

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	28/12/2018 13:43
Date Of Accident	09/12/2018 18:45
Exact Location Of Accident	ALONG HARBOUR DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FN6130Z
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	MUHAMMAD ZULFADHLI BIN ZULKAFLY
NRIC No	S8700890H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88087846
Alternative Phone No	OFFICE-88087846

Vehicle Particulars

Manufacturer	HONDA
Model	CB 400 SPEC 3
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/18-379226-CA
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FIRDAUS BIN AZ'MI
NRIC No	S9430369I
Date Of Birth	29/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88087846
Fax Number	
Contact Number	OFFICE-88087846
Email Address	KIYOSHISERIZAWA@HOTMAIL.SG

Address	BLK 840 JURONG WEST STREET 81 #03-109
Postcode	640840
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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

Circumstances of Accident

REFER ATTACHED

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	SJZ5876B
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	LOW JIA JUN
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 FIRDAUS BIN AZ'MI
Approximate Age	24
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FN6130Z
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 840 JURONG WEST STREET 81 #03-109
Postcode	640840

Sketch Plan

SKETCH PLAN

(A) FN 61302
(B) SJZ58761

The diagram shows a road layout on graph paper. At the top, a vertical road has two arrows pointing upwards. To its left, a horizontal road has two arrows pointing to the right. Below these, a horizontal road has two arrows pointing to the right, with a vehicle labeled 'A' and a vehicle labeled 'B' positioned on it. To the right of this road, there is a vertical road with two arrows pointing to the right. At the bottom right, the text 'Harbour Drive' is written.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

T/20181213/7012

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.: _____

Sketch Plan #2

SKETCH PLAN

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. 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.:

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181213/7012

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

1 of 3

Report No. T/20181213/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2018 22:00		Vide Report No.: D/20181209/0118		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD FIRDAUS BIN AZ'MI			Address: APT BLK 840 JURONG WEST STREET 81 #03-109 SINGAPORE 640840		
ID Type / ID No.: NRIC NO / S9430369I			Contact No.: Home/Office: Mobile: 88087846		
Nationality: SINGAPORE CITIZEN			Email: kiyoshiserizawa@hotmail.sg		
Sex: Male	Age: 24	Date of Birth: 29/08/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Trailer-truck driver			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/12/2018 18:50	Type of Location: Straight Road
Location: HARBOUR DRIVE				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Head to car driver door			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FN6130Z	Motorcycle					0
SJZ5876B	Car					0

Details of Person Involved

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

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181213/7012

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

2 of 3

Report No. T/20181213/7012

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD FIRDAUS BIN AZ'MI	ID No.	S9430369I
Related Vehicle	FN6130Z (Motorcycle)	Contact No.	88087846
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	09/12/2018	Date Discharge	13/12/2018
No. of Days granted Medical Leave	12	Degree of Injury	Serious
Driver			
Name	Low Jia Jun	ID No.	NIL
Related Vehicle	SJZ5876B (Car)	Contact No.	98225023
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 9th of December, I was riding my motorcycle (FN6130Z) along harbour drive when i realised one saloon Car (SJZ5876B) front of me swerved to the left i was riding with a safe distance and speed due to left lane & subsequently made a right turn in the middle of the lane w/o giving any signal. Due to the sudden changed lane, I had applied my emergency brakes however to no avail. I was unable to avoid and react as there was incoming and parked vehicle from the left lane as well. Thus, my front portion had collided onto the vehicle driver's door. Due to the impact, i fell n injured myself. At the moment when i was down, a few people help me out to the shelter as i cannot get back up on my feet. The driver also admitted he was at fault for his actions and declared that he did not see his back view and blindspot as well. I was then conveyed to NUH.

Here i would like to state that due to the accident, i suffered abrasion on my legs and hands and deep cut on my left knee. I was hospitalized and given hospitalization leaves until 20th of December. My motorcycle unable to move at all. During the accident it was raining heavily and the road was wet..

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181213/7012

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

3 of 3

Report No. T/20181213/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
13/12/2018 22:00

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

