

## 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	01/10/2018 16:32
Date Of Accident	24/09/2018 19:40
Exact Location Of Accident	JUNC THOMSON RD & BALESTIER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ94C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSLAN BIN ZAKARIA
NRIC No	S2192668Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87524952
Alternative Phone No	OFFICE-87524952

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15 MANUAL
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
Fleet Policy	NO
Policy Number	MSD/VMS/18-387870-CA
Cover Note Number	

### Driver

Name of Driver	ROSLAN BIN ZAKARIA
NRIC No	S2192668Z
Date Of Birth	02/07/1967
Occupation	INDOOR
Date Of Driving Pass	03/05/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87524952
Fax Number	
Contact Number	OFFICE-87524952
Email Address	NOEMAIL



Address	BLK 26 SECTOR A SIN MING IND EST #03-162
Postcode	570026
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 - CHANGE/CROSS LANE
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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180925/7014.

#### 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	EN48E
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS7710X  
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 ROSLAN BIN ZAKARIA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBF1016T  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## Accident 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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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. 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.
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.:



# Accident Sketch Plan

## SKETCH PLAN

Sketch Plan diagram showing a grid with handwritten labels and markings:

- Top Left:** BALDWIN RD
- Top Right:** 1, 2 (with arrows pointing to specific points on the grid)
- Left Side (Vehicle Details):**
  - VEHICLE A: FBJ94L
  - VEHICLE B: EN48E
  - VEHICLE C: 3LS7710X
- Center:** A diagram showing two vehicles (A and B) with arrows indicating movement or impact. Vehicle A is labeled with 'A' and 'B' in a box, and Vehicle B is labeled with 'B' and 'A' in a box.
- Right Side:** THOMSON RD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

(The following area contains multiple horizontal lines for describing the accident circumstances.)

## DECLARATION

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

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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180925/7014

1 of 3

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

Report No. T/20180925/7014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2018 15:23		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: ROSLAN BIN ZAKARIA		Address: APT BLK 26 SECTOR A SIN MING IND. EST. #03-162 SINGAPORE 570026	
ID Type / ID No.: NRIC NO / S2192668Z		Contact No.:	Mobile: 87524952
Nationality: SINGAPORE CITIZEN		Email: raslan45@gmail.com	
Sex: Male	Age: 51	Date of Birth: 02/07/1967	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: SECURITY SUPERVISOR		Driving Licence Information: Class:	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2018 19:40	Type of Location: T-Junction
Location:  THOMSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	Count
EN48E	Car	PORSCHE			Slightly Damaged	1
FBJ94C	Motorcycle	YAMAHA	YZF-R15 MANUAL	Black	Seriously Damaged	1
SLS7710X	Car	HYUNDAI			Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180925/7014

2 of 3

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

Report No. T/20180925/7014

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
FBJ94C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72118080	24/08/2018	08/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ROSLAN BIN ZAKARIA		ID No. S2192668Z
Related Vehicle	FBJ94C (Motorcycle)		Contact No. 87524952
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (ANG MO KIO)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	25/09/2018		Date Discharge 25/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	Serious

#### Brief Details.

ON 24/09/2018 AT ABOUT 19:40HR, I WAS RIDING MY MOTORCYCLE - FBJ94C, ALONG THOMSON ROAD TOWARDS NEWTON, ON LANE 2. APPROACHING THE T-JUNCTION, SUDDENLY VEHICLE NUMBER - EN48E, CAME INTO MY LANE AND HIT ONTO MY MOTORCYCLE. I WAS DRAGGED FOR A COUPLE OF METRES WHEN I THEN FELL ONTO MY LEFT. MY MOTORCYCLE WAS THEN THROWN OFF AND ENDED UP COLLIDING ONTO ANOTHER VEHICLE - SLS7710X, WHICH WAS ON THE OPPOSITE LANE.

SUBSEQUENTLY, I FELT BODY PAINS & ACHES, IN WHICH I SEEKED MEDICAL ATTENTION AT ANG MO KIO POLYCLINIC & WAS GIVEN 4 DAYS MC.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180925/7014

3 of 3

Report No. T/20180925/7014

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

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SHAHRL NIZAM BIN SAMARRI  
Contact No.: 65476904

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
25/09/2018 15:23

Classification Of Case:



Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 – 17:00  
UTN: 565500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA 118127238 Vehicle Registration No: FB594C  
Name (as shown in NRIC) : Roslan Bin Zakaria NRIC/FIN/Passport No : S21926682  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 26 Sector A Sin meng Ind Est 405-162 Singapore (570026)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 87524952  
Email Address : \_\_\_\_\_  
Date of Accident : 24/5/18 Time of Accident : 19:40  
Place of Accident : Junction Thomson Rd & Balegis Rd.  
Insurance Company : MSIA

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend policy number - MJD/WMS/18-387870-CA.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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