Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 03/01/2019 14:38

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 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.

ACCIDENT STATEMENT	
Date Of Report	03/01/2019 12:27
Date Of Accident	06/12/2018 21:25
Exact Location Of Accident	JUNC OF WOODLANDS AVE 4 & WOODLANDS DR 40
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FU8075A
Insured/Policyholder	
Name Of Registered Owner	RADUAN
NRIC No	S7330770H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84213867
Alternative Phone No	OTHERS-84213867
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
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/VMT/18-377510-CA
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NAZRUL BIN MOHD NOOR
NRIC No	S9323817F
Date Of Birth	11/07/1993
Occupation	INDOOR
Date Of Driving Pass	23/03/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91014314
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 204 YISHUN ST 21 #02-275
Postcode	760204
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUB-RIDER
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NUR HAWA BINTE NOOR DIN GENDER: : FEMALE

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
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181207/2042

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	SGK1192G
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STEPHEN PANG
NRIC/Passport Number	S7220802A
Contact Number	98310826

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

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD NAZRUL BIN MOHD NOOR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FU8075A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NUR HAWA BINTE NOOR DIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FU8075A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

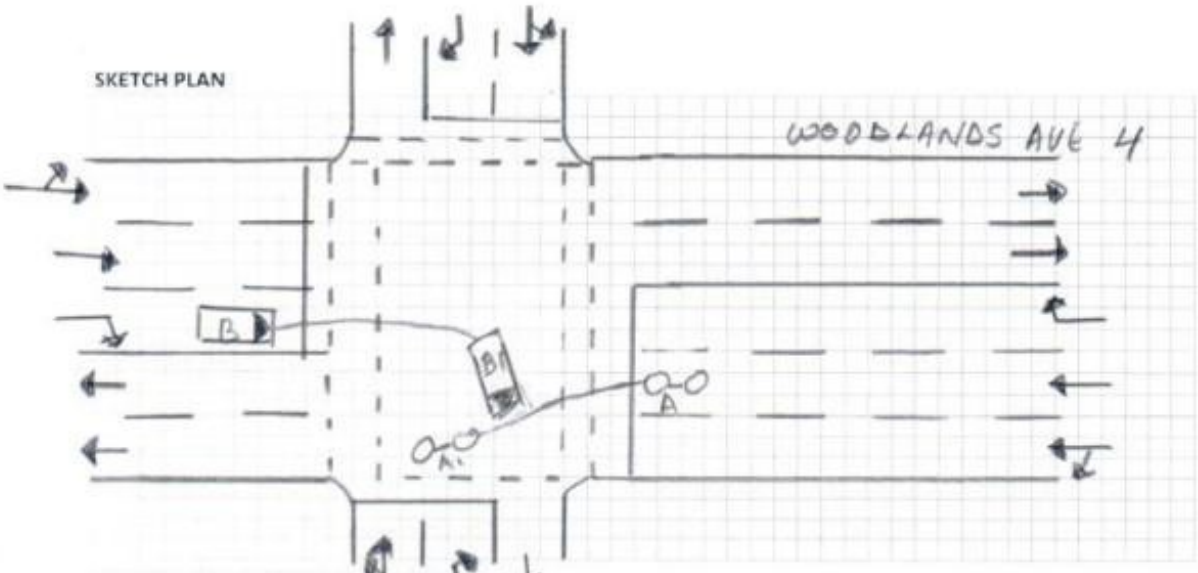
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	03/01/19 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WOODLANDS DRIVE 40

