### 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.
- 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

alorosaid.	
	ACCIDENT STATEMENT
Date Of Report	16/08/2018 09:38
Date Of Accident	01/08/2018 16:15
Exact Location Of Accident	CHANGI SOUTH AVENUE 3 TOWARDS EXIT PIE/SLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE2526L
Insured/Policyholder	
Name Of Registered Owner	ABDUL AZEEZ BIN MOHD ALI
NRIC No	S1695600G
Email Address	AZEEZ500@LIVE.COM
Mobile Phone No	(LOCAL) +65-93666662
Alternative Phone No	OTHERS-93666662
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
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	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/18-377149-CA
Cover Note Number	
Driver	
Name of Driver	ABDUL AZEEZ BIN MOHD ALI
NRIC No	S1695600G

NRIC No S1695600G

Date Of Birth 06/11/1965

Occupation OUTDOOR

Date Of Driving Pass 15/05/1986

Driving Experience 32 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93666662

Fax Number

Contact Number OTHERS-93666662
EMail Address AZEEZ500@LIVE.COM

Address BLK 60 TELOK BLANGAH HEIGHTS

05-73

Postcode 100060

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 - HEAD TO REAR

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? NO Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TELOK BLANGAH NEIGHBOURHOOD POLICE POST

YES

NO

1

Police Station Address ROAD: BLK 51 TELOK BLANGAH DRIVE, POSTCODE: 100051,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2729999 - **FAX NO**: 63772526

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20180802/2111

### 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 SJJ2846S

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number S9044876E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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

11 1620

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Persondel's Signature

NRIC/FIN No :

### **Accident Sketch Plan**

SKETCH PLAN	CHOWN SOUTH ANK 3	TOWERDS FRAM PIFE/SCK
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A) FBE 253 B) SJJ 28	465	
X) WILLENDA	NCES OF THE ACCIDENT	
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DECLARATION I/We declare the forego	ng particulars are true in every respect.	ne 16/08/2018
Policyholders Signature Date & Time:	15/8/18 Driver's Signature (If driver is not the policyholder) 0 - 3 5 au Date & Time:	Name: NRIC/FIN No.:

### **POLICE REPORT**





1 of 3

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 1 of 3 Report No. T/20180802/2111

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2018 16:02		Made:	Vide Report No.:	Station Diary No.: 16
Informa	nt's Partic	ulars		
	f Informant: AZEEZ BIN	MOHD ALI	Address: APT BLK 60 TELOK BLANGA SINGAPORE 100060	AH HEIGHTS #05-73
ID Type / ID No.: NRIC NO / S1695600G			Contact No.: Home/Office:	Mobile: 93666662
National	ity: PORE CITIZ	ĽEN	Email:	
Sex: Male	Age:	Date of Birth: 06/11/1965	Type of Informant: Driver	3."
Race:			Language:	Institution / School Name:
Occupation: Delivery			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/08/2018 16:15	Type of Location Straight Road
Changi South	JTH AVENUE 3  Ave 3 towards exit of		*	
Weather: Road Surface: Dry				Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Light
One Way				Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2526L	Motorcycle	YAMAHA	SPARK 135	White	Slightly Damaged	0
SJJ2846S	Car		COROLLA ALTIS 1.6 AUTO		Slightly Damaged	1

Details of Vehicle Insurance		<b>3.</b>	THE RESERVE
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date

#### POLICE REPORT





2 of 3

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 2 of 3 Report No. T/20180802/2111

### CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBE2526L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72060820	26/01/2018	25/01/2019	

<b>Details of Perso</b>				BALL BAR	- Acto	
Any Pedestrian Ir	volved: No					
No. of Pedestrians Injured: NIL Us			Use of Pe	Use of Pedestrian Crossing: NA		
Driver		E MELOS DE	CHIEF STREET	No. of the last	SIGNAL.	THE PERSON NAMED IN
Name	ABDUL AZEEZ BIN MOHD ALI		ID No		S1695600G	
Related Vehicle	NIL			Conta	ct No.	93666662
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ·	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
	ted Medical Leave	Degree o	f Injury	NIL	8	

### Brief Details.

On the 01/08/2018 at about 1615hrs, I was travelling with my motor vehicle bearing the registration plate number of FBE2526L along Changi South Ave 3 towards the exit of PIE/SLE at the most extreme left lane. Suddenly a vehicle in-front of me bearing the registration plate number of SJJ2846S applied e-brake as there is a passenger bus in-front of the said vehicle driving Inconstantly hence the driver applied e-brake and I applied e-brake however before my motor vehicle could come to a complete stop. I collided onto the back of SJJ2846S. Upon the accident occurred we immediately exchange particulars.

I wish to state that there is no government property or pedestrian involved when the accident occurred. I am lodging this report for insurance claims.

### **POLICE REPORT**





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

3 of 3 Report No. T/20180802/2111

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: D / Sgt 1 TAN TECK CHYE ALAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2018 16:02
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	
ngapare Police Force	





















