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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/09/2018 11:58
Date Of Accident	03/09/2018 18:15
Exact Location Of Accident	ALONG BENDEMEER RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL9474U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARITH BIN ROSLEE
NRIC No	S8912550B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90215446
Alternative Phone No	OFFICE-90215446
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZN150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-983253-WTT
Cover Note Number	
Driver	

Name of Driver MUHAMMAD FARITH BIN ROSLEE

NRIC No S8912550B
Date Of Birth 13/04/1989
Occupation INDOOR
Date Of Driving Pass 27/06/2008

Driving Experience 10 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90215446

Fax Number

Contact Number OFFICE-90215446

EMail Address NOEMAIL

Address BLK 319 UBI AVENUE 1

#03-501

Postcode 400319

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? YES
Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

NO

NO

NO

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 - SINGAPORE CITY

NO

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180904/7018.

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 SLV4859E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LAU YIP HONG
NRIC/Passport Number S8502868E
Contact Number 97525950

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

MUHAMMAD FARITH BIN ROSLEE Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode LEFT ARM, ABDOMEN & KNEE

FBL9474U

NO

Accident Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - (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: 00/21/12 1015 Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Name

Reporting Centre Perso

's Signature

Page 4 of 18

Accident Sketch Plan

KETCH PLAN		1 1 1	
	Sendemier Rd.	DA DA	A: FBLG4340 RE SLU4859E
Refor to pace	2000	PARTS -	
/			
DECLARATION //We declare the foregoing part			Ma
olicyholder's Signature Date & Time: October 1515	Driver' (If driv Date 8	s Signature er is not the policyholder) i Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Police Report





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20180904/7018

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 04/09/2018 23:04		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: MUHAMMAD FARITH BIN ROSLEE		Address: APT BLK 319 UBI AVENUE 1 #03-501 SINGAPORE 400319			
ID Type / ID No.: NRIC NO / S8912550B		Contact No.: Home/Office;	Mobile: 90215446		
National	ity: ORE CITIZ	ŒN	Email: mfarith_br@hotmail.co	m	
Sex: Male	Age: 29	Date of Birth: 13/04/1989	Type of Informant: Rider		
Race: Malay		Language: Institution / School Na English			
Occupation: Premises and facilities maintenance officer		Driving Licence Informa Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/09/2018 18:1	Type of Location Straight Road
Location: BENDEMEER	ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
			orking	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL9474U	Motorcycle	YAMAHA	FZN150	Black	Slightly Damaged	0
SLV4859E	Car	BMW	520i	Black	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBL9474U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60801470	27/05/2018	26/05/2019	

Police Report



T/20180904/7018

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180904/7018

CONTINUATION OF REPORT

Details of Perso	n Involved	9-70 to 211	100 100 100	57/101g=/16	6860	The state of the s
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of F	Use of Pedestrian Crossing: NA		
Rider		THE REAL PROPERTY.		The state of		THE RESIDENCE THE
Name	MUHAMMAD FARITH BIN ROSLEE			ID No		S8912550B
Related Vehicle	FBL9474U (Motorcycle)			Conta	ct No.	90215446
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/09/2018		Date Di	scharge	04/09	/2018
No. of Days gran	ted Medical Leave		of Injury			
Driver		BANK PA				P. S.
Name	Lau Yip Hong			ID No		S8502868E
Related Vehicle	SLV4859E (Car)			Conta	ct No.	97525950
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Di	scharge	NIL		
No. of Days gran	ted Medical Leave	NIL		Degree of Injury NIL		

Brief Details.

Vehicle A - FBL9474U (Yamaha FZN150 Black)

Vehicle B - SLV4859E (BMW 520i Black)

On 3 Sep 2018, at around 6.15pm, along Bendemeer Road after Geylang Bahru towards City, opp Blk 47 Whampoa South, Vehicle A was riding on the same lane behind Vehicle B when both vehicles wanted to change to right lane. Vehicle B slowed down when Vehicle A was picking up speed thus unable to brake in time to keep safety distance. Vehicle A hit Vehicle B's right rear bumper, landed on its right side and Rider landed on the fallen bike with abdomen thrusting the handlebar end. Rider was able to stand up shortly after and managed to move Vehicle A, with Driver of Vehicle B and passerby to the side of the road after taking photos of accident scene. Both vehicle driver/rider exchanged particulars and left the scene with Rider of Vehicle A proceeding straight to Tan Tock Seng Hospital for treatment. Rider of Vehicle A was warded for 24hrs observation. Attached photos for reference. Thats all.

Police Report





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180904/7018

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/09/2018 23:04
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:



















