

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	07/06/2018 16:18
Date Of Accident	04/06/2018 14:45
Exact Location Of Accident	ALONG PIE TOWARDS TUAS 36.2KM LANE 3 AND 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7642K
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SATHIK FARLUDEEN
Passport No/FIN	G6315178K
Email Address	FARLU904@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82651651
Alternative Phone No	OTHERS-82651651

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-180CC DTS-I (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	
Cover Note Number	72033500

Driver

Name of Driver	MOHAMED SATHIK FARLUDEEN
Passport No/FIN	G6315178K
Date Of Birth	09/08/1986
Occupation	INDOOR
Date Of Driving Pass	11/02/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82651651
Fax Number	
Contact Number	OTHERS-82651651
EEmail Address	FARLU904@GMAIL.COM

Address	BLK 443D BUKIT BATOK WEST AVENUE 8 #11-773
Postcode	654443
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180604/2178

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	SLN1343M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADILAH BINTI ANWAR
NRIC/Passport Number	S8909576Z
Contact Number	96308157
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MOHAMED SATHIK FARLUDEEN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH7642K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

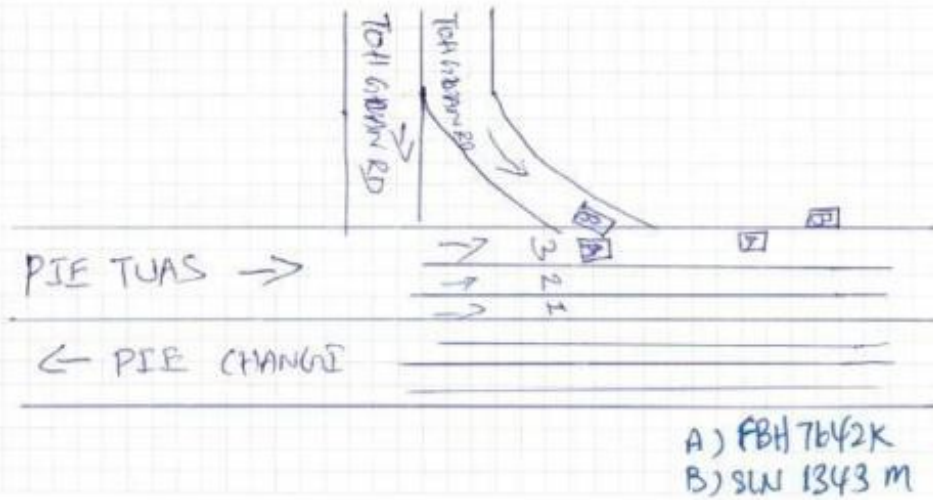


07/06/2018

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20180604/2128

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:

 27/06/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180604/2178

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20180604/2178

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 19:35	Vide Report No.:	Station Diary No.: 189
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Informant's Particulars

Name of Informant: Mohamed Sathik Farludeen			Address: 443D Bukit Batok West Ave 8 #11-773 SINGAPORE 654443		
ID Type / ID No.: PASSPORT / N2046483			Contact No.: Home/Office: Mobile: 82651651		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 09/08/1986	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: sales executive			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/06/2018 14:45	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Tuas 36.2km lane 3 and 4.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7642K	Motorcycle				Slightly Damaged	0
SLN1343M	Car				Slightly Damaged	0

Details of Person Involved

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



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T/20180604/2178

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2 of 3

Report No. T/20180604/2178

CONTINUATION OF REPORT

Rider			
Name	Mohamed Sathik Farludeen	ID No.	N2046483
Related Vehicle	FBH7642K (Motorcycle)	Contact No.	82651651
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	Slight
Driver			
Name	Adilah binti Anwar	ID No.	S8909576Z
Related Vehicle	SLN1343M (Car)	Contact No.	96308157
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.

V1) FBH7642K (Motorcycle)

V2) SLN1343M (Car)

On 04/06/2018 at around 1445hrs, I was riding V1 along PIE towards Tuas at the third lane. Subsequently, V2 was on my left, and wanted to merge into my lane. I did not see V2 on my left and I continued to accelerate. Subsequently out of nowhere, V2 made a sharp right turn and hit against my left side. I lost balance and fell off my bike. V2 subsequently stopped ahead and a passerby called for ambulance. Subsequently ambulance and traffic police arrived at scene. I sustained some injuries. The injuries are as follows, my left elbow sustained some abrasions. My left toe nail is broken. There are some abrasions on my knees and there is also some redness on my neck area. I was not conveyed as I did not feel any pain earlier.

My vehicle also sustained some damages. V1 headlight sustained some scratches and the gear was damaged. The rear box was broken and the left signal was also damaged. My left side mirror was broken. My bike was unable to start and was towed to my residential address. I have not went to the clinic to make a check. I do not have any in built camera.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180604/2178

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3 of 3

Report No. T/20180604/2178

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 MUHAMMAD SYAFIQ BIN MOHD RAFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/06/2018 19:35

Officer In Charge Of Case:
TP / GIT /
Sr-Staff Sgt YUS MASTARI I KHAZALI N 114
Contact No: 65476214

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force

Accident Photo



Accident Photo



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