Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 26/03/2018 09:24

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 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	03/03/2018 09:21
Date Of Accident	28/02/2018 17:15
Exact Location Of Accident	ALONG UBI AVENUE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBD4959M
Insured/Policyholder	
Name Of Registered Owner	NURISHAM BIN SAMSUDDIN
NRIC No	S8120614G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84590797
Alternative Phone No	OTHERS-97996413
Vehicle Particulars	
Manufacturer	YAMAHA
Model	X-1R-135CC (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
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	
Cover Note Number	72049830
Driver	
Name of Driver	IBRAHIM BIN BAKHTIAR APANDI
NRIC No	S8514485E
Date Of Birth	10/05/1985
Occupation	INDOOR
Date Of Driving Pass	16/09/2004
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97996413
Fax Number	
Contact Number	OTHERS-84590797
EMail Address	NOEMAIL

Address	BLK 878A TAMPINES AVENUE 8 #10-05
Postcode	521878
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180301/2062

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	SLG5219A
Vehicle Make/Model/Colour	TOYOTA COROLLA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	KEE KOK PENG
NRIC/Passport Number	S2559223I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	IBRAHIM BIN BAKHTIAR APANDI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBD4959M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SINGAPORE POLICE FORCE

T/20180301/2062

Report No. T/20180301/2062

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
01/03/2018 13:12		

Informant's Particulars

Name of Informant: IBRAHIM BIN BAKHTIAR APANDI			Address: APT BLK 878A TAMPINES AVE 8 #10-05 SINGAPORE 521878	
ID Type / ID No.: NRIC NO / S8514485E			Contact No.: Home/Office: Mobile: 97996413	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 10/05/1985	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/02/2018 17:15	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 1				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBD4959M	Motorcycle	YAMAHA	X-1R	White	Seriously Damaged	0
SLG5219A	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Silver	Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20180301/2062

Report No. T/20180301/2062

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	IBRAHIM BIN BAKHTIAR APANDI	ID No.	S8514485E
Related Vehicle	FBD4959M (Motorcycle)	Contact No.	97996413
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	28/02/2018	Date Discharge	28/02/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.
AT THE ABOVE MENTIONED DATE AND TIME.

I WAS RIDING ALONG UBI AVENUE 1, I WAS ABOUT TO GO TO MY PART TIME JOB, VISION WAS BLURRY AS IT WAS RAINING HEAVILY, I WAS AT THE REAR OF THE ABOVE MENTIONED CAR, WHO WAS AT THE CENTRE OF THE WAY, I WAS RIDING SLOW AS IT WAS RAINING. ALL OF A SUDDEN HE JUST TURNED RIGHT WITHOUT SIGNAL, I HAD NO TIME TO REACT, AS SUCH I BRAKED BUT STILL COULD NOT AVOID A COLLISION WITH THE CAR. I ALSO FELL OFF MY BIKE, I WAS AT THE CENTRE OF THE ROAD, A SECURITY GUARD HELPED ME UP AND MOVED ME TO A SHELTER. I THEN ASKED THE DRIVER HOW ARE WE GOING TO SETTLE THIS, HE SAID HE NEED TO CALL HIS PRIVATE HIRE COMPANY. I THEN TOLD HIM IF HE WANTED TO SETTLE THIS MATTER PRIVATELY BY GIVING ME A SUM OF MONEY FOR MY MEDICAL FEES, HE SAID HE HAD NO MONEY. MY COLLEAGUE THEN CALLED FOR AN AMBULANCE AND TOLD HIM TO WAIT FOR TRAFFIC POLICE TO COME DOWN, HE THEN TOOK A PICTURE OF MY IC AND MY BIKE. THEN HE SAID THAT HE HAS A PASSENGER AND NEEDS TO GO BECAUSE HE HAS NO TIME.

SINGAPORE POLICE FORCE

T/20180301/2062

Report No. T/20180301/2062

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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: TP / TAN KIN WAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2018 13:12
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:

Authentication Stamp
NP168

Signature:

SKETCH PLAN

IMPORTANT NOTICE

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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.

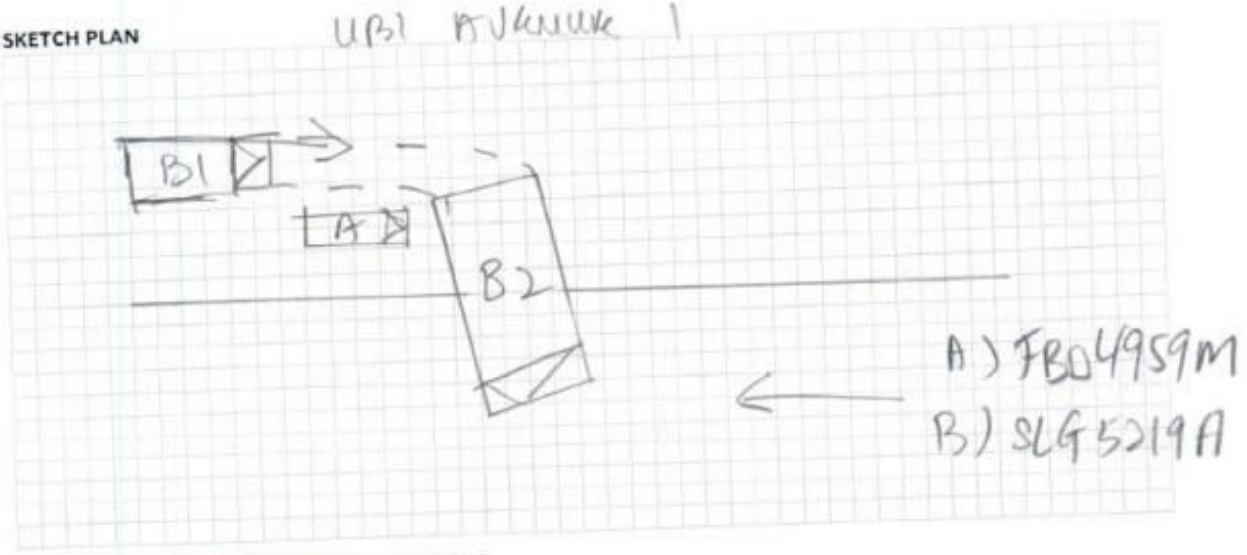
2/3/18

03/03/2018

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.:

