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# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 01/03/2018 14:37

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.

- 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.

was programmed and the same of	ACCIDENT STATEMENT
Date Of Report	01/03/2018 14:24
Jale Of Accident	07/11/2017 07:15
Exact Location Of Accident	TANAH MERAH BESAR RD NEAR AETOS BUILDING
Country/State of Loss	SINGAPORE
Di	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FD188A
Insured/Policyholder	
Name Of Registered Owner	NUR HIDAYATUS SOLIHA BINTE MOHAMED SALIM
NRIC No	S8605503A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92329146
Alternative Phone No	OFFICE-92329146
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16ST MANUAL
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-981222
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD ZAILAN BIN ISMAIL
NRIC No	S8227134A
Date Of Birth	23/08/1982
Occupation	INDOOR
Date Of Driving Pass	17/04/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92329146

NOEMAIL

Address

104 TANAH MERAH BESAR RD #04-31

Postcode

498841

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

FRIEND

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

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

YES

ambulance?

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

TAMPINES N.P.C

Police Station Name Police Station Address

ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

SJF4240Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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

MOHAMMAD ZAILAN BIN ISMAIL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

ABRASION HANDS, LEFT KNEE, SORENESS LEFT BUTTOCKS

FD188A

YES

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 liability.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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			
	11		
20			
			A = FD 188A
\$ 500			
200			B = SJF 4240Y
	A	Actos Building	
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Town Merah	B		
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10			
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DECLARATION			27
I/We declare the f	oregoing particula	rs are true in every respect.	/ /
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Policyholder's Signa	iture	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature

Date & Time:

NRIC/FIN No.:





1 of 3

Report No. T/20171108/2071

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT	OF /	TD	VEETC	VCCII	DENT
REFURI	ULL	4 117	ALLO	AUUII	7 - 14 1

Date/Time Report Made: 08/11/2017 13:40		Made:	Vide Report No.:	Station Diary No.: 56
Informa	nt's Partici	ulars		
	Informant: MAD ZAILA	AN BIN ISMAIL	Address: 104 TANAH MERAH BESAR 498841	ROAD #04-31 SINGAPORE
ID Type / ID No.: NRIC NO / S8227134A		34A	Contact No.: Home/Office: Mobile: 92329146	
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Age: Date of Birth: Male 35 23/08/1982			Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: Prison officer			Driving Licence Information: Class:	Date of Expiry:

General Infor	mation of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/11/2017 07:15	Type of Location Straight Road	
	AH BESAR ROAD ETOS building				
		d Surface:	1	Road Speed Limit:	
Traffic Flow: Traffic Control:				Traffic Volume:	
Type of Collis Between Mov	sion: ving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FD188A	Motorcycle	YAMAHA	FZ16ST MANUAL	Blue		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





20

Report No. T/20171108/207

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Rider	College Company of the College			The said		
Name	MOHAMMAD ZAILAN BIN ISMAIL			ID No		S8227134A
Related Vehicle	FD188A (Motorcycle)			Conta	ct No.	92329146
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2017 Date Dis			harge	07/11	1/2017
No. of Days gran	ys granted Medical Leave 03			Injury	Sligh	t

### Brief Details.

On 7/11/2017 at about 0715hrs, I was riding along Tanah Merah Besar Road on my motorcycle, FD188A.

As the traffic was slow, I had decided to overtake the other vehicles. However, as I was overtaking, there was a car that suddenly turned right towards the AETOS building, without signaling and collided into me as I was riding past.

As a result of the impact, I was flung about 2 meters from my motorcycle. I was conscious throughout the accident but I was unable to stand up. One of the Aetos officers had called for ambulance.

Shortly after, the ambulance arrived and conveyed me to Changi General Hospital. Traffic police was also at scene.

I sustained some abrasions on my hands and left knee as well as soreness on my left buttocks. I received 3 days of medical leave(7/11/17-9/11/17) as a result of the accident.





3 of 3

Report No. T/20171108/2071

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: G / Sgt 2 BRYAN LIM GHIM SONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2017 13:40
Officer In Charge Of Case: TP / GIT / Sgt 2 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8227134A





MOHAMMAD ZAILAN BIN ISMAIL

MALAY 23-08-1982

S8227134A

SINGAPORE

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

17 Apr 2001 13 Apr 2010 04 Dec 2001

NP 428A

01-03-2017

104 TANAH MERAH BESAR ROAD #04-31 SINGAPORE 498841

5708322