

## 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             | 09/01/2019 17:54                     |
| Date Of Accident           | 02/12/2018 03:00                     |
| Exact Location Of Accident | SLE TWDS CTE BEFORE LENBTOR AVE EXIT |
| Country/State of Loss      | SINGAPORE                            |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | FBD6003H                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | SUNDARESAN S/O TECHNA MITI |
| NRIC No                     | S8326952I                  |
| Email Address               | NOEMAIL                    |
| Mobile Phone No             | (LOCAL) +65-94284369       |
| Alternative Phone No        | OFFICE-94284369            |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | SUZUKI      |
| Model  | DRZ400SMK9  |
| 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/18-376418-CA                 |
| Cover Note Number         |                                      |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | MUHAMMAD HAIRIL BIN AMRIN |
| NRIC No              | S8102484G                 |
| Date Of Birth        | 26/01/1981                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 10/08/2010                |
| Driving Experience   | 8 YEARS AND 3 MONTHS      |
| Gender               | MALE                      |
| Mobile Number        | (LOCAL) +65-94284369      |
| Fax Number           |                           |
| Contact Number       | OFFICE-94284369           |
| Email Address        | NOEMAIL                   |

|   |  |
|---|--|
| Address   | BLK 544 BEDOK NORTH STREET 3<br>#02-1324 |
| Postcode  | 460544                                   |
| Was driver an employee of the Insured's Company     | NO                                       |
| If No, Relationship of the Driver with the Insured  | FRIEND                                   |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                              |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                              |

#### 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 (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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | BUKIT MERAH WEST NPC  |
| Police Station Address                    | <b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 ,<br><b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181206/2115.

#### 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 | SHB4633S |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| Name of Driver              |          |
| NRIC/Passport Number        |          |
| Contact Number              |          |
| Address                     |          |
| Postcode                    |          |
| Insurance Company Name      |          |

Nature Of Damage

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1                         |                           |
|---|---------------------------|
| Name  | MUHAMMAD HAIRIL BIN AMRIN |
| Approximate Age                                     |                           |
| Injuries Sustain                                    | BODY                      |
| Injured person in which vehicle?                    | FBD6003H                  |
| 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.
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.

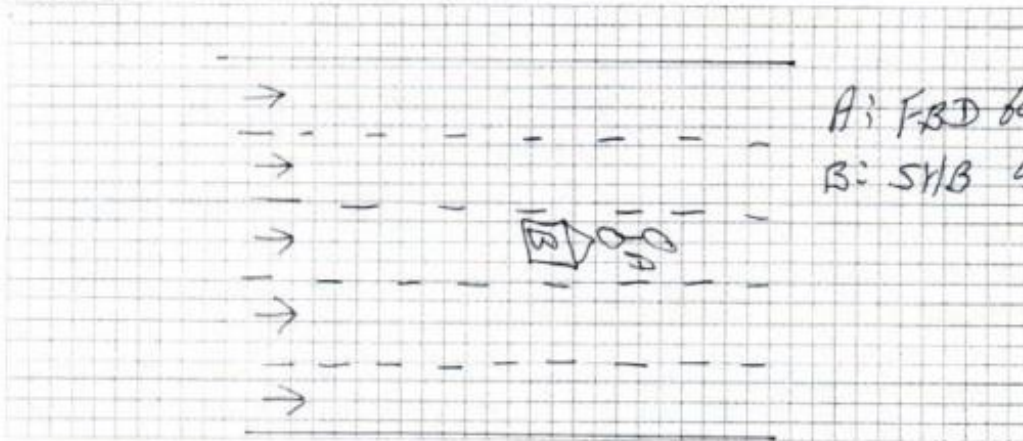
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report 1/2018/206/2115

### DECLARATION

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

Policyholder's Signature  
Date & Time:


Signature of Policyholder

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

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

Signature of Reporting Centre Personnel

# Police Report


**SINGAPORE POLICE FORCE**

P.O. Box 120, Singapore 110120  
 110120 Singapore  
 Tel: 65-6334 3111  
 Fax: 65-6334 3111

REPORT ON A TRAFFIC ACCIDENT  
 Date/Time Report Made: 02/12/2016 02:00  
 Date/Time of Accident: 02/12/2016 02:00

Name of Informant: MUHAMMAD NAJIB BIN AMIN  
 Address: APT 1516 KAA BEDOK NORTH STREET 3 #01-1524  
 SINGAPORE 450544  
 Contact No: 94284309  
 Mobile: 94284309  
 Email:

