

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	13/02/2019 16:15
Date Of Accident	29/01/2019 12:00
Exact Location Of Accident	ADMIRALTY ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR3435T
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Insured/Policyholder

Name Of Registered Owner	JASER ABDILLAH BIN JOHAN
NRIC No	S9609471Z
Email Address	JASERABDILLAH09@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91764537
Alternative Phone No	OTHERS-91764537

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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	MSD/VMS/19-997670-WTT
Cover Note Number	

Driver

Name of Driver	JASER ABDILLAH BIN JOHAN
NRIC No	S9609471Z
Date Of Birth	21/03/1996
Occupation	INDOOR
Date Of Driving Pass	12/02/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91764537
Fax Number	
Contact Number	OTHERS-91764537
Email Address	JASERABDILLAH09@GMAIL.COM

Address	BLK 226 YISHUN ST 21 #01-527
Postcode	760226
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	COLLIDED INTO PROPERTY
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190130/2075

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	XD8895B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JAMBULINGAM SENTHILKUMAR
NRIC/Passport Number	G6706398N
Contact Number	93553579
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	JASER ABDILLAH BIN JOHAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FR3435T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

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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: 13 Feb 2019

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


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

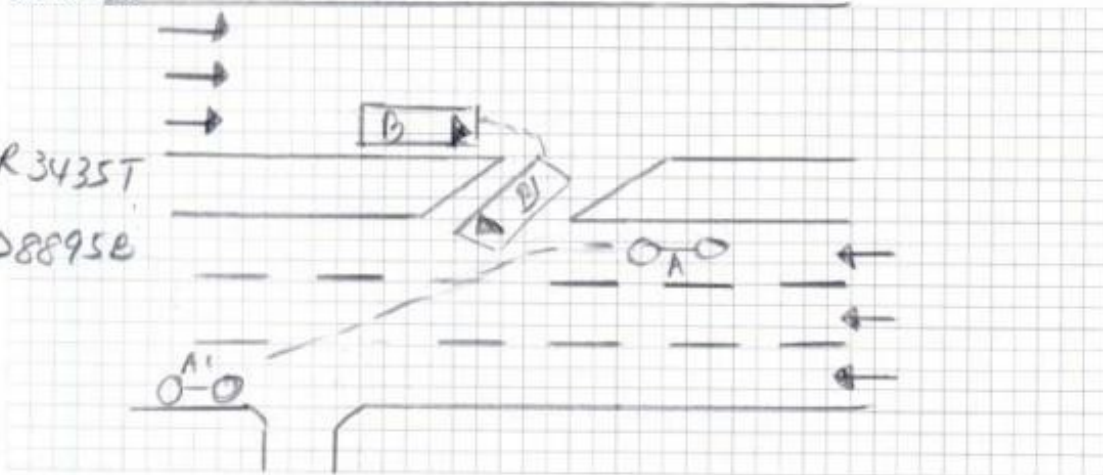
Accident Sketch Plan

SKETCH PLAN

ADMIRALTY RD EAST

A - FR3435T

B - XD8895E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20190130/2075

DECLARATION

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

Policyholder's Signature

Date & Time: 13 Feb 2019

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190130/2075

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190130/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JASER ABDILLAH BIN JOHAN	ID No.	S9609471Z
Related Vehicle	FR3435T	Contact No.	91764537
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/01/2019	Date Discharge	29/01/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

I was involved in an accident Ref L/20190129/0084.

On the 29/01/2019 at about 1200hrs, I was riding my motorcycle FR3435T along Admiralty Road East on the 1st lane. On my left was an HonestBee Van. As I was going uphill, there was a trailer XD8895B that was on the opposite lane made an illegal U-turn and he blocked 2 lanes. As such I changed lane and managed to avoid the trailer, however there was a kerb in front of me. I was unable to avoid the kerb and I collided with the kerb. I lost control of my motorcycle and I fell to my right.

The HonestBee driver came and assisted me. There were also passersby who called for ambulance and both TP and Ambulance came down shortly later. As the accident took place outside my workplace, I called my friend, Mulyani, 81219846, to assist me. My friend managed to obtain the particulars of the driver of XD8895B. The driver is Jambulingam Senthilkumar, G6706398N, 93553679.

I was later conveyed to hospital and discharged on the same day. I was given 7 days of MC due to the accident and I suffered abrasions and friction burns at multiple areas.

I wish to state that I do not have a camera mounted on my helmet. That is all.

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20190130/0075

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 758627
Tel No: 1800-8529999

1 of 3
Report No: T/20190130/0075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2019 12:54		Vide Report No.:		Station Diary No.: 49	
Informant's Particulars					
Name of Informant: JASER ABDILLAH BIN JOHAN			Address: APT BLK 228 YISHUN STREET 21 #01-527 SINGAPORE 780228		
ID Type / ID No.: NRIC NO / S96094712			Contact No.: Home/Office:		Mobile: 91784537
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 21/03/1996	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: GYM ATTENDANT			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/01/2019 12:00	Type of Location: Straight Road
Location: Along Road 1 ADMIRALTY ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Collided with a kerb			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
FR3435T		YAMAHA	SNIPER T150	Black		0
XD8895B						0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FR3435T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	#0838310	09/01/2019	09/01/2020

Police Report



SINGAPORE
POLICE FORCE



T/20190130/2075

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8526999

3 of 3

Report No. T/20190130/2075

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:

L/

Sgt 2 KEITH GARRET ILETO LIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/01/2019 12:54

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 85476202

Classification Of Case:

Authentication Stamp

NP150

Police Report



**SINGAPORE
POLICE FORCE**



T/20190130/2075

2 of 3

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Yishun North N.P.C
31 Yishun Central SINGAPORE 768627
Tel No: 1800-8529999

Report No. T/20190130/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
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Related Vehicle	FR3435T	Contact No.	91764537
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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