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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 truthful and accurate 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 Bened	
Date Of Report	04/03/2019 16:19
Date Of Accident	02/03/2019 18:00
Exact Location Of Accident	RANGOON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FU4397Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD AMIRUL FARHAN B MUHAMAD EERWAN
NRIC No	S9429041D
Email Address	M_AMIRUL_F@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93418767
Alternative Phone No	OTHERS-93418767
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	
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/18-995381-WTT
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD AMIRUL FARHAN B MUHAMAD EERWAN
NRIC No	S9429041D
Date Of Birth	21/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93418767
Fax Number	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contact Number	OTHERS-93418767
EMail Address	AL ANDRON CONTRACTOR OF THE CO

M AMIRUL F@HOTMAIL.COM

Address

BLK 467B FERNVALE LINK

#25-529

Postcode

792467

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)

NO

soliciting/offering accident claims assistance. 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

SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190303/2093

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 Vehicle Make/Model/Colour

SKU6498S

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Name MOHAMMAD AMIRUL FARHAN B MUHAMAD EERWAN Approximate Age Injuries Sustain SLIGHT Injured person in which vehicle? FU4397Y Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Pelsonnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 .:





1 of 3

Report No. T/20190303/2093

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT C	F A TRAFFIC	ACCIDENT	West of the second of the seco		
	ne Report M 119 18:34	lade:	Vide Report No.:	Station Diary No. 97	
Informa	nt's Particu	ilars			
MUHAM	Informant: MAD AMIR AD EERWA	UL FARHAN BIN	Address: APT BLK 467B FERNV 792467	ALE LINK #25-529 SINGAPORE	
ID Type	/ ID No.: D / S942904		Contact No.: Home/Office: Mobile: 93418767		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 21/08/1994	Type of Informant: Rider		
Race: Malay		Language:	Institution / School Name:		
Occupation: DELIVEROO RIDER		Driving Licence Information: Class: 2B Date of Expiry:			

Type of Accident:	Non-Injury Conveyed	Non-Injury Conveyed By Ambulance		Date/Time of Accident: 02/03/2019 18:0	Type of Location Straight Road
Location: Along Road 1 RANGOON F	ROAD				
Weather: Road Clear Dry		Surface:		Road Speed Limit:	
Traffic Flow: Two Way		1 10 2 10 2 10 1 1	c Control: ontrolled		Traffic Volume: Light
Type of Collis Between Mov	sion: ving Vehicles - H	lead On			Anyone conveyed by ambulance: No

AND RESIDENCE OF THE PARTY.	ehicle Involve			Color	Condition	No of Dayson and
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FU4397Y	Motorcycle	KAWASAKI	KRR-ZX150	Green	Slightly Damaged	0

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU4397Y	MSIG INSURANCE (SINGAPORE)	MSDTMT18995381	05/10/2018	04/10/2019





2 of 3

Report No. T/20190303/2093

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Person Any Pedestrian I						
No. of Pedestrian			Use of P	edestria	n Cross	ring: NA
Rider			000 011	Cucstria	11 01053	siriy. NA
Name	MUHAMMAD AMIRUL FARHAN BIN MUHAMAD EERWAN		ID No),	S9429041D	
Related Vehicle	FU4397Y (Motorcycle)		Conta	act No.	93418767	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licen	g	Class: 2B Date of Expiry: NIL	
Date Treatment	02/03/2019	- Company var. Castlera	Date Disc	The second second	02/03	/2010
No. of Days gran	ted Medical Leave	02	Degree o		Slight	

Brief Details.

I am Muhammad Amirul Farhan Bin Muhamad Eerwan, NRIC S9429041D, DOB 21/08/1994 residing at Block 467B Fernvale Link #25-529 Singapore 792467.

On 02/03/2019 at about 1730hrs, I was riding my motorcycle bearing the registration number FU4397Y along Rangoon Road. I wish to inform that the said road was a 2-way road. I wish to inform that whilst riding along the said road, there is a silver colored car travelling in front of my motorcycle. I wish to inform that at that point of time, I was doing about 40km/h to 50km/h along the said road.

Whilst riding, I saw the said car in front of mine slowed down. I also slowed down when out of a sudden, the said car abruptly made an illegal U-turn along the said road and he did not even use a signal light to indicate his intentions to turn. As a result of the abrupt turn, I did not manage to stop in time and collided into the rear right passenger door of his vehicle. As a result, I fell from my motorcycle and landed on the left side of my body. As I was in shocked, I managed to get up and went to the side of the road. I wish to inform that the driver stopped his vehicle and stayed throughout until I was conveyed by the ambulance.

Traffic police came to the scene and I was conveyed to Tan Tock Seng Hospital by ambulance. I wish to inform that I was given 2 days MC by the doctor there and the left side of my body has bruises due to the fall and I still feel pain on the left side of my hips. I have yet to know the cost of the damages to my motorcycle as of now. That is all.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

3 of 3 Report No. T/20190303/2093

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: F /	Signature Of Informant:
Sgt 3 MOHAMMED RAMDHAN BIN ROSELAN PANE	My.
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2019 18:34
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp	

Bulcit Merali Feported on 413/2019

COLORISTATEMENT

LOCATION:	R	twood r	Off		4 .
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b)INSURANCE	CE COMPANY:_	1 4 1011 1			
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b) NRIC/FIN/F				T:	
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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9429041D



MUHAMMAD AMIRUL FARHAN BIN MUHAMAD EERWAN

MALAY

21-08-1994

SINGAPORE

EPUBLIC OF SINGAPORE DRIVING LICENCE

S9429041D

MUHAMMAD AMIRUL FARHAN BIN MUHAMAD EERWAN

D. in Date: 21 Aug 1994 Issue Date 06 Sep 2018

00284304851

5273594



Date of rance 10-02-2014

APT BLK 467B FERNVALE LINK #25-529 SINGAPORE 792487

NRIC No: \$94290410

Date: 22/03/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 28 Motorcycles =< 200 cc

06 Sep 2018

NP 428A

Licence No:S9429041 DI 14

