

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	25/06/2018 10:50
Date Of Accident	23/06/2018 13:15
Exact Location Of Accident	TPE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2030K
Insured/Policyholder	
Name Of Registered Owner	AHMAD FADHLI BIN MOHAMED
NRIC No	S8736982Z
Email Address	PIDIDIPI6@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90097074
Alternative Phone No	OFFICE-80000000
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29064833 QMX
Cover Note Number	
Driver	
Name of Driver	AHMAD FADHLI BIN MOHAMED
NRIC No	S8736982Z
Date Of Birth	14/11/1987
Occupation	INDOOR
Date Of Driving Pass	24/09/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90097074
Fax Number	
Contact Number	OFFICE-80000000
Email Address	PIDIDIPI6@GMAIL.COM

Address 11
Postcode
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 RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES
Foreign Vehicle Registration Number JRX6476 (MOTORCYCLE)
Number of vehicles involved in the accident
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) 3
Passenger 1
NAME: : RAFIDAH BINTE MOHDARON
GENDER: : FEMALE
Passenger 2
NAME: : ADLEA MAGHFIRAH BINTE AHMAD FADHLI
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180623/2101

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: FILE TOO BIG
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBE2325A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE

Name of Driver . ABDUL MUHAIMIN
NRIC/Passport Number S9214988I
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBF299A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver MD DZULFIKIR
NRIC/Passport Number S9215288Z
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JRX6476
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver LEE
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 MUHAIMIN
Approximate Age
Injuries Sustain
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 LEE
Approximate Age
Injuries Sustain
Injured person in which vehicle? JRX6476
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

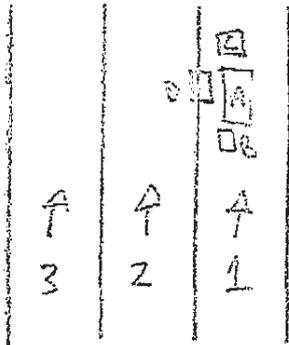
YES

Address

Postcode

Sketch Plan

SKETCH PLAN



A - SKP 20301K

B - FBE 2325A

C - FBF 3999A

D - SRX 6476

TPE (downing change)

near ECP EXIT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated in police statement made on 23/6/18

DECLARATION

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

Sadi
Policyholder's Signature
Date & Time: 25/6/18

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

[Signature]
23/6/2018
Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

SKETCH PLAN

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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 regulation, laws or court orders.

Eddin

Policyholder's Signature
Date & Time: 25/6/18

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

[Signature]
25/6/18

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



**SINGAPORE
POLICE FORCE**



T/20180623/2101

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 4

Report No. T/20180623/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP2030K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A29064833QMX	10/12/2017	09/12/2018

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Rider			
Name	ABDUL MUHAIMIN	ID No.	S9214988I
Related Vehicle	FBE2325A (Motorcycle)	Contact No.	98418404
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

Rider			
Name	MD DZULFIKIR	ID No.	S9215288Z
Related Vehicle	FBF299A (Motorcycle)	Contact No.	97654020
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

Rider			
Name	MR LEE	ID No.	NIL
Related Vehicle	JRX6476 (Motorcycle)	Contact No.	94729788
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



**SINGAPORE
POLICE FORCE**



T/20160523/2101

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 4

Report No. T/20160523/2101

CONTINUATION OF REPORT

Driver			
Name	AHMAD FADHLI BIN MOHAMED	ID No.	S8736982Z
Related Vehicle	SKP2030K (Car)	Contact No.	90097074
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned date and time, I was driving along the TPE towards Changi Airport, adjacent KPE exit. I was driving V1 along lane 1 of a 4 lane road. It was raining heavily and I noticed in front of me that the two motorcyclist(V2 and V3) had fallen and were on the road. I did not see what happened which caused them to fall off their bikes.

I slammed my brakes to avoid hitting them however as I did not managed to stop in time. I collided into the motorcycle which was on the road. At that point of time, the two riders of said motorcyclist had managed to ran to the side of the expressway. As such, I only collided into V2 and not to anyone.

V4 did not managed to stop in time and collided into the rear of my vehicle.

We all alighted and exchanged particulars.

Police and Ambulance were at scene. I have CCTV covering the front of my vehicle and it was recording when the accident happened. I am not sure of the estimated cost of repairs for my vehicle. Riders of V3 and V4 was conveyed to the hospital. I wish to state that my speed prior to accident was below 80km/h.

V1: SKP2030K
V2: FBF299A
V3: JRX6476
V4: FBE2325A



**SINGAPORE
POLICE FORCE**



T/20180623/2101

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

4 of 4

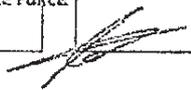
Report No. T/20180623/2101

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: G / Sgt 2 NURFAIZ BIN NOORDIN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2018 16:10
Officer In Charge Of Case: TP / GIT / SI NORASHIKIN BINTE DAUD Contact No.: 65476439	Classification Of Case:
Authentication Stamp NP156	  SIGNATURE