE 1 #04-87 SINGAPORE 400304	
ID Type / ID No.: NRIC NO / S1465065B			Contact No.: Home/Office:	Mobile: 92229442
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 01/07/1961	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: Contractor			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

General Information of Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/02/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
At the traffic light of Bukit Timah Road Towards Newton				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD2767M	Motorcycle	YAMAHA	T135	White	Slightly Damaged	1
SJZ5849E	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD2767M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17984886	07/08/2017	06/08/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180207/2180

2 of 3

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

Report No. T/20180207/2180

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
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Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pillion			
Name	NOR LAILA BTE SARNAM	ID No.	S1488508J
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180207/2180

3 of 3

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Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

Report No. T/20180207/2180

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:

A /

Sr Staff Sgt MUHAMMAD FADZLY BIN
KHRUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Authentication Stamp

NP158

Signature Of Informant:

Date/Time:

07/02/2018 20:22

Classification Of Case: