

## 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	19/11/2018 14:45
Date Of Accident	16/11/2018 19:55
Exact Location Of Accident	FILTER LANE OF TPE EXIT TOWARDS PUNGGOL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2775C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SHUIB BIN ZAKARIYAH
NRIC No	S9410688E
Email Address	MUHAMMADSHUIB94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86114980
Alternative Phone No	OTHERS-86114980

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA LX-155CC I.E. 3V
Exact Purpose for which vehicle was being used at time of accident	COLLECTING ITEM
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/VMT/18-387825-CA
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SHUIB BIN ZAKARIYAH
NRIC No	S9410688E
Date Of Birth	02/04/1994
Occupation	INDOOR
Date Of Driving Pass	19/07/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86114980
Fax Number	
Contact Number	OTHERS-86114980
Email Address	MUHAMMADSHUIB94@GMAIL.COM

Address	BLK 155 MEI LING STREET #03-287
Postcode	140155
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?	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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181117/2034

#### 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	GBD6520G
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROY CHUA
NRIC/Passport Number	S8974854B
Contact Number	98750173
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD SHUIB BIN ZAKARIYAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK2775C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 19/11/18

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

  
Reporting Centre Personnel's Signature  
Name: Resli Winters  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the grid: "PUS REFER TO Police Report 7/2018/17/2034"

## DECLARATION

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

Policyholder's Signature  
Date & Time: 19/11/18

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

Reporting Centre Personnel's Signature  
Name: 19/11/2018  
NRIC/FIN No.: KAPLI KAPLI



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181117/2034

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20181117/2034

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2018 11:28		Vide Report No.:		Station Diary No.: 38	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SHUIB BIN ZAKARIYAH			Address: APT BLK 155 MEI LING STREET #03-287 SINGAPORE 140155		
ID Type / ID No.: NRIC NO / S9410688E			Contact No.: Home/Office: " Mobile: 86114980		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 02/04/1994	Type of Informant: Rider		
Race: Boyanese			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2018 19:55	Type of Location:
Location: Along Road 1 PUNGGOL ROAD				
Filter lane of TPE exit towards Punggol Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2775C	Motorcycle	PIAGGIO	VESPA LX 150 I.E. 3V	Green		0
GBD6520G	Van					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK2775C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18387825	28/08/2018	27/08/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181117/2034

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Report No. T/20181117/2034

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD SHUIB BIN ZAKARIYAH	ID No.	S9410688E
Related Vehicle	NIL	Contact No.	86114980
Hospital/Clinic	SINGHEALTH POLYCLINICS - QUEENSTOWN	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/11/2018	Date Discharge	17/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	ROY CHUA	ID No.	S8974854B
Related Vehicle	NIL	Contact No.	98750173
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 16/11/2018 at 1957hrs, while I was stationary along the filter lane of TPE Exit towards Punggol Road, a Vehicle (GBD6520G) suddenly collided onto my rear and I fell together with my motor bicycle. He came down and we exchanged contact number. My motorcycle rear and the box was damaged. No traffic police or Ambulance was at scene. I went to Queenstown Polyclinic for consultation as I felt pain on my right knee and was given 3 days Medical Certification. I am not sure if there is any CCTV around the vicinity. I Wish to state that his vehicle has a built in Camera.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181117/2034

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20181117/2034

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:

D /  
Sgt 1 LIM TIAN WEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /

Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
17/11/2018 11:28

Classification Of Case:

21-47

SIGNATURE



ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9410688E



Name  
MUHAMMAD SHUIB BIN  
ZAKARIYAH

Race  
BOYANESSE

Date of birth  
02-04-1994

Country of birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9410688E  
Name  
MUHAMMAD SHUIB BIN  
ZAKARIYAH

Birth Date: 02 Apr 1994  
Issue Date: 19 Jul 2013



002204237F



4333630



NRIC No. S9410688E

Date of issue  
05-01-2009

APT BLK 155 MEILING STREET #03-287  
SINGAPORE 140155

NRIC No: S9410688E Date: 05/11/2011 No: 6851264

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
C Class 2B Class 2	19 Jul 2013
Motorcycles not 200 CC Motor cars not 2000 kg or less not 7 passengers, exclusive of the driver, and motor tricycles not 2000 kg	

19 Jul 2013  
31 Feb 2017

S / No. 9000266582

Licence No: S9410688E



NP 438A

Accident Photo



Accident Photo





Accident Photo



Accident Photo





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