P/S refer to the police report : T/B018207/2042

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.:
		03/01/19

SINGAPORE POLICE FORCE

T/20181207/2042

Report No. T/20181207/2042

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

CONTINUATION OF REPORT

Rider					
Name	MUHAMMAD NAZRUL BIN MOHD NOOR			ID No.	S9323817F
Related Vehicle	FU8075A (Motorcycle)			Contact No.	91014314
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	06/12/2018		Date Discharge	07/12/2018	
No. of Days granted Medical Leave	02		Degree of Injury	NIL	
Pillion					
Name	NUR HAWA BINTE NOOR DIN			ID No.	S9322664Z
Related Vehicle	FU8075A (Motorcycle)			Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2018		Date Discharge	07/12/2018	
No. of Days granted Medical Leave	04		Degree of Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS RIDING ALONG THE SAID LOCATION. I WAS AT THE CENTER LANE OF 3 LANES GOING STRAIGHT TO WOODLANDS AVENUE 4. TRAFFIC LIGHT WAS GREEN FOR ME SO I HAVE THE RIGHT OF WAY. WHEN REACHING IN THE MIDDLE OF THE CROSS JUNCTION, SUDDENLY A CAR FROM THE OPPOSITE SIDE OF THE ROAD MAKE A SUDDEN RIGHT TURN. SO I JAM BRAKE AND SWERVED TO THE LEFT TO AVOID COLLISION WITH THE VEHICLE OF (SGK1192G) BUT END UP I FELL ON MY LEFT SIDE AND SKID FORWARD. FROM MY SIDE THERE WAS NO COLLISION BETWEEN ME AND THE SAID VEHICLE. THAT'S ALL.

Accident Photo

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SINGAPORE POLICE FORCE

T/20181207/2042

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

Report No. T/20181207/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/12/2018 11:47		

Informant's Particulars

Name of Informant: MUHAMMAD NAZRUL BIN MOHD NOOR			Address: 204 YISHUN STREET 21 #02-275 SINGAPORE 760204	
ID Type / ID No.: NRIC NO / S9323817F			Contact No.: Home/Office:	Mobile: 91014314
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 25	Date of Birth: 11/07/1993	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2018 21:25	Type of Location: X-Junction
Location: WOODLANDS AVENUE 4 WOODLANDS AVE 4 X WOODLANDS DR 40				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: SELF SKIDDED				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU8075A	Motorcycle	YAMAHA	RXZ	Purple		1
SGK1192G	Car	TOYOTA	WISH 1.8 A	Grey		0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20181207/2042

Report No. T/20181207/2042

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

CONTINUATION OF REPORT

Rider					
Name	MUHAMMAD NAZRUL BIN MOHD NOOR			ID No.	S9323817F
Related Vehicle	FU8075A (Motorcycle)			Contact No.	91014314
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	06/12/2018		Date Discharge	07/12/2018	
No. of Days granted Medical Leave	02		Degree of Injury	NIL	
Pillion					
Name	NUR HAWA BINTE NOOR DIN			ID No.	S9322664Z
Related Vehicle	FU8075A (Motorcycle)			Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2018		Date Discharge	07/12/2018	
No. of Days granted Medical Leave	04		Degree of Injury	NIL	

Brief Details.
ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS RIDING ALONG THE SAID LOCATION. I WAS AT THE CENTER LANE OF 3 LANES GOING STRAIGHT TO WOODLANDS AVENUE 4. TRAFFIC LIGHT WAS GREEN FOR ME SO I HAVE THE RIGHT OF WAY. WHEN REACHING IN THE MIDDLE OF THE CROSS JUNCTION, SUDDENLY A CAR FROM THE OPPOSITE SIDE OF THE ROAD MAKE A SUDDEN RIGHT TURN. SO I JAM BRAKE AND SWERVED TO THE LEFT TO AVOID COLLISION WITH THE VEHICLE OF (SGK1192G) BUT END UP I FELL ON MY LEFT SIDE AND SKID FORWARD. FROM MY SIDE THERE WAS NO COLLISION BETWEEN ME AND THE SAID VEHICLE. THAT'S ALL.

SINGAPORE POLICE FORCE

T/2018120 7/2042

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

Report No. T/2018120 7/2042

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: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2018 11:47
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:

Authentication Stamp
NP163

Identification Card