

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 19:51
Date Of Accident	14/03/2018 16:45
Exact Location Of Accident	ALONG HENDERSON ROAD AT BUS STOP 14241
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU6747H
Insured/Policyholder	
Name Of Registered Owner	HATIJAH BINTE SALLEH
NRIC No	S1143102Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86983453
Alternative Phone No	OTHERS-86983453

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M-197CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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/18-991111-WTT
Cover Note Number	

Driver

Name of Driver	MD AMIN BIN TALIB
NRIC No	S0362438B
Date Of Birth	19/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2010
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86983453
Fax Number	
Contact Number	OTHERS-86983453
E-Mail Address	NOEMAIL

Address	BLK 92 HENDERSON ROAD #07-188
Postcode	150092
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , 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/20180321/2175

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	SBS8051B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	CHUA ING HOWE
NRIC/Passport Number	G7972978M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MD AMIN BIN TALIB
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FU6747H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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 regulations, laws or court orders.

04.09.2018

Policyholder's Signature
Date & Time:



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



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

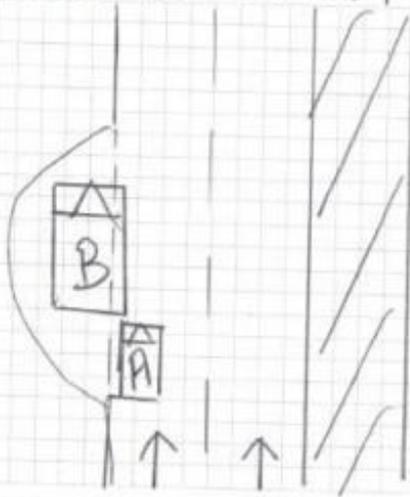
Accident Sketch Plan

SKETCH PLAN

Along HENDERSON RD BUS STOP 14241

A) FU6747H

B) SBS 8051B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report
7/20/20321/2175

DECLARATION

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

04.09.2018

Policyholder's Signature
Date & Time:

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

05/09/2018

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180321/2175

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20180321/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2018 20:13	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars			
Name of Informant: MD AMIN BIN TALIB		Address: APT BLK 92 HENDERSON ROAD #07-188 SINGAPORE 150092	
ID Type / ID No.: NRIC NO / S0362438B		Contact No.: Home/Office: Mobile: 86983453	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 19/01/1954	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Other domestic helpers and cleaners		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: 14/03/2018 16:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 HENDERSON ROAD BUKIT MERAH CENTRAL Henderson Rd > Bukit Merah Central				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
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
FU6747H	Motorcycle				Slightly Damaged	0

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

POLICE REPORT



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T/20180321/2175

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20180321/2175

CONTINUATION OF REPORT

Rider			
Name	MD AMIN BIN TALIB	ID No.	S0362438B
Related Vehicle	FU6747H (Motorcycle)	Contact No.	86983453
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/03/2018	Date Discharge	19/03/2018
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

On the 14/03/2018 at about 1645hrs, I was travelling on my motorcycle regn no. FU 6747 H, along Henderson Road towards Bukit Merah Central (before CMPB). I was travelling behind a SBS bus. As the bus was about to stopped at the bus stop, I wanted to over take said bus however as I inched out to the right, I then heard a honk from a car. I immediately went back into the left lane to avoid collision however I did not realized that he bus was stationary.

I then hit onto the SBS bus rear right side. The collision caused cause me to fall off to the left of my motorcycle. I felt a sharp pain and the bus passengers alighted and assisted me. They carried me to the bus stop and called for ambulance. Ambulance arrived within minutes and I was conveyed to SGH.

I wish to add that I was hospitalized from the 14/03/2018 to 19/03/2018 and given about a month's MC. An operation was required on my left leg. I am not sure of my motorcycle's damages. Particulars of the SBS bus driver as follows:

- 1) Chua Ing Howe
G7972978M

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180321/2175

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20180321/2175

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 / Sgt 2 MOHAMMED MUNZIR BIN AZIZ
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251

Signature Of Informant:
Date/Time: 21/03/2018 20:13
Classification Of Case:

Authentication Stamp
NP158

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

