

## 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             | 24/03/2018 11:19                    |
| Date Of Accident           | 15/03/2018 06:50                    |
| Exact Location Of Accident | CLEMENTI RD TWDS WEST COAST HIGHWAY |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | FR852S                  |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | MOHAMAD RAIS BIN ISMAIL |
| NRIC No                     | S9207261D               |
| Email Address               | NOEMAIL                 |
| Mobile Phone No             | (LOCAL) +65-87490092    |
| Alternative Phone No        | OTHERS-87490092         |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | YAMAHA      |
| Model  | RXZ         |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING     |
| 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/17-987239-WTT                |
| Cover Note Number         |                                      |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | MOHAMAD RAIS BIN ISMAIL |
| NRIC No              | S9207261D               |
| Date Of Birth        | 03/03/1992              |
| Occupation           | INDOOR                  |
| Date Of Driving Pass | 25/09/2017              |
| Driving Experience   | 0 YEAR AND 5 MONTH      |
| Gender               | MALE                    |
| Mobile Number        | (LOCAL) +65-87490092    |
| Fax Number           |                         |
| Contact Number       | OTHERS-87490092         |
| Email Address        | NOEMAIL                 |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 186 BOON LAY AVE<br>#21-120 |
| Postcode  | 640186                          |
| 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 | -<br>-<br>-                     |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                     |

#### General Information of the Accident

|                    |                              |
|--------------------|------------------------------|
| Type Of Accident   | COLLIDED INTO PARKED VEHICLE |
| 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?  | 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                       | CHOA CHU KANG NPC   |
| Police Station Address                    | <b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 ,<br><b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180315/2053

#### 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 | GBB945P            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |
| Nature Of Damage            |                    |

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBS3374C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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 MOHAMAD RAIS BIN ISMAIL

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? FR852S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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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:

 24/03/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

AS PER POLICE REPORT

7/20140315/2053

I/We declare the foregoing particulars are true in every respect.

 24/03/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180315/2053

2 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20180315/2053

## CONTINUATION OF REPORT

| Details of Person Involved        |                              |  |                                  |
|-----------------------------------|------------------------------|--|----------------------------------|
| Any Pedestrian Involved: No       |                              |  |                                  |
| No. of Pedestrians Injured: NIL   |                              | Use of Pedestrian Crossing: NA         |                                  |
| Rider                             |                              |  |                                  |
| Name                              | MOHAMAD RAIS BIN ISMAIL      | ID No.                                 | S9207261D                        |
| Related Vehicle                   | FR852S (Motorcycle)          | Contact No.                            | 87490092                         |
| Hospital/Clinic                   | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: NIL |
| Date Treatment                    | 15/03/2018                   | Date Discharge                         | 15/03/2018                       |
| No. of Days granted Medical Leave | 04                           | Degree of Injury                       | Serious                          |

### Brief Details.

On 15/03/18 at about 0650hrs, my company lorry and my motorcycle FR852S was parked along Clementi Road. I was informing my supervisor that I will be heading to west coast pier when a SBS Bus bearing this plate number SBS3374C hit right rear of my company lorry causing my company lorry to move forward and hit on the rear of my motorcycle. At that point of time, I was on my motorcycle going to move off. Due to the impact, I fell from my bike and injured myself. Motorcycle was damaged. Shortly ambulance and traffic police came to the accident location I was conveyed by ambulance to National university hospital. I was treated outpatient and given 4 days of Medical leave. I cannot recall my company plate number; I also doesn't have the police report number. I'm lodging this report for insurance claim and traffic report investigation.

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180315/2053

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7658999

20 Norman  
6947 6439

Report No. T/20180315/2053

## REPORT OF A TRAFFIC ACCIDENT

|   |            |                              |   |                          |                            |
|---|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>15/03/2018 12:15    |            | Vide Report No.:             |   | Station Diary No.:<br>52 |                            |
| <b>Informant's Particulars</b>                |            |                              |   |                          |                            |
| Name of Informant:<br>MOHAMAD RAIS BIN ISMAIL |            |                              | Address:<br>APT BLK 188 BOON LAY AVENUE #21-120 SINGAPORE<br>640186 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S9207281D      |            |                              | Contact No.:<br>Home/Office:  |                          | Mobile: 87480092           |
| Nationality:<br>SINGAPORE CITIZEN             |            |                              | Email:  |                          |                            |
| Sex:<br>Male                                  | Age:<br>26 | Date of Birth:<br>03/03/1992 | Type of Informant:<br>Rider   |                          |                            |
| Race:<br>Boyanese                             |            |                              | Language:<br>English  |                          | Institution / School Name: |
| Occupation:<br>COMMERCIAL DIVER               |            |                              | Driving Licence Information:<br>Class: 2B                           |                          | Date of Expiry:            |

## General Information of the Accident

|   |                              |                                    |  |                                      |
|---|------------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident:   | Injury Conveyed By Ambulance | Drink Driver:<br>No                | Date/Time of Accident:<br>15/03/2018 08:50 | Type of Location:<br>Straight Road   |
| Location:<br>Along Road 1<br>CLEMENTI ROAD                    |                              |                                    |  |                                      |
| Weather:<br>Clear   |                              | Road Surface:<br>Dry               |  | Road Speed Limit:                    |
| Traffic Flow:<br>Dual Carriage Way                            |                              | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy             |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                              |                                    |  | Anyone conveyed by ambulance:<br>Yes |

## Details of Vehicle Involved

| Vehicle No. | Type              | Make   | Model | Color         | Condition        | No of Passenger |
|-------------|-------------------|--------|-------|---------------|------------------|-----------------|
| FR852S      | Motorcycle        | YAMAHA | RXZ   | Silver        | Slightly Damaged | 0               |
| SBS3374C    | Bus/Coach/Minibus | VOLVO  | B9TL  | Multi-Colored | Slightly Damaged | 0               |

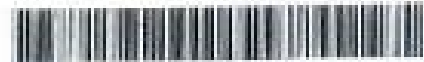
## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                    | Insurance No | Effective  | Expiry Date |
|-------------|--------------------------------------|--------------|------------|-------------|
| FR852S      | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 60785780     | 26/09/2017 | 25/09/2018  |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180315/2053

2 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No: T/20180315/2053

## CONTINUATION OF REPORT

| Details of Person Involved        |                              |  |                                  |
|-----------------------------------|------------------------------|--|----------------------------------|
| Any Pedestrian Involved: No       |                              |  |                                  |
| No. of Pedestrians Injured: NIL   |                              | Use of Pedestrian Crossing: NA         |                                  |
| Rider                             |                              |  |                                  |
| Name                              | MOHAMAD RAIS BIN ISMAIL      | ID No.                                 | S8207261D                        |
| Related Vehicle                   | FR852S (Motorcycle)          | Contact No.                            | 87490092                         |
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| Date Treatment                    | 15/03/2018                   | Date Discharge                         | 15/03/2018                       |
| No. of Days granted Medical Leave | 04                           | Degree of Injury                       | Serious                          |

### Brief Details.

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Police Report



SINGAPORE  
POLICE FORCE



T/20180315/2053

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7859999

3 of 3

Report No. T/20180315/2053

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:

J /

Sgt 2 LIM CEHANG HERMAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI NG CHWEE THENG  
Contact No.: 65478397



Signature

Signature Of Informant:

Date/Time:  
15/03/2018 12:15

Classification Of Case:

Authentication Stamp  
NP158

Singapore Police Force