

### 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	30/06/2018 11:33
Date Of Accident	12/06/2018 12:15
Exact Location Of Accident	YISHUN AVE 3
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8070C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HAZRI BIN HAMADI
NRIC No	S9704104J
Email Address	HAZZRIZZA97@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82456735
Alternative Phone No	OFFICE-82456735

#### Vehicle Particulars

Manufacturer	HONDA
Model	CB150R MANUAL
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	NSD/VMS/18-381865-CA
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD HAZRI BIN HAMADI
NRIC No	S9704104J
Date Of Birth	02/02/1997
Occupation	INDOOR
Date Of Driving Pass	12/04/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82456735
Fax Number	
Contact Number	OFFICE-82456735
EMail Address	HAZZRIZZA97@GMAIL.COM

Address BLK 661 YISHUN AVE 4  
#10-429 SINGAPORE

Postcode 760661

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 - CHANGE/CROSS LANE

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 YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBA7255G

Vehicle Make/Model/Colour MITSUBISHI / FB70BB1SRDEA / WHITE

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD HAZRI BIN HAMADI
Approximate Age	21
Injuries Sustain	LEFT ANKLE SPRAINED / ABRASSION (REFER POLICE REPORT)
Injured person in which vehicle?	FBM8070C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 661 YISHUN AVE 4 #10-429 SINGAPORE
Postcode	760661

Sketch Plan Pg. 1


SKETCH PLAN


IMPORTANT NOTICE

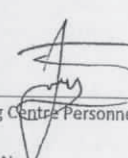
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

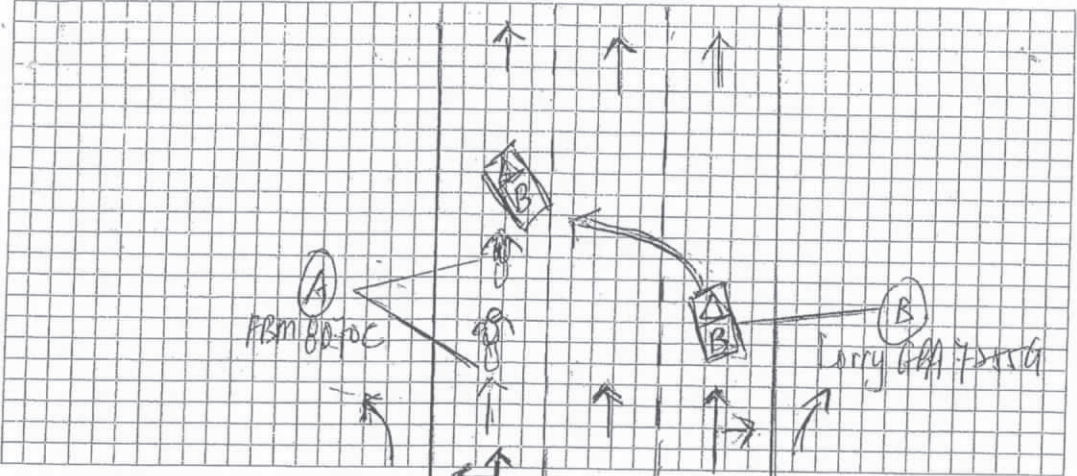
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yishun Ave 3

Refer to Police Report No.: T 20190612/2135

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.:



# SINGAPORE POLICE FORCE



T/20180612/2135

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
34 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180612/2135

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2018 17:52		Vide Report No.:		Station Diary No.: 115	
<b>Informant's Particulars</b>					
Name of Informant: HAMMAD HAZRI BIN HAMADI			Address: APT BLK 661 YISHUN AVENUE 4 #10-429 SINGAPORE 760661		
ID Type / ID No.: NRIC NO / S9704104J			Contact No.: Home/Office: Mobile: 82456735		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 02/02/1997	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: National Service Full Time			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: 12/06/2018 12:15	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Flow: Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: SKID DUE TO ABRUPT LANE CHANGE BY OTHERS				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8070C	Motorcycle	HONDA	CB150R MANUAL	Blue	Slightly Damaged	0
GBA7255G	Lorry	MITSUBISHI	FB70BB1SR DEA	White		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8070C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72085930	14/04/2018	13/04/2019





Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180612/2135

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HAZRI BIN HAMADI	ID No.	S9704104J
Related Vehicle	FBM8070C (Motorcycle)	Contact No.	82456735
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Re Treatment	12/06/2018	Date Discharge	NIL
of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 12/06/2018, at 1215hrs, I was riding my motorcycle, bearing vehicle registration number FBM8070C, along Yishun ave 3. As I approached the junction near to Yishun Swimming Complex, I slowed down my vehicle. I was travelling on the 3rd lane of the road. Suddenly, a lorry, bearing vehicle registration number GBA7255G, changed its lane abruptly from the first lane of the road. I noticed that it was changing lane abruptly and had to perform an emergency brake to avoid collision. In the attempt to do so, my motorcycle skidded and I fell. As such, my left ankle was sprained and I was given 7 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20180612/2135

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180612/2135

**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:

F /  
Sgt 2 LOW WEI DE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sgt 3 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Signature Of Informant:

Date/Time:

12/06/2018 17:52

Classification Of Case:

CNC

Authentication Stamp

NP163