

## 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             | 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           |   |
| Contact Number       | OTHERS-93418767                         |
| Email Address        | M_AMIRUL_F@HOTMAIL.COM                  |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 467B FERNVALE LINK<br>#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) 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                       | SENGKANG NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>  |
| 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 | SKU6498S    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |

Nature Of Damage

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1                         |   |
|---|---|
| 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? | YES                                     |
| Address   |   |
| Postcode  |   |

## Sketch Plan


### 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**.
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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.

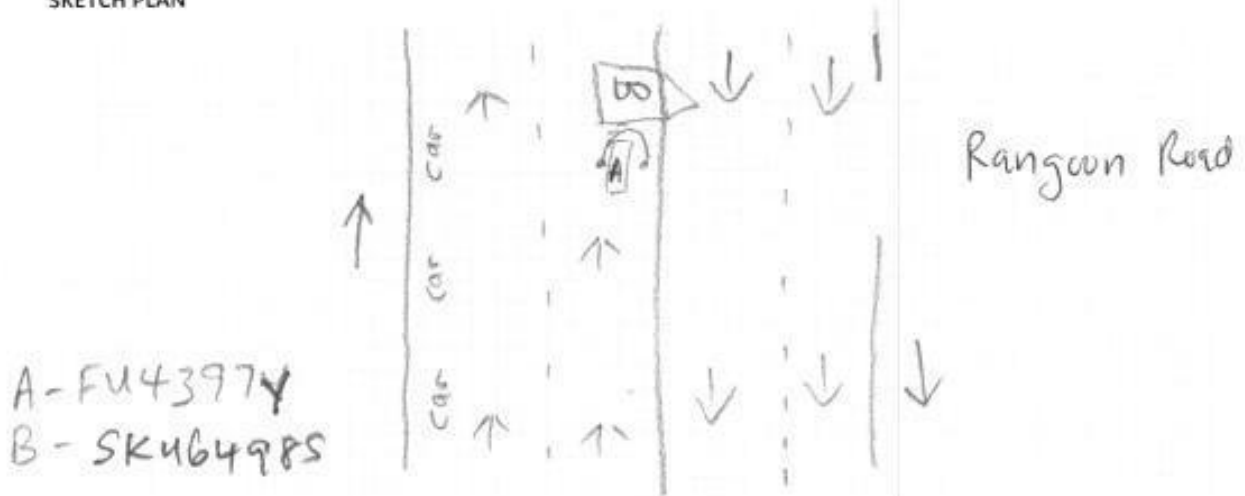
  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20190303/2093

## 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 #3



**SINGAPORE  
POLICE FORCE**



T/20190303/2093

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

2 of 3

Report No: T/20190303/2093

#### CONTINUATION OF REPORT

|                                   |   |  |                                  |
|-----------------------------------|---|--|----------------------------------|
| <b>Details of Person Involved</b> |   |  |                                  |
| Any Pedestrian Involved: No       |   |  |                                  |
| No. of Pedestrians Injured: NIL   |   | Use of Pedestrian Crossing: NA         |                                  |
| <b>Rider</b>                      |   |  |                                  |
| Name                              | MUHAMMAD AMIRUL FARHAN BIN MUHAMAD EERWAN | ID No.                                 | S9429041D                        |
| Related Vehicle                   | FU4397Y (Motorcycle)                      | Contact No.                            | 93418767                         |
| Hospital/Clinic                   | TAN TOCK SENG HOSPITAL                    | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: NIL |
| Date Treatment                    | 02/03/2019                                | Date Discharge                         | 02/03/2019                       |
| No. of Days granted Medical Leave | 02  | Degree of Injury                       | Slight                           |

#### **Brief Details.**

I am Muhammad Amirul Farhan Bin Muhamad Eerwan, NRIC S9429041D, DOB 21/08/1994 residing at Block 487B 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.

