SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	30/01/2019 10:03
Date Of Accident	29/01/2019 09:00
Exact Location Of Accident	TPE TWDS CHANGI
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM9374U
Insured/Policyholder	
Name Of Registered Owner	AZIZ BIN NORMAN
NRIC No	S8621982D
Email Address	AZIZNORMAN13@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82335883
Alternative Phone No	OTHERS-82335883
Vehicle Particulars	
Manufacturer	HONDA
Model	CB190X
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	
Cover Note Number	60801850
Driver	
Drivei	
Name of Driver	AZIZ BIN NORMAN
	AZIZ BIN NORMAN S8621982D
Name of Driver	
Name of Driver NRIC No	S8621982D
Name of Driver NRIC No Date Of Birth	S8621982D 13/08/1986
Name of Driver NRIC No Date Of Birth Occupation	S8621982D 13/08/1986 INDOOR
Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass	S8621982D 13/08/1986 INDOOR 22/09/2005
Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience	S8621982D 13/08/1986 INDOOR 22/09/2005 13 YEARS AND 4 MONTHS
Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender	\$8621982D 13/08/1986 INDOOR 22/09/2005 13 YEARS AND 4 MONTHS MALE

AZIZNORMAN13@GMAIL.COM

Address BLK 404B FERNVALE LANE

#03-133

Postcode 792404

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : ASMAUL HUSNA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name GEYLANG N.P.C

Police Station Address ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: - **FAX NO**:

Was notice of intended Prosecution given?

NO

YES

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190129/2131

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 JTR4835

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

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Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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:

Time: 26 11115

Driver's Signature (If driver is not the policyholder) Reputing Centre Personnel's Signature
Name:

NRIC/FIN No -

Accident Sketch Plan

	TPE GWDS CHANGI HOSPITA
	- 10 00 0 0 0 4-
FBM93740 _	
JTE 4835 _	
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT
00.04.3197.04.10.97.07	
PLS REFER TO THE PO	LICE REPORT:T/20190129/2131
DECLARATION I/We declare the foregoing particulars a	are true in every respect.
DECLARATION I/We declare the foregoing particulars a	are true in every respect. Figure 30 los le



Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 T/20190129/2131

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Report No T/20190129/2131

CONTINUATION OF REPORT

No. of Pedestrians Injured: NIL Rider		Use of Pedestrian Crossing: NA		
Vame	AZIZ BIN NORMAN		ID No.	S8621982D
Related Vehicle	NIL		Contact No.	82335883
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL

Brief Details.

On 29/01/2019 at about 9am, I was riding my motorcycle FBM9374U at Lane 1 of TPE with heavy traffic condition. There is foreign motorcycle JTR4835 was riding behind me. As the vehicles in front of me came to an halt, my motorcycle came to a stop. Subsequently my motorcycle moved forward as another vehicle had hit the back of my motorcycle. I turned behind and saw the right side mirror of JTE4835 dangling. I then tried to stop the Malaysian bike but the foreign motorcycle rider rode away. I also gave chase for a short distance and managed to stop the Malaysian bike. Both of us slowly made our way to the shoulder of TPE near Lamppost 291. After that I saw a Police car driving passed and waved to officers to get assistance. No one is injured. Traffic police came after that to take my statement.