IC Type: NO NO  
 NRIC NO: 981024940  
 Nationality: SINGAPORE CITIZEN  
 Sex: Male  
 Age: 37  
 Date of Birth: 26/07/1981  
 Type of Informant: Rider  
 Language: English  
 Institution / School Name:

Occupation: TECHNICAL OFFICER  
 Driving License Information: Class: 20/2A  
 Date of Expiry:

| General Information of the Accident       |                               |                        |                  |
|---|-------------------------------|------------------------|------------------|
| Type of Accident:                         | Involvement:                  | Conveyed By Ambulance: | Drive No:        |
|   |                               |                        | 02/12/2016 02:00 |
| Location Along Road 1: SELETAR EXPRESSWAY |                               |                        |                  |
| SELETAR EXPRESSWAY TOWARDS LENTOR AVENUE  |                               |                        |                  |
| Lamp Post Number: 190                     |                               |                        |                  |
| Weather:                                  | Road Surface:                 | Road Speed Limit:      |                  |
| Clear                                     | Dry                           |                        |                  |
| Traffic Flow:                             | Traffic Control:              | Traffic Volume:        |                  |
| One Way                                   | Not Controlled                | Light                  |                  |
| Type of Collision:                        | Anyone conveyed by ambulance: |                        |                  |
| Between Moving Vehicles - Head To Rear    | No                            |                        |                  |

| Details of Vehicle Involved |            |         |           |        |                   |
|-----------------------------|------------|---------|-----------|--------|-------------------|
| Plate No.                   | Type       | Make    | Model     | Color  | Condition         |
| PB06003H                    | Motorcycle | SUZUKI  | DRZ400SMK | Black  | Seriously Damaged |
| GHB4633S                    | Car        | HYUNDAI |           | Yellow | Seriously Damaged |

| Details of Person Involved  |     |
|-----------------------------|-----|
| Any Pedestrian Involved:    | No  |
| No. of Pedestrians Injured: | Nil |
| Use of Pedestrian Crossing: | NA  |



## Police Report



SINGAPORE  
POLICE FORCE



Police Station Of Origin:  
Bukit Merah West N.P.C.  
500 Bukit Merah View #01-01 SINGAPORE  
110002  
Tel No: 1800-3779999

CONTINUATION OF REPORT

|  |  |   |  |
|--|--|---|--|
| Name: MUHAMMAD HAIRIL BIN AMRIN          |  |   |  |
| Related Vehicle: FBD6003H (Motorcycle)   |  | ID No: 00102494G  |  |
| Hospital/Clinic: KHOO TECK PUAT HOSPITAL |  | Contact No: 94264369  |  |
|  |  | Class of Driving Licence & Expiry Date: Class 2B, 2A<br>Date of Expiry: Nil |  |
| Date Treatment: 02/12/2018               |  | Date Discharge: 05/12/2018  |  |
| No. of Days granted Medical Leave: 60    |  | Degree of Injury: Serious   |  |

### Brief Details:

On 02/12/2018, at about 0300hrs, I was traveling along Seletar Expressway towards Lentor Ave near UP188 when I met with an accident. I was riding my motorcycle bearing FBD6003H along Lane 2 when I was hit from the rear by a Yellow Hyundai Citycab bearing car plate SH645335. Both vehicles were seriously damaged. The driver did not stop to exchange particulars at that time. The driver also did not attend to me after the accident. Subsequently, I was conveyed by Ambulance to Khoo Teck Puat Hospital where I was treated on 02/12/2018 and discharged on 05/12/2018. I also received a 60 days Medical Certificate from 02/12/2018 to 30/01/2019 from Khoo Teck Puat Hospital. I suffered a fracture to my lumbar spine and tore my right shoulder tendon. I sustained abrasions from my right side, ankle, hip, back and both hands. I also suffered from a crack to one of my bottom teeth.

# Police Report

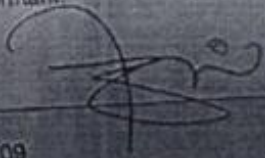
**SINGAPORE POLICE FORCE**

Police Station Of Origin  
Police Station: West N P.C.  
100 Bukit Merah Lane #01-01 SINGAPORE  
150082  
Tel No: 1800 3779888

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:<br>D/<br>Sgt 2 NG SAY-JUEN NEIL | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable                                | Date/Time:<br>06/12/2018 18:09   |
| Officer In Charge Of Case:<br>TP / GIT /<br>Staff Sgt M /<br>Contact No:   | Classification Of Case:  |

Authentication:  
107/18



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo

