

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 liability.
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	17/10/2018 12:54
Date Of Accident	09/10/2018 07:15
Exact Location Of Accident	ALONG CHOA CHU KANG RD TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7197M
Insured/Policyholder	
Name Of Registered Owner	JAMAL BIN ITHNIN
NRIC No	S1463360Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94855100
Alternative Phone No	OTHERS-94855100

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
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/18-376347-CA
Cover Note Number	

Driver

Name of Driver	JAMAL BIN ITHNIN
NRIC No	S1463360Z
Date Of Birth	08/07/1961
Occupation	INDOOR
Date Of Driving Pass	15/03/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94855100
Fax Number	
Contact Number	OTHERS-94855100
Email Address	NOEMAIL

Address	BLK 316 BUKIT BATOK STREET 32 #02-139
Postcode	650316
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 - U-TURN
Weather Conditions	CLEAR
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : MUHAMMAD HISHAM BIN JAMAL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181009/2068 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SLD8814C
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAW HUIZHAN
NRIC/Passport Number	S8141041J
Contact Number	94755933
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JAMAL BIN ITHNIN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBK7197M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD HISHAM IQBAL BIN JAMAL
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBK7197M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

 17/10/18

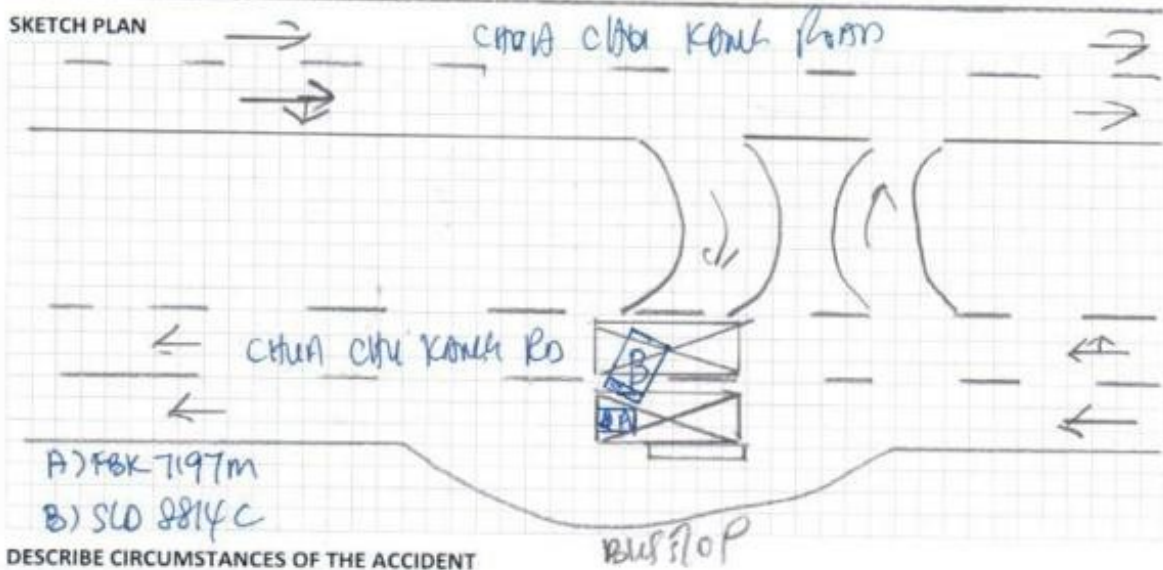
Policyholder's Signature
Date & Time:

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

 17/10/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ms rafiq to Police Report
7/2018/1009/2018

DECLARATION

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

[Signature] 17/10/18

Policyholder's Signature
Date & Time:

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

[Signature] 17/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181009/2068

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

1 of 3

Report No. T/20181009/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2018 13:12		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: JAMAL BIN ITHNIN			Address: APT BLK 316 BUKIT BATOK STREET 32 #02-139 SINGAPORE 650316		
ID Type / ID No.: NRIC NO / S1463360Z			Contact No.: Home/Office: Mobile: 94855100		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 08/07/1961	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/10/2018 07:15	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG ROAD Along Choa Chu Kang Road towards Bukit Timah				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7197M	Motorcycle	YAMAHA	SNIPER T150	Red	Slightly Damaged	1
SLD8814C	Car	MERCEDES BENZ		Grey		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7197M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18376347	31/12/2017	30/12/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181009/2068

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 3

Report No. T/20181009/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JAMAL BIN ITHNIN	ID No.	S1463360Z
Related Vehicle	FBK7197M (Motorcycle)	Contact No.	94855100
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/10/2018	Date Discharge	09/10/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	Chaw Huishan	ID No.	S8141041J
Related Vehicle	NIL	Contact No.	94755933
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

Brief Details.

On the above mentioned date, time I was traveling with my above mentioned motorcycle along Choa Chua Kang Road towards Bukit Timah in lane 2. When coming near to a bus stop beside Phoenix park there was a Grey color Mercedes Benz making U-turn from opposite direction and hit onto the side of my motorcycle. I felt from my motorcycle and subsequently conveyed to Ng Teng Fong Hospital by ambulance for further medical treatment and given a 06 days Medical Certificate due to Foot Contusion.

POLICE REPORT

370 BURK ROAD SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

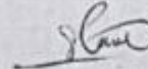
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/
Staff Sgt SUN SIJIA



Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
09/10/2018 13:12

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp
NP168



Signature :

Classification Of Case:

SN 116

Singapore Police Force

POLICE REPORT



10 Ubi Avenue 3
Singapore 408865

TRAFFIC POLICE AMENDMENT

NP 168 No: T/20181009/2068 Name: Jamal Bin Hhrin
 Accident Date/Time: 9/10/18 0715hrs Address: 8/316 Rt Bk St 32
 Vehicle(s) involved: FBK 7197M #02-139
SLD8814C NRIC No: S1463360Z
 Tel No: 94855100
 Date: 12/10/18

Dear Sir / Madam

I wish to amend as follows:

I would like to add the particulars of
the pillion rider. His name as follows.

1) Muhammad Hisham Iqbal Bin Jamal

T0226888J

B/180A Boon Lay Drive #02-690

HP 84818169

[Signature]

S1463360Z

Yours faithfully

Queenstown
Neighbourhood Police Centre
No 3 Queensway #01-03
Singapore 149073

[Signature]

SSS

97055

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1463360Z



Name

JAMAL BIN ITHNIN

Race

MALAY

Date of birth

08-07-1961

Country of birth

SINGAPORE

Sex

M



2840003

NAME No. S1463360Z



Date of issue

05-11-2004

Address

APT BLK 315 BUKIT BATOK STREET 32
#02-139
SINGAPORE 660318

ID



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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