POCOPHONE SHOT ON POCOPHONE F1









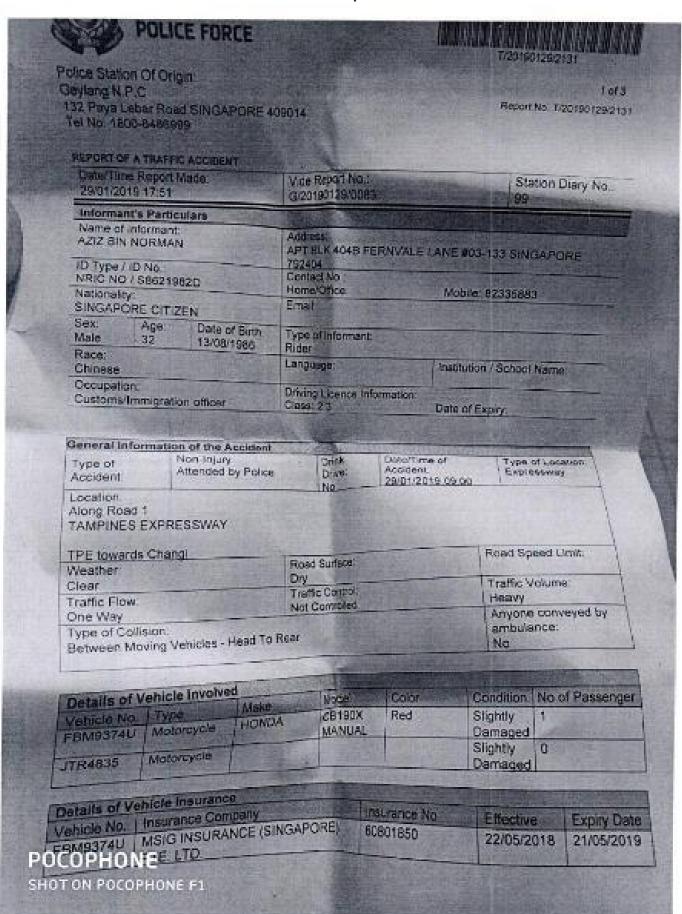


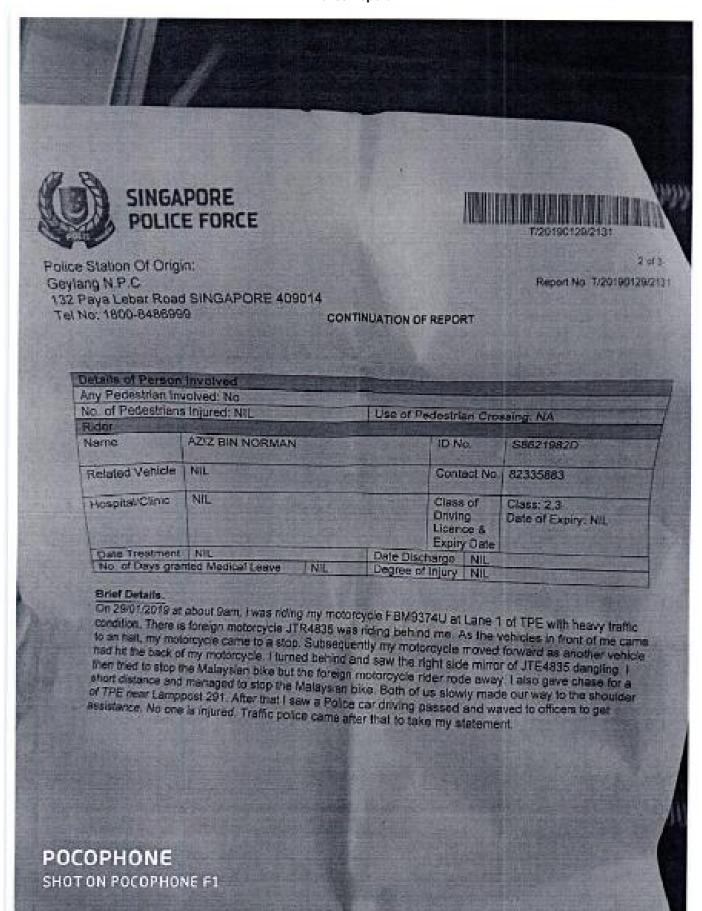




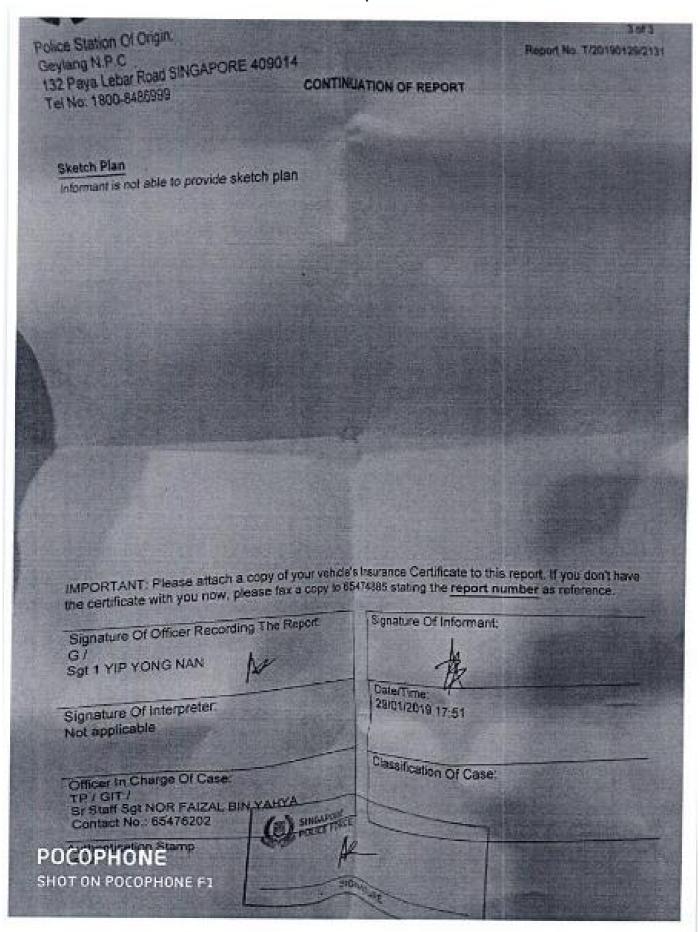


Police Report

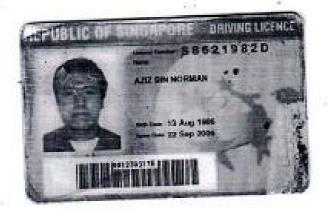


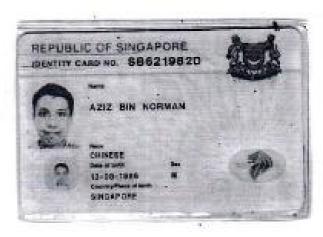


Police Report



Identification Card









ASMALL HUSKIA