

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	18/07/2018 17:19
Date Of Accident	13/12/2017 19:05
Exact Location Of Accident	BALESTIER RD TOWARDS CITYJUNCTION OF LAVENDER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR9196T
Insured/Policyholder	
Name Of Registered Owner	SHEYD ABDUL SALIM BIN OTHMAN
NRIC No	S9522461Z
Email Address	AMYSHEYD1995@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85141935
Alternative Phone No	OTHERS-85141935

Vehicle Particulars

Manufacturer	HONDA
Model	NSR150SP-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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/17-981625-WTT
Cover Note Number	

Driver

Name of Driver	SADIQBATCHA MOHAMED YUSOOF MAHADIR
NRIC No	S9573259C
Date Of Birth	12/01/1995
Occupation	INDOOR
Date Of Driving Pass	03/03/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85141935
Fax Number	
Contact Number	OTHERS-85141935
Email Address	AMYSHEYD1995@GMAIL.COM

Address	BLK 1 HOLLAND CLOSE #03-121
Postcode	271001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : PILLION GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180503/2188

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	SKG3737X
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)
Passenger 1

2
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB9928J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name SADIQBATCHA MOHAMED YUSOOF MAHADIR
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FR9196T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN PILLION
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FR9196T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

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 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
- (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: 1630 15/07/2018

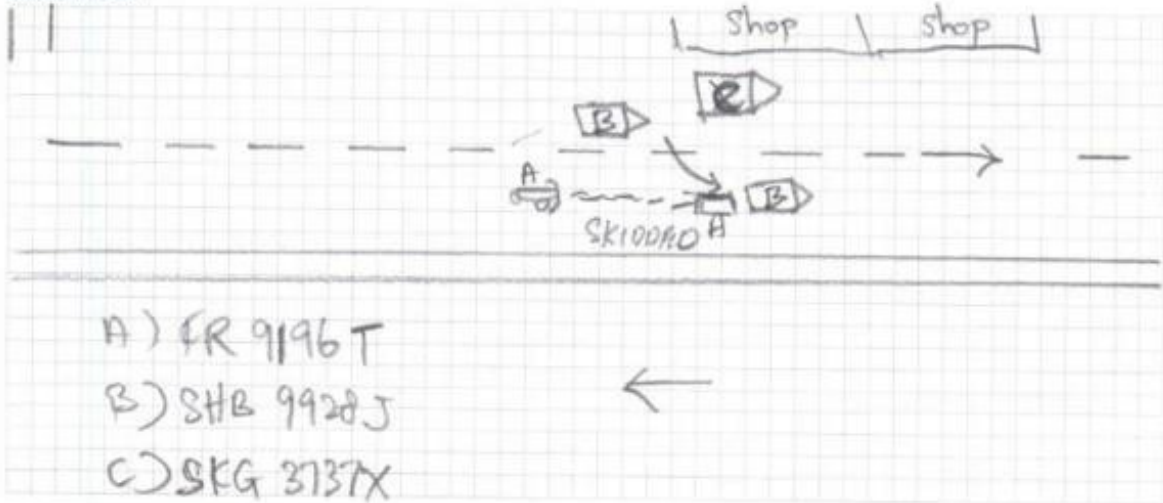
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20180503/2108

DECLARATION

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

Policyholder's Signature:
Date & Time: 18/07/2018 1638

Driver's Signature (if driver is not the policyholder):
Date & Time: 1638 18/07/2018

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180503/2188

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180503/2188

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2018 22:16		Vide Report No.:		Station Diary No.: 184	
Informant's Particulars					
Name of Informant: SADIQBATCHA MOHAMED YUSOOF MAHADIR			Address: BLK D #06-03 DANGA VIEW APARTMENT PERSIARAN DANGA BAY 81200 MSIA		
ID Type / ID No.: NRIC NO / S9573259C			Contact No.: Home/Office:		Mobile: 85141935
Nationality: INDIAN			Email:		
Sex: Male	Age: 23	Date of Birth: 12/01/1995	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Despatch Rider			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: 13/12/2017 19:05	Type of Location: X-Junction
Location: Along Road 1 BALESTIER ROAD				
Along Balestier Rd towards City, junction of Lavender Rd				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR9196T	Motorcycle	HONDA	NSR SP	White	Totally Damaged	1
SHB9928J	Car				No Damage	2
SKG3737X	Car			Black	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180503/2188

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20180503/2188

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SADIQBATCHA MOHAMED YUSOOF MAHADIR	ID No.	S9573259C
Related Vehicle	FR9196T (Motorcycle)	Contact No.	85141935
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	13/12/2017	Date Discharge	13/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13th Dec 2017 at about 1903hrs, while I was riding my motorcycle of reg no. FR9196T along Balestier Rd towards City, I met with a road traffic accident at the junction of Lavender Rd.

2. Thereat the said x-junction, I stopped my motorcycle behind a taxi of reg no. SHB9928J and there was another vehicle of reg no. SKG3737X in front of the said taxi. Shortly after that, the traffic lights turned green on our side. I then saw the taxi doing a over turning of car SKG3737X who had turned on its hazard lights. He did a over taking from its right and I followed suit.

3. Suddenly, the taxi jammed brake and I also applied my emergency brake which resulted my motorcycle skidded due to the wet road. Following that, my motorcycle lying on the road and it moved forward and hit onto the rear of the taxi. At the meantime, I flew forward due to the impact and my helmet hit onto the right side portion of SKG3737X.

4. The said accident had cost my motorcycle to be totally damaged and I had since sold it back to its owner. I was having a pillion at that time and she was conveyed to SGH by an ambulance. Pillion was subsequently given out patient treatment with 3 days of medical leave.

5. I am lodged this police report as requested by a traffic police investigation officer.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180503/2188

3 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No, T/20180503/2188

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 /

SI LOH WEE CHOON

9608

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

03/05/2018 22:16

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

