

## 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	17/07/2018 10:02
Date Of Accident	27/06/2018 21:50
Exact Location Of Accident	ALONG TECK WHYE AVE TOWARDS CHOA CHU KANG DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG1827P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL RAUF BIN YA'AKOP
NRIC No	S9602793A
Email Address	AUPSTUSSY7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91017561
Alternative Phone No	OTHERS-91017561

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (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/VMT/18-382217-CA
Cover Note Number	

### Driver

Name of Driver	ABDUL RAUF BIN YA'AKOP
NRIC No	S9602793A
Date Of Birth	20/01/1996
Occupation	INDOOR
Date Of Driving Pass	20/10/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91017561
Fax Number	
Contact Number	OTHERS-91017561
EEmail Address	AUPSTUSSY7@GMAIL.COM

Address	BLK 21 HOLLAND DRIVE #02-413
Postcode	271021
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)	2
Passenger 1	NAME: : COUSIN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180711/2151 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	ROBOT
Phone Number	84908418
Email Address	

#### Details of Witness 2

Name	CASSANDRA
Phone Number	96931969
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE450R
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)	

#### DETAILS OF INJURED PERSON 1

Name	ABDUL RAUF BIN YA'AKOP
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBG1827P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	UNKNOWN (COUSIN)
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBG1827P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 16/7/15 @ 1305 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

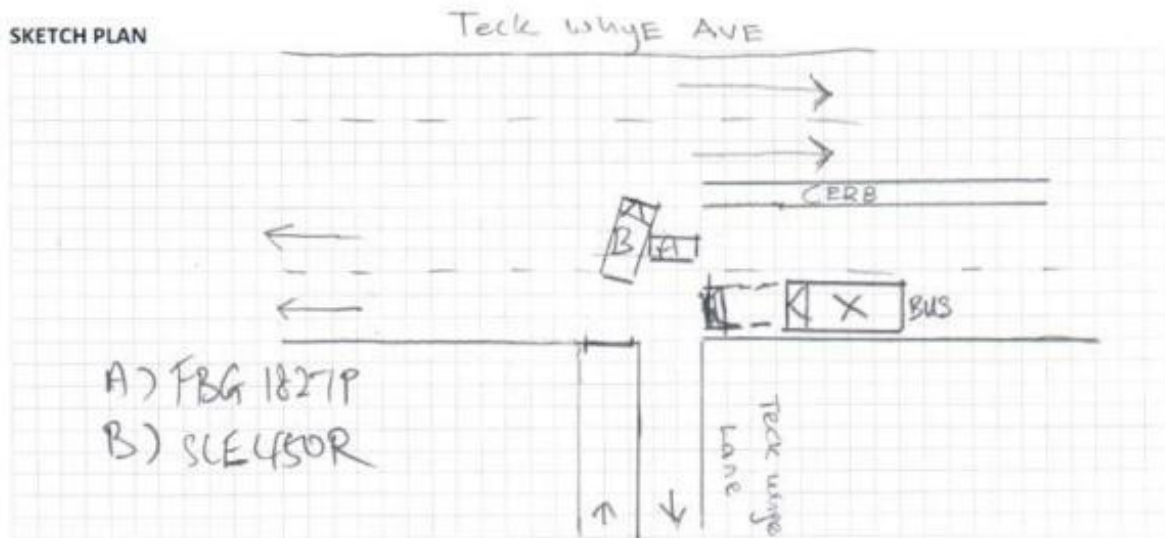
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section:

PCS REFUSE TO POLICE REPORT  
7/20/2018 7/15/1

## DECLARATION

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

Policyholder's Signature  
Date & Time: 16/7/18 @ 1305 hrs.

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

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

GENERATE Sketch/Plan Form\_V03



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180711/2151

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180711/2151

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2018 23:29		Vide Report No.:		Station Diary No.: 102	
<b>Informant's Particulars</b>					
Name of Informant: ABDUL RAUF BIN YA'AKOP			Address: APT BLK 21 HOLLAND DRIVE #02-413 SINGAPORE 271021		
ID Type / ID No.: NRIC NO / S9602793A			Contact No.: Home/Office: Mobile: 91017561		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 20/01/1996	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: AETOS SECURITY 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: 27/06/2018 21:50	Type of Location: T-Junction
Location: Along Road 1 TECK WHYE AVENUE				
At the T-Junction of Teck Whye Avenue and Choa Chu kang Drive				
Weather: Clear		Road Surface: <del>Wet</del> 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: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1827P	Motorcycle	YAMAHA	FZ 16	Black	Totally Damaged	1
SLE450R	Car				Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG1827P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18382217	26/04/2018	25/04/2019

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180711/2151

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20180711/2151

### CONTINUATION OF REPORT

#### **Brief Details.**

On 27/06/2018 at about 2152hrs, I was riding my motorcycle, FBG1827P and travelling at the first lane of Teck Whye Avenue towards Choa Chu Kang Drive and there are one bus on the second lane. When a silver car, SLE 450R suddenly dash out and make a right turn abruptly. I was shocked as my view was blocked by the bus and I skidded on the road and hit onto the car. My cousin who were the passenger and I flew out from the motorcycle. Someone called ambulance for us and we were conveyed to Ng Teng Fong hospital and was warded 13days and given 2 months MC and my cousin were warded 10days and given 1 month MC. I wished to state that I got 2 witness who seen the whole accident, Robot: 84908418 and Cassandra: 96931969 and the rear of my motorcycle is badly damaged and the car rear right door was badly dented. I wished to state that I do not have any camera on my motorcycle.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180711/2151

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20180711/2151

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: D / Sgt 2 LIU FENGZHAN, GERRY
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI NG CHWEE THENG Contact No.: 65476397

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 11/07/2018 23:29
Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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