POLICE REPORT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
T/20180301/2062

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: 2/3/18	Reporting Centre Personnel's Signature 03/03/2018 Name: NRIC/FIN No.:

Accident Photo

Accident Photo

Accident Photo

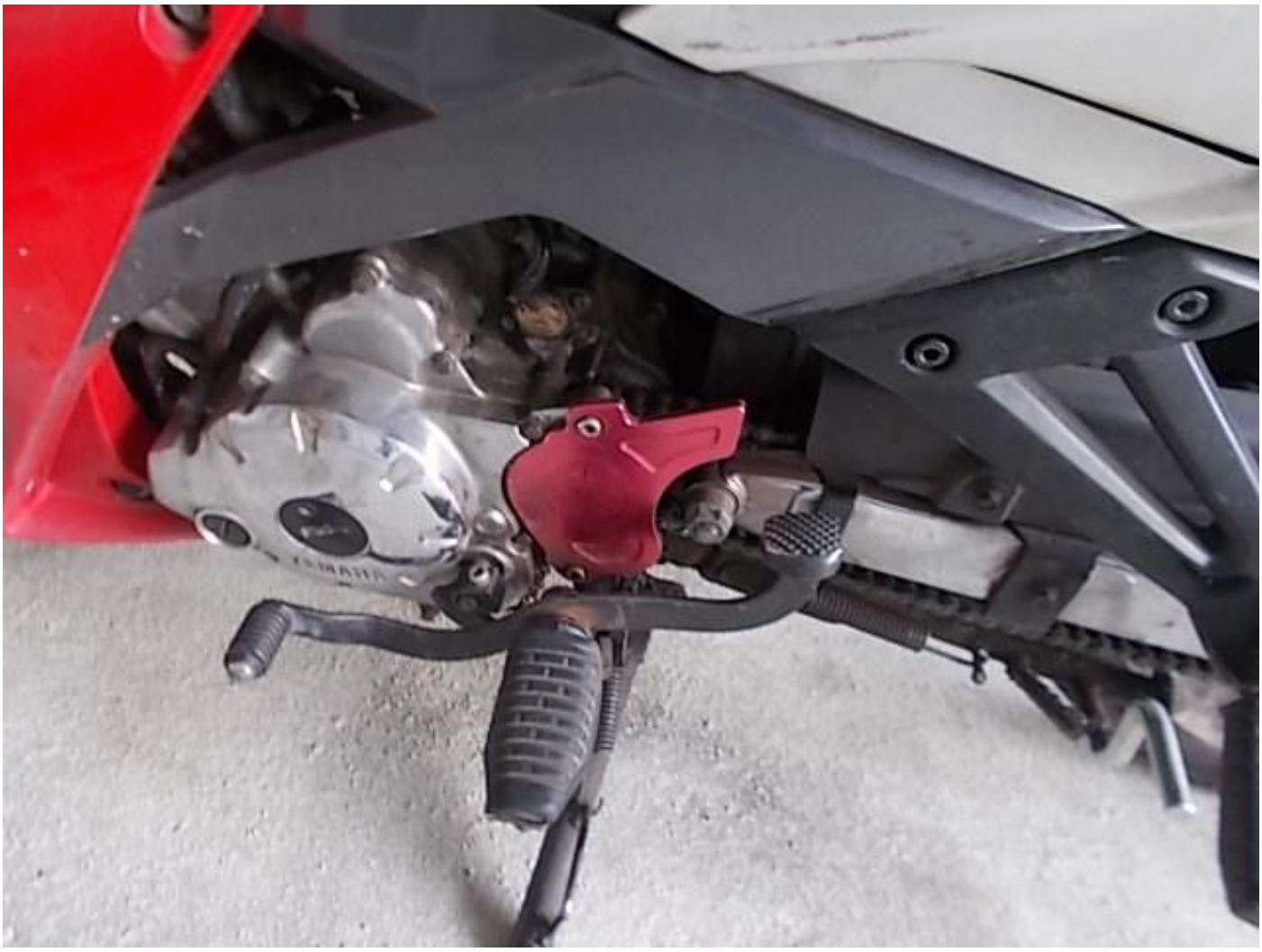
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo

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Accident Photo

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAU1802775 Vehicle Registration No : FBD 4959M

Name(as shown in NRIC): IBRAHIM BIN BAKHTIAR AHMADI

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

NRIC/Passport No : _____

Address : _____

Contact (Tel) : _____ (H/P) : 97996493

(Email) : _____

Date of Accident : 28/02/2018 Time of Accident : 17:15

Place of Accident : ALONG UBI AVENUE 1

Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER FBD 4959M.

03/03/2018

Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA4180299T5 Vehicle Registration No: FBD 4959M

Name(as shown in NRIC) IBRAHIM BIN BACHTIAR APANDI NRIC/FIN/Passport No : S8514485E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 97996413

Email Address :

Date of Accident : 08/03/2018 Time of Accident : 17:15

Place of Accident : ALONG UBI AVENUE 1

Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

SHOULD BE COVER NOTE & NOT POLICY NUMBER

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSLI WORMAT
NRIC/FIN No.:
Date: 26/03/2018