

## 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	05/09/2018 14:54
Date Of Accident	03/09/2018 20:20
Exact Location Of Accident	TESSENSOHN RD/RACE COURSE RD NEAR CIVILSERVICE CLUB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9245P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAMJUDEEN S/O MUBARAK ALI
NRIC No	S8871233A
Email Address	RAMJUDEEN_1988@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91011669
Alternative Phone No	OTHERS-91011669

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-382315-CA
Cover Note Number	

### Driver

Name of Driver	RAMJUDEEN S/O MUBARAK ALI
NRIC No	S8871233A
Date Of Birth	30/04/1988
Occupation	INDOOR
Date Of Driving Pass	18/04/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91011669
Fax Number	
Contact Number	OTHERS-91011669
E Mail Address	RAMJUDEEN_1988@HOTMAIL.COM

Address	BLK 59A GEYLANG BAHRU #07-3339
Postcode	330059
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180904/2045

#### 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	SLQ6769U
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	RAMJUDEEN S/O MUBARAK ALI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBL9245P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

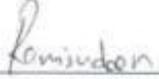
### SKETCH PLAN

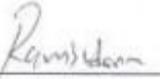
#### IMPORTANT NOTICE

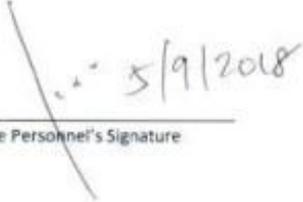
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgment of this report 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 regulations, laws or court orders.

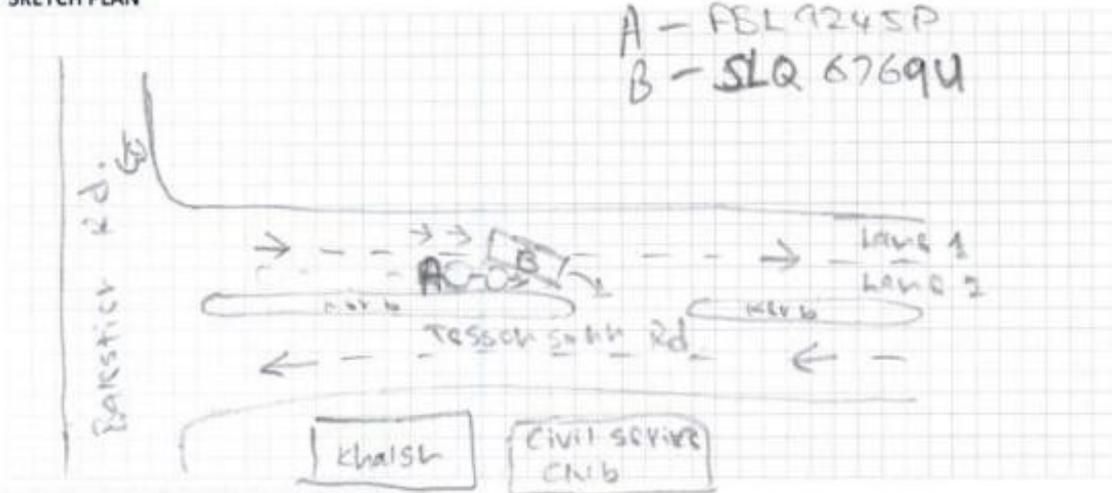
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— PLS Refer to the Police Report —  
T / 20180904 / 2045

DECLARATION

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

Ramindeon  
Policyholder's Signature  
Date & Time:

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

[Signature] - 5/9/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180904/2045

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180904/2045

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	RAMJUDEEN S/O MUBARAK ALI	ID No.	S8871233A
Related Vehicle	FBL9245P (Motorcycle)	Contact No.	91011669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 TIME, DATE AND LOCATION.

I WAS RIDING ALONG TESSENSOHN RD ON THE RIGHT LANE. THE CAR MENTIONED ABOVE WAS ON THE LEFT LANE. I NOTICED AT FIRST THE CAR WAS ON THE LEFT LANE BEHIND A PARKED VEHICLE AND THEN SHIFTED INTO THE RIGHT LANE AHEAD OF ME. THEN WENT BACK TO THE LEFT LANE BEHIND A PARKED CAR. SUDDENLY WITHOUT SIGNALLING, THE CAR SHIFTED RIGHT INTO MY PATH AND I WAS TOO CLOSE TO AVOID COLLISION AND ENDED UP HITTING AGAINST THE RIGHT FRONT SIDE OF THE CAR. I WAS INJURED AND CONVEYED TO TAN TOCK SENG HOSPITAL.

I WENT BACK TO THE SCENE AT AROUND 1145 HRS ON 04/09/2018. I NOTICED THAT MY ACCIDENT WAS NEAR THE CIVIL SERVICE CLUB. THERE WAS A CAMERA AT THE CIVIL SERVICE CLUB THAT IS ACTUALLY FACING THE ROAD. I APPROACHED THE STAFF AND ASKED WHETHER I COULD HAVE THE FOOTAGE. THEY INFORMED ME THAT ONLY POLICE CAN REQUEST FOR THE FOOTAGE. ANYWAY, HERE IS THE DETAILS.  
CIVIL SERVICE CLUB ASSISTANT MANAGER : KIAN CHENG  
HP NUMBER: 85885879  
THERE WAS ALSO ANOTHER CAMERA AT THE TEMPLE OPPOSITE OF THE CIVIL SERVICE CLUB BUT THEY COULD NOT HELP ME.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180904/2045

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20180904/2045

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	RAMJUDEEN S/O MUBARAK ALI	ID No.	S8871233A
Related Vehicle	FBL9245P (Motorcycle)	Contact No.	91011669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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Police Report



SINGAPORE  
POLICE FORCE



T/20180904/2045

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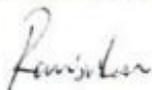
Report No. T/20180904/2045

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: TP / KHALED AMR HASSAN MOHSEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/09/2018 13:17
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:  SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature: 