

## 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	12/11/2018 19:13
Date Of Accident	10/11/2018 11:00
Exact Location Of Accident	BLK 252 BANGKIT RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2083E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED IRWANDI BIN MOHAMAD
NRIC No	S9017697H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94598469
Alternative Phone No	OFFICE-94598469

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF190X 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-994130-WTT
Cover Note Number	

### Driver

Name of Driver	MOHAMED IRWANDI BIN MOHAMAD
NRIC No	S9017697H
Date Of Birth	28/05/1990
Occupation	INDOOR
Date Of Driving Pass	16/08/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94598469
Fax Number	
Contact Number	OFFICE-94598469
EEmail Address	NOEMAIL

Address	BLK 23 TELOK BLANGAH CRESCENT #05-40
Postcode	090023
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181110/2067.

#### 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	FBK9081A
Vehicle Make/Model/Colour	HONDA NC750X
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



Accident Sketch Plan

SKETCH PLAN

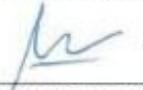
UNKNOWN BIKE WAS PROCEEDED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT  
7/2018/110/2067

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 15:40  
10/11/18

\_\_\_\_\_  
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/20181110/2067

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/20181110/2067

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/11/2018 14:05	Vide Report No.: J/20181110/0122	Station Diary No.: 55
--	-------------------------------------	--------------------------

<b>Informant's Particulars</b>			
Name of Informant: MOHAMED IRWANDI BIN MOHAMAD		Address: APT BLK 23 TELOK BLANGAH CRESCENT #05-40 SINGAPORE 090023	
ID Type / ID No.: NRIC NO / S9017697H		Contact No.: Home/Office: Mobile: 94598469	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 28/05/1990	Type of Informant: Rider
Race: Bugis		Language: English	Institution / School Name:
Occupation: Registered nurse		Driving Licence Information: Class: 2B Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/11/2018 11:00	Type of Location: Car Park
Location: Along Road 1 BANGKIT ROAD  Block 252 Bangkit road motorcycle carpark lot 138				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM2083E	Motorcycle	HONDA	CBF190X MANUAL	Grey	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM2083E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60812450	19/08/2018	18/08/2019

Police Report



SINGAPORE  
POLICE FORCE



T/20181110/2067

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/20181110/2067

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED IRWANDI BIN MOHAMAD	ID No.	S9017697H
Related Vehicle	FBM2083E (Motorcycle)	Contact No.	94598469
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B 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 10/11/2018 at around 1100hrs, I went down to Bik 252 bangkit Road motorcycle carpark lot 138 and discovered the my motorcycle FBM2083E was being pushed onto the ground. There was another motorcycle parked at lot 137 which was also pushed down on the ground. I discovered damages to my foot peg, scratches on both sides of my motorcycle, to my handle bar, clutch and panel. My motorcycle seat was also dislodged. I did not see who did it but this is not the first time it happened. There is no CCTV pointing towards my motorcycle lot.

Police Report



SINGAPORE  
POLICE FORCE



T/20181110/2067

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/20181110/2067

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 CHAN WAI HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2018 14:05
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

