

## 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	05/03/2019 14:49
Date Of Accident	02/03/2019 13:20
Exact Location Of Accident	ALONG BENDEMEER RD TWDS JALAN BESAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7175X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MD ZANAL BIN A JABAR
NRIC No	S7300756I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85118709
Alternative Phone No	OFFICE-85118709

### Vehicle Particulars

Manufacturer	HONDA
Model	400X MANUAL
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/18-389291-CA
Cover Note Number	

### Driver

Name of Driver	MD ZANAL BIN A JABAR
NRIC No	S7300756I
Date Of Birth	13/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1992
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85118709
Fax Number	
Contact Number	OFFICE-85118709
Email Address	NOEMAIL

Address	BLK 943 HOUGANG STREET 92 #06-127
Postcode	530943
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 - CHANGE/CROSS LANE
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: : RAHIDAH BINTE ANGIN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190302/2157.

#### 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	SMH7626C
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEH WEE TIAN
NRIC/Passport Number	S2740082E
Contact Number	97662585

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MD ZANAL BIN A JABAR  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBL7175X  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name RAHIDAH BINTE ANGIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBL7175X  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

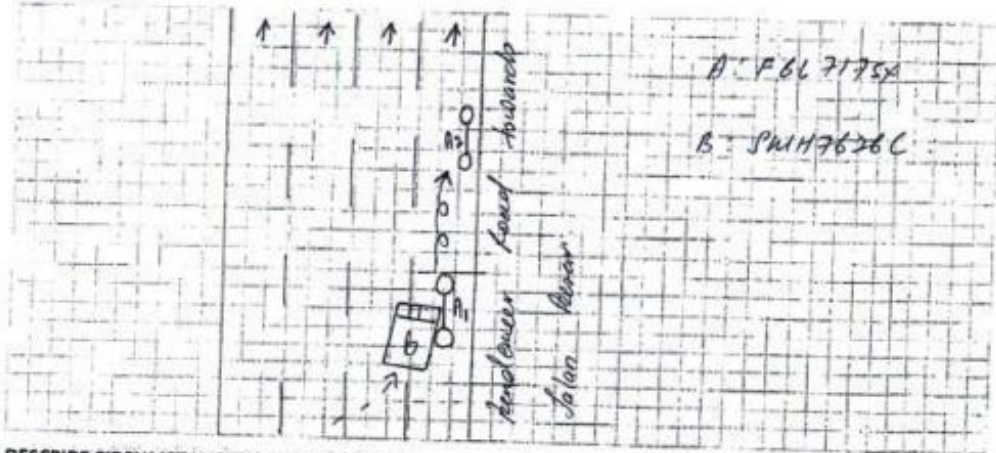
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TP Report.

T / 20190302 / 2157

## 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190302/2157

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20190302/2157

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2019 20:53	Vide Report No.:	Station Diary No.: 85
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### Informant's Particulars

Name of Informant: MD ZANAL BIN A JABAR			Address: APT BLK 943 HOUGANG STREET 92 #06-127 SINGAPORE 530943	
ID Type / ID No.: NRIC NO / S7300756I			Contact No.: Home/Office: Mobile: 85118709	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 13/01/1973	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: CISCO OFFICER			Driving Licence Information: Class: 2B, 2A, 3, 4 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/03/2019 13:20	Type of Location: Straight Road
Location: Along Road 1 BENDEMEER ROAD				
Along Bendemeer Road towards Jalan Basar, Near Micron Factory				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL7175X	Motorcycle	HONDA	400X MANUAL	Black		1
SMH7626C	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Blue		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



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T/20190302/2157

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20190302/2157

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL7175X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72124360	18/09/2018	17/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Pillion				
Name	RAHIDAH BINTE ANGIN		ID No.	S7637428G
Related Vehicle	FBL7175X (Motorcycle)		Contact No.	85220224
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/03/2019		Date Discharge	02/03/2019
No. of Days granted Medical Leave	03		Degree of Injury	NIL
Rider				
Name	MD ZANAL BIN A JABAR		ID No.	S7300756I
Related Vehicle	FBL7175X (Motorcycle)		Contact No.	85118709
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	02/03/2019		Date Discharge	02/03/2019
No. of Days granted Medical Leave	07		Degree of Injury	NIL
Driver				
Name	TEH WEE TIAN		ID No.	S2740082E
Related Vehicle	SMH7626C (Car)		Contact No.	97662585
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

## Police Report



SINGAPORE  
POLICE FORCE



T/20190302/2157

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No. T/20190302/2157

### CONTINUATION OF REPORT

#### Brief Details.

On 02/03/2019 at about 1320hrs, I was riding my motorcycle(Registration No. FBL7175X) at said incident location with my wife, Rahidah as the pillion, on the 4th lane of the 4lanes road. Suddenly another car(Registration No. SMH7626C) on the 2nd lane change lane to my lane without checking clear and hit onto the left side of my motorcycle, which we fell afew meters away to the right. Passer-by came to render assistance and ambulance attended to us. I suffered abrasion on my both arms, right knees, right rib area while my wife suffered swollen and abrasion on the right arm and right knee area. We were conveyed to Tan Tock Seng hospital and we were discharge on the same day. I was given 7days of MC while my wife was given 3days of MC. I have no dashcamera. I am lodging this Police report as I have more than 3days of MC.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190302/2157

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60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20190302/2157

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 / Sgt 2 BOH YONG SENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2019 20:53
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.: 	
Authentication Stamp NP168  Signature: Singapore Police Force	

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



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