

TP - claim.

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.

First Capital INS LTD.

ACCIDENT STATEMENT

Date Of Report	23/04/2018 16:37
Date Of Accident	22/04/2018 20:40
Exact Location Of Accident	JURONG WEST AVE 1 / BESIDE SPC PETROL KIOSK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4636A
Insured/Policyholder	
Name Of Registered Owner	NUR RASHILAH BINTE MURAT
NRIC No	S9608928G
Email Address	RASHILAH1996@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81848201
Alternative Phone No	OFFICE-81848201

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-134CC (M)
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
Fleet Policy	NO
Policy Number	MSD/MT/17-984883-WTT
Cover Note Number	

Driver

Name of Driver	NUR RASHILAH BINTE MURAT
NRIC No	S9608928G
Date Of Birth	09/03/1996
Occupation	INDOOR
Date Of Driving Pass	13/12/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81848201
Fax Number	
Contact Number	OFFICE-81848201
Email Address	RASHILAH1996@GMAIL.COM

金國摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

金國摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

TP-claim

Address BLK 536 CHOA CHU KANG STREET 51 #11-128
 Postcode 680536
 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 COLLISION - MAJOR/MINOR RD
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 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 JURONG WEST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

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 Witness 1

Name HIKMI
 Phone Number 98662931
 Email Address

Details of Witness 2

Name INDIAN
 Phone Number 87182689
 Email Address

金國摩哆私人有限公司
 KIM KOCK MOTOR PTE LTD
 Blk 27A, Jurong Port Road, #01-19,
 Singapore 619101
 Tel: 6265 0226 Fax: 6265 2588

金國摩哆私人有限公司
 KIM KOCK MOTOR PTE LTD
 Blk 27A, Jurong Port Road, #01-19,
 Singapore 619101
 Tel: 6265 0226 Fax: 6265 2588

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6720A
 Vehicle Make/Model/Colour TAXI -BLUE COLOR
 Details Of Properties FRONT RIGHT PORTION

TP-claim

Vehicle Category	TAXI
Name of Driver	SAPARI BIN MARSAM
NRIC/Passport Number	S1486763E
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NUR RASHILAH BINTE MURAT
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FBC4636A
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

金国摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

金国摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

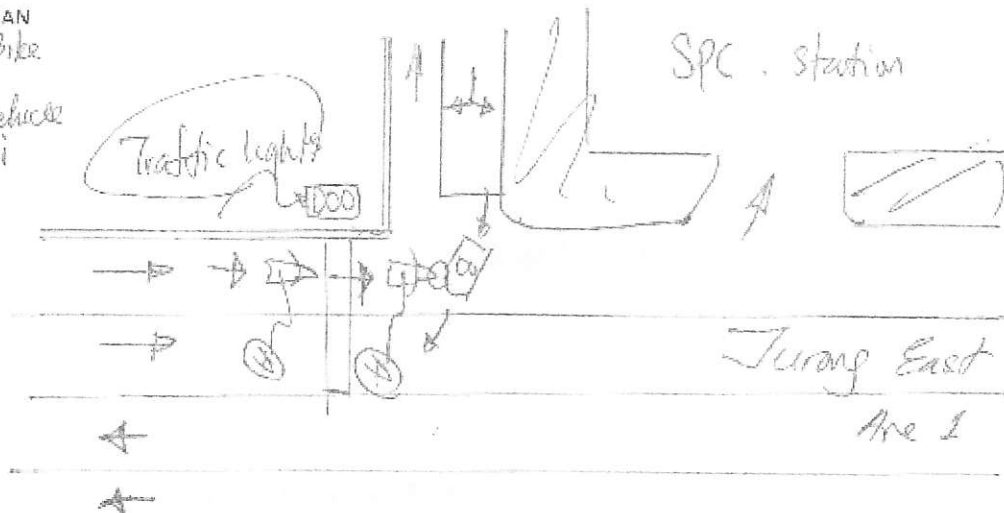
TP - claim

Sketch Plan

SKETCH PLAN

(A) My Bike

(B) TP - vehicle
TAXI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report
T/20180423/2011

金国摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

DECLARATION

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

Policyholder's Signature
Date & Time: 23/4/18 10:46

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

Reporting Centre Personnel's Signature
Name:
NR CH N Sd:
23/4/2018

金国摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

TP - claim

Sketch Plan #2

SKETCH PLAN

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. 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 two copies of this report will for a fee be made available upon application by interested parties.
7. By the submission 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 provided 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 used 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including the lawyers/law firms), which may be based 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: 23/4/18 16:18

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

KRC/IN No.

金國摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

金國摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

Common Statement



**SINGAPORE
POLICE FORCE**



T/20180423/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No: T/20180423/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2018 02:18		Vide Report No.: D/20180422/0138		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: NUR RASHILAH BINTE MURAT			Address: APT BLK 536 CHOA CHU KANG STREET 51 #11-128 SINGAPORE 680536		
ID Type / ID No.: NRIC NO / S9608928G			Contact No.: Home/Office: Mobile: 81848201		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 22	Date of Birth: 09/03/1996	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: CLEANER			Driving Licence Information: Class: 2B		Date of Expiry:

General information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/04/2018 20:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG EAST AVENUE 1 JURONG WEST AVENUE 1 Near to SPC Lamp Post Number: 33				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
FBC4636A	Motorcycle	YAMAHA	X-1R	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC4636A	MSIG INSURANCE (SINGAPORE) PTE LTD	MSDTMT17984883	05/08/2017	19/09/2018

Common Statement



**SINGAPORE
POLICE FORCE**



T/20180423/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20180423/2011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR RASHILAH BINTE MURAT	ID No.	S9608928G
Related Vehicle	FBC4636A (Motorcycle)	Contact No.	81848201
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	22/04/2018	Date Discharge	23/04/2018
No. of Days granted Medical Leave	13	Degree of Injury	Serious
Driver			
Name	Sapari Bin Marsam	ID No.	S1486763E
Related Vehicle	NIL	Contact No.	98237121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22 April 2018 at about 2035hrs, I was riding my vehicle along Jurong East Avenue 1 towards Jurong West Avenue 1. The traffic light was in my favour when suddenly, a taxi with unknown registration number, came out from a carpark on my left and turned right into the road I was on.

The front part of my motorcycle collided into the front-right of the taxi. Neither me or my vehicle fall but instead my left leg was stuck between the taxi and the left of my motorcycle. I alighted from my motorcycle. By then, there were a few passerby who came to assist me. The driver came out after the crowd had increased in size, apologized to me and said that he did not see me as the area was dark.

A passerby then called for police. Subsequently, the police and ambulance came to scene. I was then conveyed to Ng Teng Fong General Hospital.

The front light of my motorcycle was broken due to the impact.

02 passerby who witnessed the incident had provided me with their contact number.

Witness 1: Male (Unsure of name), Indian, Hp: 87182689

Witness 2: Hikmi (Male, Malay), Hp: 98662931

Common Statement



SINGAPORE
POLICE FORCE



T/20180423/2011

Police Station Of Origin:
Jurong West N P C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 4

Report No: T/20180423/2011

CONTINUATION OF REPORT

Common Statement



SINGAPORE
POLICE FORCE



T/20180423/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20180423/2011

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 NUR SYAHIRAH BINTE MOHAMED
SALLEH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Signature Of Informant:

Date/Time:

23/04/2018 02:18

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force