

MVA119016002 / VAC - Bukit Batok
 ENTRY DATE & TIME: 02/02/2019 15:06
 SUBMITTED BY: SUSAN SEAH SOH ENG

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 02/02/2019 15:26

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	02/02/2019 15:06
Date Of Accident	26/01/2019 13:00
Exact Location Of Accident	ALIWAL STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE7162U
Insured/Policyholder	
Name Of Registered Owner	NSAIL BIN MOODOO AHAMAD
NRIC No	S1331602C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93921433
Alternative Phone No	OFFICE-93921433

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRR ZX150 M-149CC (M)

Exact Purpose for which vehicle was being used at time of accident

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/19-394507-CA
Cover Note Number	

Driver

Name of Driver	NSAIL BIN MOODOO AHAMAD
NRIC No	S1331602C
Date Of Birth	14/04/1958
Occupation	INDOOR
Date Of Driving Pass	22/07/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93921433
Fax Number	
Contact Number	OFFICE-93921433
E-Mail Address	NOEMAIL

Address 62 TEBAN GARDENS ROAD
#03-627
Postcode S600062
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 SIDE SWIPE
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? 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 CLEMENTI N.P.C
Police Station Address ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA8824L
Vehicle Make/Model/Colour TAXI
Details Of Properties
Vehicle Category TAXI
Name of Driver CHUA CHONG BEE
NRIC/Passport Number S0186032A
Contact Number 93550088
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NASIL BIN MOODOO AHAMAD
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	FBE7162U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

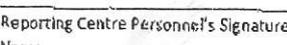
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

IDAC BUKIT BAYOK (IAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3342 Fax: 6569 0722
Email: vacbh@singnet.com.sg

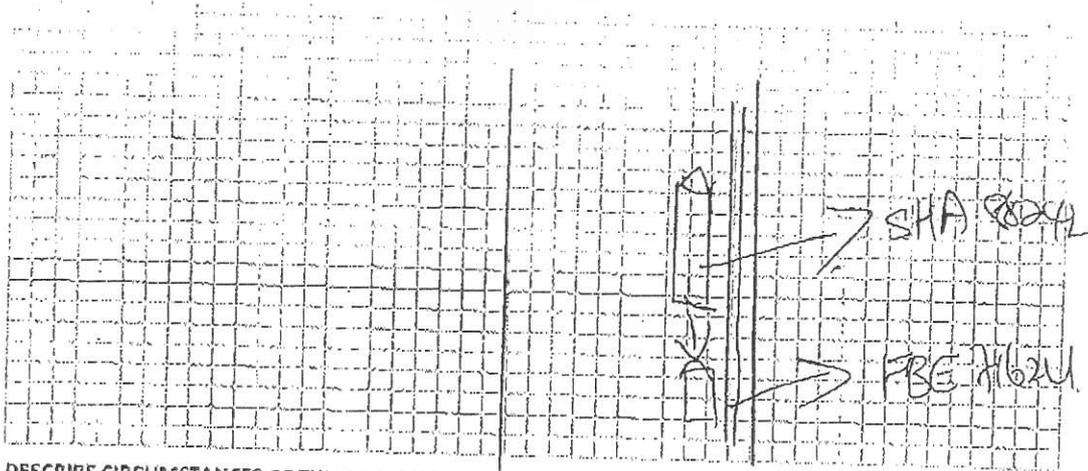
- 2 FEB 2019


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for writing. A diagonal line is drawn across the area from the bottom-left to the top-right. The word 'None' is written in the center of the area, with a signature over it.

DECLARATION

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

- 2 FEB 2019

IDAC BUKIT BATOK (P) LTD
 511 Bukit Batok Street 23
 Singapore 659546
 Tel: 6560 3312 Fax: 6560 0000
 Email: yach@idac.com.sg

[Signature]
 Policyholder's Signature
 Date & Time:

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

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


**SINGAPORE
POLICE FORCE**


T/20190127/2010

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20190127/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2019 04:12		Vide Report No.:		Station Diary No.: 33
Informant's Particulars				
Name of Informant: NASIL BIN MOODOO AHAMAD		Address: APT BLK 62 TEBAN GARDENS ROAD #03-627 SINGAPORE 600062		
ID Type / ID No.: NRIC NO / S1331602C		Contact No.: Home/Office: Mobile: 93921433		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 14/04/1958	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: UNEMPLOYED		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2019 13:00	Type of Location: Straight Road
Location: Along Road 1 ALI WAL STREET				
Towards Beach Road, near Alsagoff Arab School				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7162U	Motorcycle	KAWASAKI	KRR ZX150 M	Blue	Seriously Damaged	0
SHA8824L	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBE7162U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19394507	27/01/2019	26/01/2020



**SINGAPORE
POLICE FORCE**



T/20190127/2010

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190127/2010

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	NASIL BIN MOODOO AHAMAD	ID No.	S1331602C
Related Vehicle	FBE7162U (Motorcycle)	Contact No.	93921433
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/01/2019	Date Discharge	27/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name	Chua Chong Bee	ID No.	S0186032A
Related Vehicle	SHA8824L (Car)	Contact No.	93550088
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 26/01/19, at about 1300hrs, I was on my bike, riding along Aliwal Street, near the Alsagoff Arab school, when I saw one taxi reversing ahead of me, at the parking lot along the side of the road. Hence, I stopped my bike and I waited for him to reverse. However, the taxi driver in front, kept reversing and eventually collided into my bike, causing my bike to fall over, towards the right. I tried to get out of the way, resulting in an minor injury to my left leg as I fell trying to get out of the way. The taxi driver, upon realizing that he had collided into my bike, got down from the taxi. Passers-by helped me to stand up. No ambulance was called as only minor injuries involved. The taxi driver gave me his particulars and I took them down along with his vehicle registration no. SHA 8824L. However, later on in the evening, I went to NUH as the pain in my left leg was too much and I wanted to see a doctor to get help. The doctor gave me 5 days MC from 28/01/19 to 01/02/19. There were damages to the right-side and front part of the fairing, front wind screen and the front part of the body of my bike and my left side mirror.



SINGAPORE POLICE FORCE



T/20190127/2010

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190127/2010

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: D/ Insp MENAKAH D/O THIAGARAS
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076

Authentication Stamp
NP168

Signature Of Informant: <i>Meli</i>
Date/Time: 27/01/2019 04:12
Classification Of Case:
 SINGAPORE POLICE FORCE SN 37
SIGNATURE