

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	17/08/2018 09:53
Date Of Accident	01/02/2018 18:00
Exact Location Of Accident	MARGARET DR TOWARDS QUEENSWAY B/F ZEBRA CROSSING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4630E
Insured/Policyholder	
Name Of Registered Owner	RUKAIYAH BINTE ABU BAKAR
NRIC No	S7138870J
Email Address	KAIYAH1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82072868
Alternative Phone No	OTHERS-82072868

Vehicle Particulars

Manufacturer	YAMAHA
Model	FINO-114CC CVT
Exact Purpose for which vehicle was being used at time of accident	TRANSPORTATION
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-368512-CA
Cover Note Number	

Driver

Name of Driver	RUKAIYAH BINTE ABU BAKAR
NRIC No	S7138870J
Date Of Birth	26/10/1971
Occupation	INDOOR
Date Of Driving Pass	25/09/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82072868
Fax Number	
Contact Number	OTHERS-82072868
Email Address	KAIYAH1@GMAIL.COM

Address	BLK 43 TELOK BLANGAH RISE 13-640
Postcode	090043
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	UNKNOWN PEDESTRIAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

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

DETAILS OF INJURED PERSON 2

Name	RUKAIYAH BINTE ABU BAKAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE4630E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 17/8/2018
0911

Driver's Signature

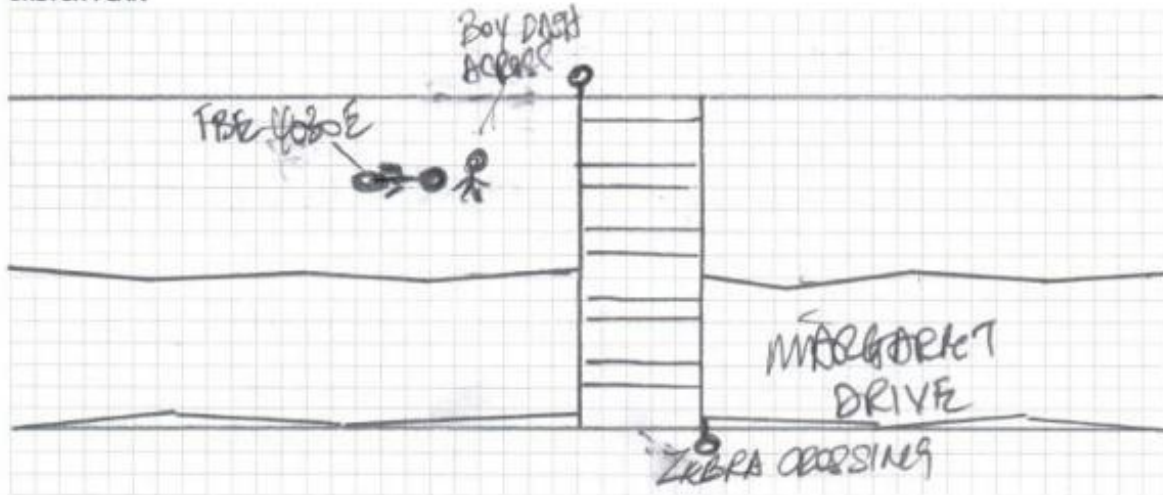
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No: [Signature]

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Reful to POLICE REPORT
1/20/80202/2000

DECLARATION

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

Policyholder's Signature
Date & Time: 14/8/18
0911

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

Reporting Centre Personnel's Signature
Name: 17/08/2018
NRIC/FIN No.: [Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180202/2000

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

1 of 4

Report No. T/20180202/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2018 00:11	Vide Report No.: E/20180201/0126	Station Diary No.: 4
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Informant's Particulars			
Name of Informant: RUKAIYAH BINTE ABU BAKAR		Address: APT BLK 43 TELOK BLANGAH RISE #13-640 SINGAPORE 090043	
ID Type / ID No.: NRIC NO / S7138870J		Contact No.: Home/Office: Mobile: 82072868	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 46	Date of Birth: 26/10/1971	Type of Informant: Rider
Race: Malayalee		Language: English	Institution / School Name:
Occupation: SPE CIAL EDUCATION TEACHER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/02/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 MARGARET DRIVE towards Queensway before zebra crossing				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4630E	Motorcycle	YAMAHA	FINO 115	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBE4630E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72015850	27/08/2017	26/08/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180202/2000

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

2 of 4

Report No. T/20180202/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RUKAIYAH BINTE ABU BAKAR	ID No.	S7138870J
Related Vehicle	FBE4630E (Motorcycle)	Contact No.	82072868
Hospital/Clinic	NATIONAL UNIVERSITY OF HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	01/02/2018	Date Discharge	01/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Pedestrian			
Name	Unknown Pedestrian	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/02/2018 at about 1800hrs, I was riding my motorcycle bearing registration number, FBE 4630E, along Margaret Drive towards Queensway. While I was riding, I noticed one girl and one boy from a nearby school running on the pavement however I was unsure if they will crossed at the nearby zebra crossing.

Thus I started to slow down upon reaching zebra crossing and as I was making a check to look out for pedestrian, when suddenly the said boy dashed across before the said zebra crossing. I managed to brake fully but I decided to swerve my motorcycle as I want to prevent from hitting him.

Due to that, I fall off from my motorcycle but without me realising, the front tyre was already on top of one of the said boy. I wished to state also that the said motorcycle was also on top of me. Passerby then assisted to push it aside to avoid further obstruction. Ambulance and Traffic Police were summoned to scene. The said boy was then conveyed to NUH from scene.

I also seek medical treatment and was given a 5 days Outpatient Sick Leave. I sustained bruises on my thighs and legs.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180202/2000

3 of 4

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180202/2000

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180202/2000

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

4 of 4

Report No. T/20180202/2000

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 /

Staff Sgt SITI MAZRINEE BINTE ABDUL
RAHMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/02/2018 00:11

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

