

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 16:26
Date Of Accident	05/04/2018 08:30
Exact Location Of Accident	TAMPINES AVENUE 1 OUTSIDE TP WEST GATE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2275T
Insured/Policyholder	
Name Of Registered Owner	HASSAN BIN MANAP
NRIC No	S1348459G
Email Address	HASSANM862@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81230607
Alternative Phone No	OTHERS-81230607

Vehicle Particulars

Manufacturer	HONDA
Model	FS150F
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	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	MSD/VMS/17-370674-CA
Cover Note Number	

Driver

Name of Driver	HASSAN BIN MANAP
NRIC No	S1348459G
Date Of Birth	28/10/1959
Occupation	INDOOR
Date Of Driving Pass	12/04/1985
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-81230607
Fax Number	
Contact Number	OTHERS-81230607
Email Address	HASSANM862@GMAIL.COM

Address	BLK 613 ELIAS ROAD #02-128
Postcode	510613
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	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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by 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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180405/2165 / DRIVER PROPERTIES DAMAGES ITEMS MOTOR BIKE HELMET - \$100.00/ APPLE /WATCH 3 -\$700.00 /

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	SKA9276B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	97202545
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HASSAN BIN MANAP
------	------------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM2275T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

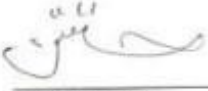
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

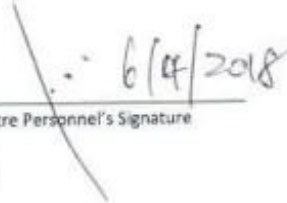
I understand, acknowledge, agree and consent that:

- (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.

6/4/18

Policyholder's Signature
Date & Time:

6/4/18

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

6/4/2018

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180405/2165

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20180405/2165

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HASSAN BIN MANAP	ID No.	S1348459G
Related Vehicle	FBM2275T (Motorcycle)	Contact No.	81230607
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/04/2018	Date Discharge	05/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CLAIRE	ID No.	NIL
Related Vehicle	NIL	Contact No.	97202545
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above date, time and location, I was riding along the said location on 1st lane of 3 lanes towards Tampines Central. I was wanting to make a right turn and saw that the right turn arrow turned green in my favor. As such, I proceeded to make a right turn. However, while making the right turn, an oncoming car came from my left and collided into the left rear side of my bike. I fell on the left side of my bike. After the accident, the driver came out to assist me. However, I was unconscious. My colleague was at scene as well and helped me to take down her particulars. I was then conveyed and was given 3 days MC.

RS150 Repsol



潘發展私人有限公司
A. S. PHOON PTE LTD
'cos no one else

Head Off : 399, Changi Road S'pore 419846. Tel: (65) 6747 0770 Fax: (65) 6841 1263
Ubi : Blk 3007 #01-432/436 Ubi Road 1, S'pore 408701. Tel: (65) 6744 0770 Fax: (65) 6742 0250
Toh Guan : Blk 36 Toh Guan Road East #01-35 S'pore 608580 Tel: (65) 6515 0770 Fax: (65) 6515 0770
Website : www.asphoon.com Email: Enquiry@asphoon.com Co Reg No: 197701213H

0714630838

Date : 19/8/2017

Vehicle No. : FB1922757

Name : HASSAN BIN WIMAN

I/C : S13484596

This is to certify that A.S.Phoon Pte Ltd sell the above-mentioned bike with the following:

