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 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

	aforesaid.						
		ACCIDENT STATEMENT					
	Date Of Report	30/10/2018 12:16					
	Date Of Accident	26/10/2018 21:00					
	Exact Location Of Accident	JUNCTION OF JURONG WEST AVENUE 2/BULIM AVENUE					
	Country/State of Loss	SINGAPORE					
	DETAILS OF OWN VEHICLE						
	Vehicle Registration Number	FBN202L					
	Insured/Policyholder						
	Name Of Registered Owner	MUHAMMAD KHASNUR BIN HAMZAH					
	NRIC No	S8433173B					
	Email Address	MUHAMMAD.KHASNUR@GMAIL.COM					
	Mobile Phone No	(LOCAL) +65-94875758					
	Alternative Phone No	OTHERS-94875758					
	Vehicle Particulars						
	Manufacturer	HONDA					
	Model	CB400X-399CC					
	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 FIRE AND/OR THEFT					
	Fleet Policy	NO					
	Policy Number	MSD/VMS/18-384893-CA					
	Cover Note Number						
	Driver						
	Name of Driver	MUHAMMAD KHASNUR BIN HAMZAH					
	NRIC No	S8433173B					
	Data Of Birth	4.0/4.0/4.004					

NRIC No S8433173B

Date Of Birth 18/10/1984

Occupation OUTDOOR

Date Of Driving Pass 08/07/2008

Driving Experience 10 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94875758

Fax Number

Contact Number OTHERS-94875758

EMail Address MUHAMMAD.KHASNUR@GMAIL.COM

Address BLK 636B SENJA ROAD

#05-325

Postcode 672636

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 NO COLLISION

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?

YES

Was any other material or property damaged? YES

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

NO 1

YES

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG

Police Station Address ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181029/2035

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 FBD9200K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name MUHAMMAD KHASNUR BIN HAMZAH

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBN202L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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- 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: 30 10 18

Driver's Signature

(If driver is not the policyholder)

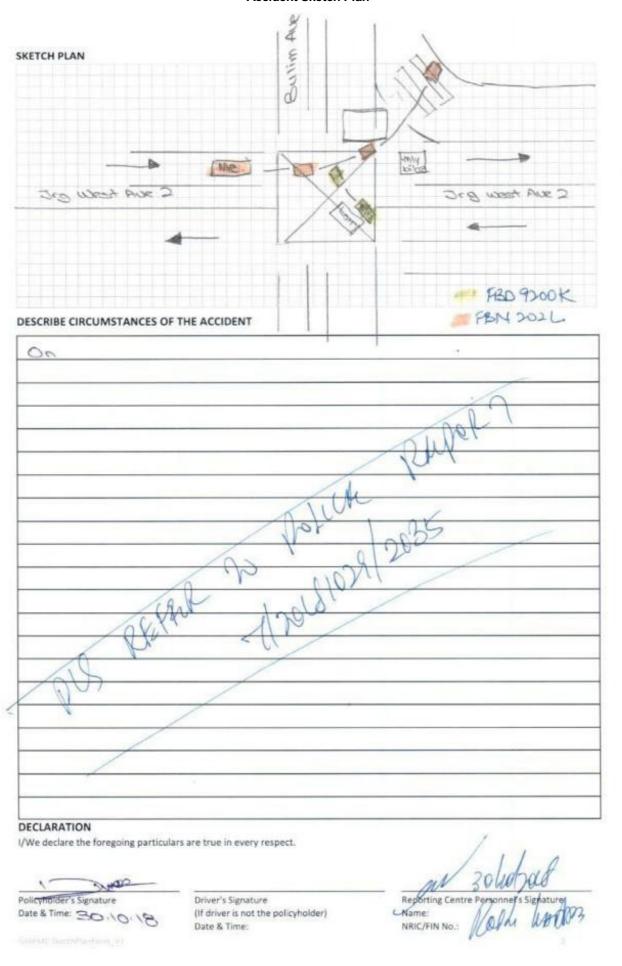
Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

and the

Accident Sketch Plan



POLICE REPORT





Police Station Of Origin:

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

1 of 3 Report No. T/20181029/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2018 11:36			Vide Report No.:	Station Diary No.; 56	
Informa	nt's Partice	ulars			
	Informant: IMAD KHAS H		Address: APT BLK 636B SENJA ROAD #05-325 SINGAPORE 672636		
ID Type / ID No.: NRIC NO / S8433173B Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 94875758		
			Email:		
Sex: Age: Date of Birth: Male 34 18/10/1984			Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupat	tion: TECHNICIA	AN	Driving Licence Information: Class: 2B,2A Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 26/10/2018 21:0			
JURONG WE	oad 1 and Road 2 ST AVENUE 2 n of Jurong West Avenue 2	and Bulim Ave	enue			
		Road Surface: Wet			Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control Traffic Light - \		Traffic Volume: Moderate		
	sion:	5.0	11	Anv	one conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD9200K	Motorcycle				No Damage	0
FBN202L	Motorcycle	HONDA	CB400X	Red	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBN202L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72099670	14/06/2018	13/06/2019		

POLICE REPORT



Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

2 of 3 Report No. T/20181029/2035

CONTINUATION OF REPORT

Details of Perso	n Involved	no manage	IN ESPECIAL	ne to the	Herric	united blacks in
Any Pedestrian I	nvolved: No					
No. of Pedestrian			Use of P	edestriar	Cross	ing NA
Rider		CONTRACTOR AND ADDRESS	ALL WEST		01000	Alignature and the second
Name	MUHAMMAD KHASNUR BIN HAMZAH			ID No	i.	S8433173B
Related Vehicle	FBN202L (Motorcycle)			Contact No.		94875758
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licene Expire	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment	26/10/2018 Da		Date Dis		procession.	/2018
No. of Days gran	07	Degree o				

Brief Details.

On the above mentioned time and date I was travelling along Jurong West Ave 2 towards PIE (KJE), at the T-Junction of Jurong West Ave 2 and Bulim Ave, in the left most lane of the road. As I was coming past a yellow box, a motorbike, FBD9200K, was trying to turn Right onto Bulim Ave from Jurong West Ave 2. To avoid the collision, I swerved to the left and hit into the traffic light curb and then a zebra crossing curb and then I fell off my bike. Traffic Police and Ambulance were at scene. I was conveyed via ambulance to Ng Teng Fong General Hospital. I obtained an MC for 7 Days from 26/10/2018 to 03/11/2018 for a Fractured left wrist.

POLICE REPORT





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 3 of 3 Report No. T/20181029/2035

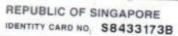
CONTINUATION OF REPORT

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.

Staff Sgt GHAN WAI HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2018 11:36
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No:: 65476232	Classification Of Case:
Authentication Stamp	







MUHAMMAD KHASNUR BIN HAMZAH

محمد حسنور بن حمزه معد

MALAY Date of norm 18-10-1984

18-10-1984 County/Flee of birth SINGAPORE





MIC No S8433173B



OF 02 2015

APT BLK 636B SENJA ROAD #05-325 SINGAPORE 672638 Class 28 Manuscrycles == 204 CC
Class 24 Manuscrycles Scriving 241 CC and 400 CC

SEAMIT

S / No. 9000087862

Lightness No. 9000087862



















