

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	14/02/2019 16:20
Date Of Accident	09/02/2019 18:30
Exact Location Of Accident	BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV4730M
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD SYHAZAN BIN ALIAS
NRIC No	S9836026C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97709791
Alternative Phone No	OTHERS-97709791
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KRR 150
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/18-388036-CA
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD SYHAZAN BIN ALIAS
NRIC No	S9836026C
Date Of Birth	03/11/1998
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97709791
Fax Number	
Contact Number	OTHERS-97709791
Email Address	NOEMAIL

MV 61C
LTA 925.00
HL 5K.

Address BLK 337A TAH CHING ROAD
#07-39
Postcode 611337
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 - U-TURN
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: : NADIA INSYIRAH BINTE ABDUL RAZAK
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX
BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT

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 Witness 1

Name MR RAHMAN
Phone Number 83332552
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA4349T
Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category	TAXI
Name of Driver	WANG HENG TONG
NRIC/Passport Number	S0142430J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD SYHAZAN BIN ALIAS
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FV4730M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NADIA INSYIRAH BINTE ABDUL RAZAK
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FV4730M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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7. By the lodging 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:

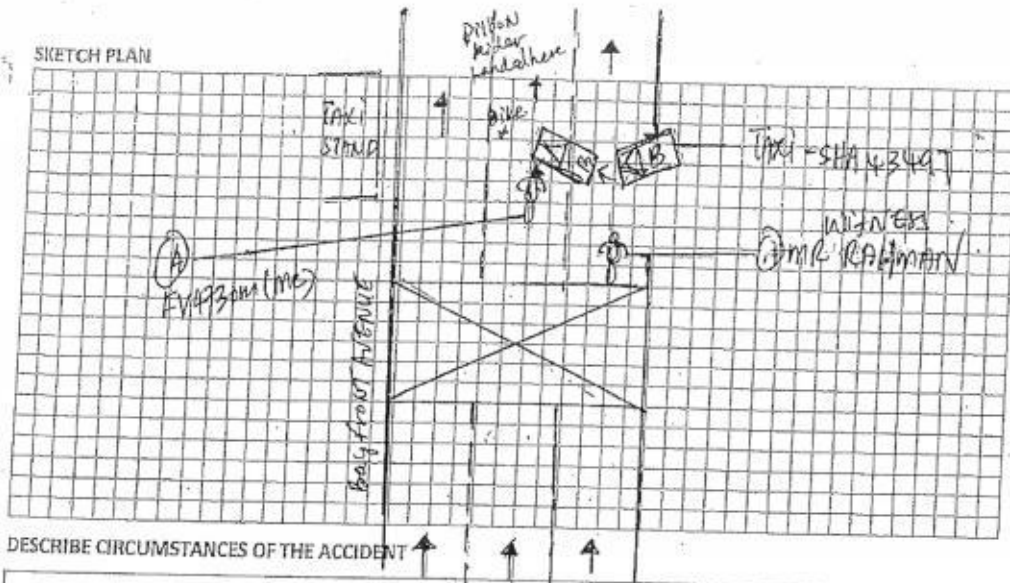
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.: _____

Sketch Plan #2 Pg. 1




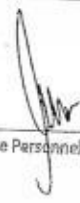
Refers police Report.

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.:



SINGAPORE POLICE FORCE



T/20190211/2088

1 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190211/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2019 14:25		Vide Report No.:		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: MOHAMMAD SYHAZAN BIN ALIAS			Address: APT BLK 337A TAH CHING ROAD #07-39 SINGAPORE 611337		
ID Type / ID No.: NRIC NO / S9836026C			Contact No.: Home/Office: Mobile: 97709791		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 03/11/1998	Type of Informant: Rider		
Race: Malay		Language:		Institution / School Name:	
Occupation: PART TIME DELIVEROO		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: 09/02/2019 18:30	Type of Location: U Turn
Location: Along Road 1 BAYFRONT AVENUE towards Marina Square				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV4730M	Motorcycle	KAWASAKI	KRR-ZX150	Silver		1
SHA4349T	Taxi					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV4730M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18388036	07/09/2018	06/09/2019



**SINGAPORE
POLICE FORCE**



T/20190211/2088

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Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190211/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	NADIA INSYIRAH BINTE ABDUL RAZAK	ID No.	S9616882I
Related Vehicle	FV4730M (Motorcycle)	Contact No.	93759217
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	MOHAMMAD SYHAZAN BIN ALIAS	ID No.	S9836026C
Related Vehicle	FV4730M (Motorcycle)	Contact No.	97709791
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2019	Date Discharge	11/02/2019
No. of Days granted Medical Leave	17	Degree of Injury	NIL
Driver			
Name	WANG HENG TONG	ID No.	S0142430J
Related Vehicle	SHA4349T (Taxi)	Contact No.	NIL
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 09/02/19 at 1830hrs while I was riding along the 2nd lane of Bayfront Ave. As I was about to pass by the Marina Bay Sands Casino stand taxi, I notice a taxi from the opposite direction. He then made a U-turn at the U-turn junction however he stop his vehicle. I did not manage to react in time and my front portion of the motorcycle collided onto the front left side of the taxi. Both me and my pillion was convey to SGH for treatment. My motorcycle front portion was damage and can not be riden.



**SINGAPORE
POLICE FORCE**



T/20190211/2088

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Report No. T/20190211/2088

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190211/2088

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Police Station Of Origin:

Bukit Merah East N.P.C

A 391 New Bridge Road Police Cantonment

Complex SINGAPORE 088762

Tel No: 1800-2369999


Report No. T/20190211/2088

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: A / Staff Sgt MUHAMMAD IBRAHIM BIN SAMSURI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2019 14:25
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
Authentication Stamp NP168	