Sketch Plan #4

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9429041D



Name  
MUHAMMAD AMIRUL FARHAN BIN  
MUHAMAD EERWAN

Race  
MALAY

Date of birth  
21-08-1994

Country/Place of birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. S9429041D

MUHAMMAD AMIRUL FARHAN BIN  
MUHAMAD EERWAN

Grn Date: 21 Aug 1994

Ren Date: 06 Sep 2015

002843048D

5273594



NRIC No S9429041D

Date of issue  
10-02-2014

APT BLK 487B FERNVALE LINK #25-529  
SINGAPORE 792487

NRIC No: S9429041D Date: 22/03/2017


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

Class 28\*\* Motorcycles up to 200 cc

EXPIRATION DATE  
06 Sep 2016

NP 428A

License No: S9429041D



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/20190303/2093

1 of 3

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

Report No. T/20190303/2093

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>03/03/2019 18:34 | Vide Report No.: | Station Diary No.:<br>97 |
|--|------------------|--------------------------|

| Informant's Particulars  |            |  |                             |
|--|------------|--|-----------------------------|
| Name of Informant:<br>MUHAMMAD AMIRUL FARHAN BIN<br>MUHAMAD EERWAN |            | Address:<br>APT BLK 467B FERNVALE LINK #25-529 SINGAPORE<br>792467 |                             |
| ID Type / ID No.:<br>NRIC NO / S9429041D                           |            | Contact No.:<br>Home/Office: Mobile: 93418767                      |                             |
| Nationality:<br>SINGAPORE CITIZEN                                  |            | Email:   |                             |
| Sex:<br>Male   | Age:<br>24 | Date of Birth:<br>21/08/1994                                       | Type of Informant:<br>Rider |
| Race:<br>Malay   |            | Language:  | Institution / School Name:  |
| Occupation:<br>DELIVEROO RIDER                                     |            | Driving Licence Information:<br>Class: 2B Date of Expiry:          |                             |

| General Information of the Accident                     |                                     |                                    |   |                                    |
|---|-------------------------------------|------------------------------------|---|------------------------------------|
| Type of Accident:                                       | Non-Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>02/03/2019 18:00 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>RANGOON ROAD               |                                     |                                    |   |                                    |
| Two-Way lane  |                                     |                                    |   |                                    |
| Weather:<br>Clear                                       |                                     | Road Surface:<br>Dry               | Road Speed Limit:                             |                                    |
| Traffic Flow:<br>Two Way                                |                                     | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light                      |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head On |                                     |                                    | Anyone conveyed by<br>ambulance:<br>No        |                                    |

| Details of Vehicle Involved |            |          |           |       |                     |                 |
|-----------------------------|------------|----------|-----------|-------|---------------------|-----------------|
| Vehicle No.                 | Type       | Make     | Model     | Color | Condition           | No of Passenger |
| FU4397Y                     | Motorcycle | KAWASAKI | KRR-ZX150 | Green | Slightly<br>Damaged | 0               |

| Details of Vehicle Insurance |   |                |            |             |  |
|------------------------------|---|----------------|------------|-------------|--|
| Vehicle No.                  | Insurance Company                       | Insurance No   | Effective  | Expiry Date |  |
| FU4397Y                      | MSIG INSURANCE (SINGAPORE)<br>PTE. LTD. | MSDTMT18995381 | 05/10/2018 | 04/10/2019  |  |

## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20190303/2093

2 of 3

Report No. T/20190303/2093

### CONTINUATION OF REPORT

|                                   |   |  |                                  |
|-----------------------------------|---|--|----------------------------------|
| <b>Details of Person Involved</b> |   |  |                                  |
| Any Pedestrian Involved: No       |   |  |                                  |
| No. of Pedestrians Injured: NIL   |   | Use of Pedestrian Crossing: NA         |                                  |
| <b>Rider</b>                      |   |  |                                  |
| Name                              | MUHAMMAD AMIRUL FARHAN BIN MUHAMAD EERWAN | ID No.                                 | S9429041D                        |
| Related Vehicle                   | FU4397Y (Motorcycle)                      | Contact No.                            | 93418767                         |
| Hospital/Clinic                   | TAN TOCK SENG HOSPITAL                    | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: NIL |
| Date Treatment                    | 02/03/2019                                | Date Discharge                         | 02/03/2019                       |
| No. of Days granted Medical Leave | 02  | Degree of Injury                       | Slight                           |

### Brief Details.

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# Police Report



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POLICE FORCE**

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545025  
Tel No: 1800-343 8999



T/20190303/2093

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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:<br>F /<br>Sgt 3 MOHAMMED RAMDHAN BIN ROSELAN<br>PANE | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>03/03/2019 18:34 |
| Officer In Charge Of Case:<br>TP / GIT /  | Classification Of Case:        |
| Contact No.:  |                                |
| Authentication Stamp<br>NP158   |                                |