***NO HIDDEN COSTS ***

NO AGREEMENT FEES

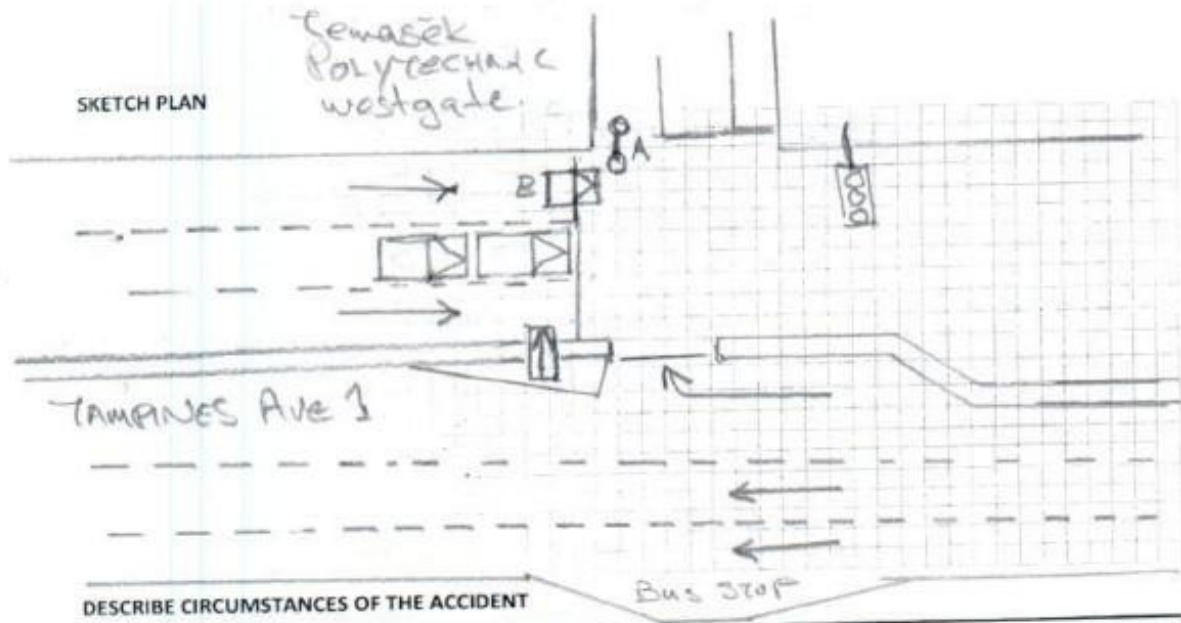
NO EARLY REPAYMENT PENALTY

Your sincerely,



Sales executive

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20180405/2165

A - FBM2275T

B - SKA9276B

DECLARATION

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

Policyholder's Signature
Date & Time:
10/4/18

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



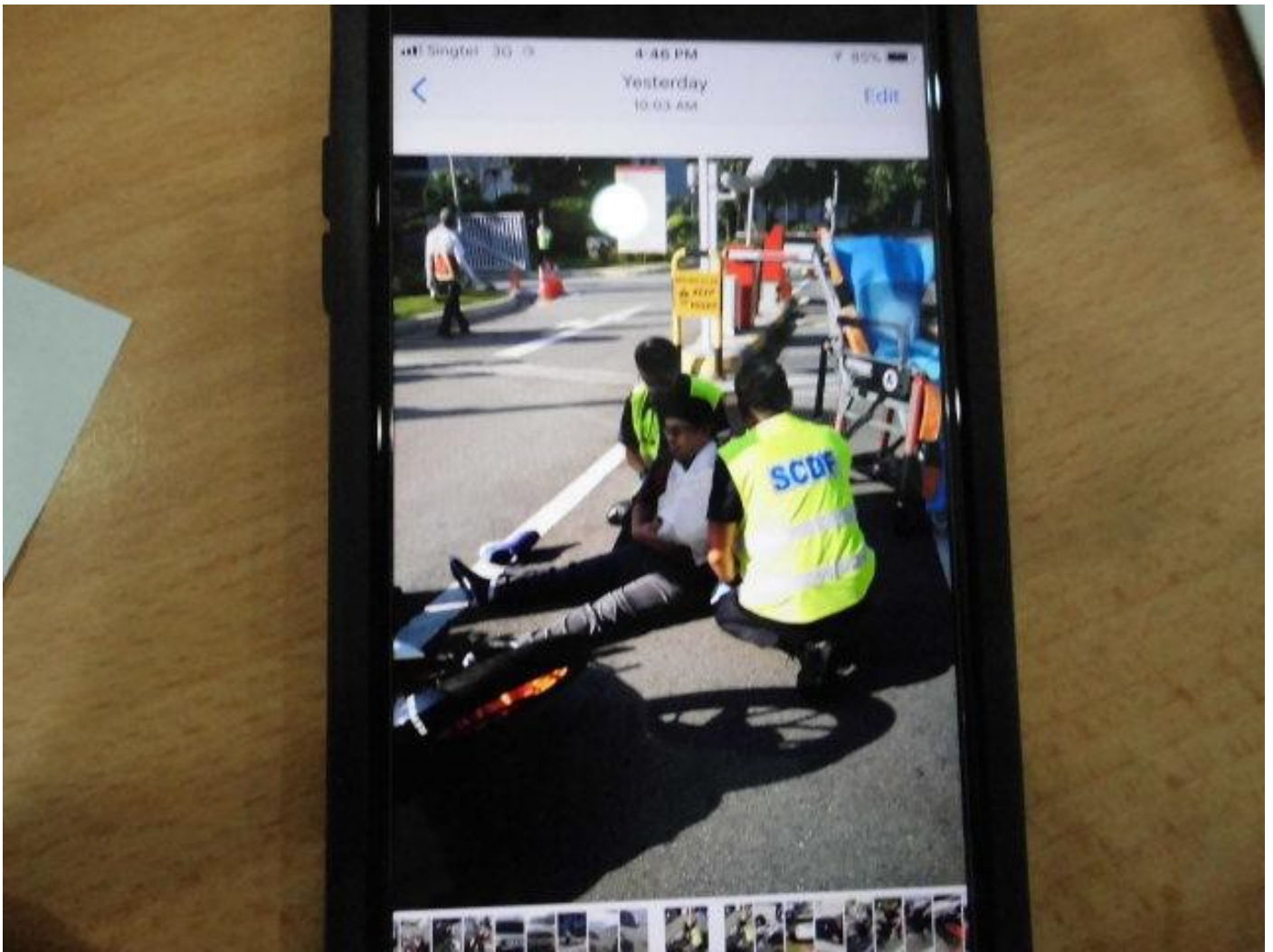
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180405/2165

1 of 3

Report No. T/20180405/2165

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
05/04/2018 20:42

Vide Report No.:

Station Diary No.:
143

Informant's Particulars

Name of Informant: HASSAN BIN MANAP			Address: APT BLK 613 ELIAS ROAD #02-128 SINGAPORE 510613		
ID Type / ID No.: NRIC NO / S1348459G			Contact No.: Home/Office: Mobile: 81230607		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 28/10/1959	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICAL SUPPORT OFFICER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/04/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 1 outside TP West Gate				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM2275T	Motorcycle	HONDA	FS150F	Orange	Slightly Damaged	0
SKA9276B	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM2275T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72025200	19/08/2017	18/08/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180405/2165

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Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Report No. T/20180405/2165

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HASSAN BIN MANAP	ID No.	S1348459G
Related Vehicle	FBM2275T (Motorcycle)	Contact No.	81230607
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/04/2018	Date Discharge	05/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CLAIRE	ID No.	NIL
Related Vehicle	NIL	Contact No.	97202545
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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Police Report



SINGAPORE
POLICE FORCE



T/20180405/2165

3 of 3

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180405/2165

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:
G /
Sgt 1 ISAAC LIM JUN CHENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200



Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
05/04/2018 20:42

Classification Of Case:

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: S665500200 / 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 : MNA118046113 Vehicle Registration No : FBM 2275T
Name (as shown in NRIC) : HASSAN BIN MANAP NRIC/FIN/Passport No : S1348459G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 613 ELIAS RD #02-128 Singapore (510613)
Contact (Tel) : _____ Mobile No. : 81230607
Email Address : _____
Date of Accident : 05/04/18 Time of Accident : 08:30
Place of Accident : TAMPINES AVE 1 OPPosite TP WEST GATE
Insurance Company : NIFU

(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:

AMEND SKETCH PLAN

Policyholder / Driver's Signature

Date:

10/4/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: