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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 <u>truthful and accurate</u> as possible, Any wilful misrepresentation or witholding 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.
- 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.

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the promise continue of the second control o	ACCIDENT STATEMENT
Date Of Report	21/06/2018 14:55
Date Of Accident	11/06/2018 20:00
Exact Location Of Accident	CANTONMENT ROAD
Country/State of Loss	SINGAPORE
delication of the second of the second of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FX8140D
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SHAFI
NRIC No	S6872175Z
Email Address	MDNIYAS98@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84546451
Alternative Phone No	OTHERS-84546451
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM 200M
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	72081610
Driver	
Name of Driver	MOHAMED SHAFI
NRIC No	S6872175Z
Date Of Birth	21/03/1968
Occupation	INDOOR
Date Of Driving Pass	22/03/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84546451
Fax Number	
Contact Number	OTHERS-84546451
EMail Address	MDNIYAS98@GMAIL.COM

Address

BLK 54 CHAI CHEE STREET

#11-853

Postcode

460054

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180612/2183

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

SLT7568K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

No. Of Fassenger (melading briver)		
All the Electric Agency and	DETAILS OF INJURED PERSON 1	
Name	MOHAMED SHAFI	
Approximate Age		
Injuries Sustain	SLIGHT	
Injured person in which vehicle?	FX8140D	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	YES	
Address		

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 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
- 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

SKETCH PLAN			8 x 842			
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NRIC/FIN No.:





Report No. T/20180612/2183

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
12/06/2018 23:20	T/20180612/2182	51

12/00/20	10 20.20		172010001272102	
Informa	nt's Partici	ulars	CARL MARKET NAME OF	· 10 10 00 00 00 00 00 00 00 00 00 00 00 00
	Informant: ED SHAFI		Address: APT BLK 54 CHAI CHEE STI 460054	REET #11-853 SINGAPORE
ID Type / ID No.: NRIC NO / S6872175Z			Contact No.: Home/Office:	Mobile: 84546451
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age:	Date of Birth: 21/03/1968	Type of Informant:	
Race:			Language: English	Institution / School Name:
Occupat	A DATE OF THE PARTY OF THE PART		Driving Licence Information: Class: 2B	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 11/06/2018 20:00	Type of Location: Turn
Location: Along Road 1 CANTONMER Weather: Clear	NT ROAD	Road Surface: Dry		Road Speed Limit:
	- 1 - 1 - 1 - 1	Traffic Control:		Traffic Volume:
Traffic Flow: Two Way		Traffic Light - Worl	king	Heavy

AND DESCRIPTION OF THE PERSON	ehicle Involved	Constitute to the constitution of the second			Table of the last	
Vehicle No.	Type No.	Make	Model	Color	Condition	No of Passenger
FX8140D	Motorcycle	HONDA	PHANTOM 200M	Grey	Slightly Damaged	0
SLT7568K	Car	TOYOTA		White	46 H215	0

THE RESERVE OF THE PARTY OF THE	ehicle insurance	聯系統於文的基本資訊的學出於古典	相。是阿尔伯的名词与斯特	则是是国国国政政政
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX8140D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72081610	29/03/2018	28/03/2019





T/20180612/2183

2 of 3

Report No. T/20180612/2183

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Details of Perso	n Involved	GH TANTA	A STATE OF S	(F)((A) (表)	ALC: NAME OF	
Any Pedestrian I			EARLE STREET			A CONTRACT OF THE PARTY OF THE
No. of Pedestriar		Ti	Jse of Ped	estriar	Cross	ing: NA
Rider	331 12 100 1	F 4.6	AT SENT	Cottia	AUG. AUG.	sing. NA
Name	MOHAMED SHAFI	-9-3-1-1-1		ID No		S6872175Z
Related Vehicle	FX8140D (Motorcycle)		4 4	Conta	ct No.	84546451
Hospital/Clinic	SINGAPORE GENERAL H	IOSPITA	L	Class Drivin Licend Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	11/06/2018		Date Disch	-	_	/2018
No. of Days gran	ted Medical Leave 07		Degree of			

Brief Details.

On 11/06/2018 about 8pm, I was driving along Cantonment Road. I was at the right turn to CTE. I was turning to CTE suddenly one car from the opposite left direction drive forward and knocked onto my motorcycle. Ambulance and Traffic Police came. I was conveyed by the Ambulance to SGH. I was discharged on 11/06/2018. There are abrasion on my right side elbow and my neck swollen. I wish to state that there was a vehicle SLD6912R nearby and he helped me out.





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

3 of 3 Report No. T/20180612/2183

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	Signature Of Informant:
Staff Sgt CHIN YONG PEI, DESMOND	
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2018 23:20
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367	DESAPORE OLICE FORCE

ACCIDENT STATEMENT

ACCID	ENT DATE: 11 06, ZOLE HODIMMMY	YY), YIME: (20 - 00) (HH:MM)	97 1/4
7000		4	
LOCAT	ION: Cantonment Koa		
	DEVAUE OF VEHICLE	-	51
1.	DETAILS OF VEHICLE) D	
	OVEHICLE NUMBER:		
	b)INSURANCE COMPANY:		
•	d)POLICY NUMBER:	APTY / THIRD PARTY FIRE &THEFT)	
			2
	e)MAKE & MODEL:	RRY / MOTORCYCLE. / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)	90.
	PURPOSE OF USING AT ACCIDENT TIME:_		
	HARE YOU CLAIMING UNDER YOUR OWN IN	ASURANCE (YES/1901	
	IF NO, PLEASE STATE (THIRD PARTY CEAIM)	REPORTING ONLY)	to:
2.	INSURED / POLICY HOLDER	(MALE / FEMALE)	
	h)NRIC/FIN/PASSPORT:	CONTACT:	慧
	c) ADDRESS:		
	and the control of th		**
25	. CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER	
Who of passenge	DRIVER .	(MALE / FEMALE)	1000
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Checkening circular	b)NRIC/FIN/PASSPORT:		
()	c)ADDRESS:		
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	DATE OF DRIVING PASS"		CHARTER
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	IF NO, RELATIONSHIP OF THE DRIVER		
	DIROAD SURFACE: (DRY / WET / OTHERS -		
6.	WAS ANYBODY INJURED (YES / NO) 1500	4	
7.	ELDERAPTED TO POLICE (YESY NO)	1 11	
	IF YES, PLEASE STATE WHICH POLICE STAT	ION;	
8.	THIRD PARTY VEHICLE	& MODEL:	
Arte of personality	CI) VETILOCE TROPING	MODEC:	
a har her house, and a second	c) DRIVER'S NAME:	CONTACT:	74
9.	THIRD PARTY VEHICLE	MODEL:	÷:
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REPUBLIC OF SINGAPORE IBENTITY CARD NO. \$6872175Z



Name

MOHAMED SHAFI

Race

INDIAN

21-03-1968

Country of trirth

INDIA







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles = 200 co

EFFECTIVE DATE

NP 428A





MSIG Insurance (Singaporé) Pre. Ltd. Ko. No. 1982 1993 4 Shenton Way, # 21 01 SCX Centre 2 Singaporé Constit Tel +65 6827 7888 Fax +65 6827 7800 www.msig.com.sg

For any enquiries, please call the Underwriting agent: Commercial Agency Pts 23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel. 63371133

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

72081610 MSCN No :

CLA

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PART

SUM

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A0074-001-10023 Agency

MOHAMED SHAFI Name

29 Mar 2018

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED Policy applicable thereto for the in the terms of the Company's usual form of Third Party

28 Mar 2019 unless the 29 Mar 2018 to midnight on 10:46AM on period from cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

Registration No.	FX8140D	Insured Value Third Party Liability (TPL)
Engine No.	TA200E0020219	CC. 197
Chassis No.	TA2000020219	
Year Manufactured	2003	Year of Registration 2004
Make & Model	HONDA [PHANTOM 200M]	
Rider Type	Policyholder	

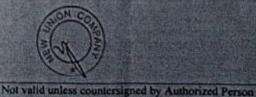
Use only for the following purpose social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malayxia).

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.



For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

(Please read important information on the reverse page.)