

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	06/04/2018 16:48
Date Of Accident	26/03/2018 05:20
Exact Location Of Accident	BEDOK NORTH AVE 1 TWDS BEDOK SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC7553K
Insured/Policyholder	
Name Of Registered Owner	AZMI BIN A AZIZ
NRIC No	S1789467F
Email Address	AZMIAAZIZ73@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97488067
Alternative Phone No	OTHERS-97488067

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R
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/17-983752-WTT
Cover Note Number	

Driver

Name of Driver	AZMI BIN A AZIZ
NRIC No	S1789467F
Date Of Birth	07/07/1967
Occupation	INDOOR
Date Of Driving Pass	04/07/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97488067
Fax Number	
Contact Number	OTHERS-97488067
Email Address	AZMIAAZIZ73@GMAIL.COM

Address	BLK 521 BEDOK NORTH AVE 1 #12-280
Postcode	460521
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	NO COLLISION
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?	NO
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	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180402/2125

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	NOORDIN
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	AZMI BIN A AZIZ
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBC7553K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

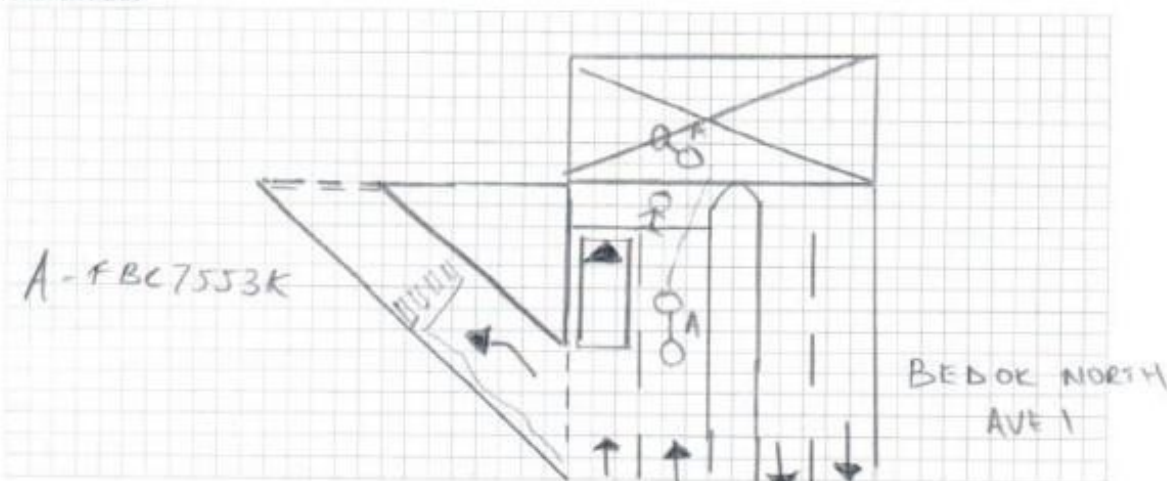
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 06/04/18

Report Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180402/2125

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.: _____

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180402/2125

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

2 of 3

Report No. T/20180402/2125

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AZMI BIN A AZIZ	ID No.	S1789467F
Related Vehicle	FBC7553K (Motorcycle)	Contact No.	97488067
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/03/2018	Date Discharge	27/03/2018
No. of Days granted Medical Leave	16	Degree of Injury	Serious

Brief Details.

On the 26/03/2018 at about 0520hrs, I was riding along Bedok North Ave 1 towards Bedok South on my vehicle Yamaha X1R (FBC7553K). I was riding on the first lane of a 2 lane drive way, at that point of time in front of me there was a SBS double decker bus which was located on the left hand side and it was about to move off at the traffic light junction. As I was approaching a traffic light junction I observed the traffic light was showing green and thus I continued riding when suddenly I saw a male pedestrian dashing across the road from the left. I immediately jam brake in order to avoid colliding with him which made me lost control of my motorcycle and subsequently self skidded. I would like to add as I was coming near to the said bus I heard the bus driver was pressing his vehicle's horn but I could not determine what or who he was referring to. In split moment I saw the said pedestrian running across the road into my path.

I was brought to Changi General Hospital Via ambulance on the same day and was given medical treatment there. I was discharge form the hospital the following day at 27/03/2018 and was given Hospitalization leave for 16 days starting on the 26/03/2018 to 10/04/2018. I am lodging this report as I was given a latter form TP which I am required to make an accident report reference number TP/IP/19697/2018.

Police Report



**SINGAPORE
POLICE FORCE**



T/20160402/2125

1 of 3

Report No. T/20160402/2125

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No. 1800-4429899

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 17:03		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: AZMI BIN A AZIZ			Address: APT BLK 521 BEDOK NTH AVE 1 #12-280 SINGAPORE 460521		
ID Type / ID No.: NRIC NO / S1789467F			Contact No.: Home/Office: Mobile: 97488067		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 07/07/1967	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: ASSISTANCE STATION MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/03/2018 05:20	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH AVENUE 1				
Towards Bedok South				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Self-Skidded by avoiding jay walker			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC7553K	Motorcycle	YAMAHA	X-1R	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC7553K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60750040	25/06/2017	24/06/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180402/2125

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 480526
Tel No: 1800-4429999

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Report No: T/20180402/2125

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AZMI BIN A AZIZ	ID No.	S1789467F
Related Vehicle	FBC7553K (Motorcycle)	Contact No.	97488067
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kaki Bukit NPP
528 Bedok North Street 3 #01-448
SINGAPORE 460528
Tel No: 1800-4429999



T/20180402/2120

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Report No: T/20180402/2120

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Staff Sgt MUHAMMAD TARMIZI BIN ABDUL
WAHAB

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FAIZLY BIN ABDUL AZIZ
Contact No.: 65472078

Authentication Stamp
NP755

Signature Of Informant:

Date/Time:
02/04/2018 17:33

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE