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 <u>truthful and accurate</u> 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

| aforesaid. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 12/04/2019 16:32 |
| Date Of Accident | 11/04/2019 20:25 |
| Exact Location Of Accident | JUCTION OF DEVONSHIRE ROAD/GRANGE ROAD |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBB1181U |
| Insured/Policyholder | |
| Name Of Registered Owner | ROSLI BIN SAMSON |
| NRIC No | S8021978D |
| Email Address | JAXCOURIER.SG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87509227 |
| Alternative Phone No | OTHERS-87509227 |
| Vehicle Particulars | |
| Manufacturer | YAMAHA |
| Model | SNIPER T150-150CC |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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/18-382979-CA |
| Cover Note Number | |
| Driver | |

Driver

Name of Driver ROSLI BIN SAMSON

NRIC No S8021978D

Date Of Birth 29/07/1980

Occupation OUTDOOR

Date Of Driving Pass 21/03/2002

Driving Experience 17 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87509227

Fax Number

Contact Number OTHERS-87509227

EMail Address JAXCOURIER.SG@GMAIL.COM

Address BLK 683A CHOA CHU KANG CRESCENT

#06-408

Postcode 681683

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

auranea Company of Privaria Own Vahiala

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

2

NO

NO

1

YES

NO

ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-7359999 - **FAX NO**: 67331934

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190411/2197

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 SLP2409R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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:

- 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)
 - (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
- 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:

Beporting Centre Personnel's Signature / Name:

Accident Sketch Plan

| KETCH PLAN | a Kenny | 20 BLYE | |
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| | TOPPE | 1 | A) FBB1181U |
| | 68 | A | B) SLP2409R |
| SCRIBE CIRCUMSTANC | ES OF THE ACCIDENT | T.BI | |
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| ECLARATION We declare the foregoing po | articulars are true in every respect. | | 12/00/2003 |
| olicyholder's Signature ate & Time: | Driver's Signature (If driver is not the policy Date & Time: | yholder) | Neporting Centre Personnel's Stenature Name: NRIC/FIN No.: |





T/20190411/2197

1 of 4 Report No. T/20190411/2197

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No .: Date/Time Report Made: 11/04/2019 23:06 172 Informant's Particulars Name of Informant: ROSLI BIN SAMSON APT BLK 683A CHOA CHU KANG CRESCENT #06-408 SINGAPORE 681683 Contact No.: ID Type / ID No .: NRIC NO / S8021978D Home/Office: Mobile: 87509227 Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 29/07/1980 Rider Male 38 Institution / School Name; Language: Race: English Javanese Driving Licence Information: Occupation: Class: 2B,2A,2 Date of Expiry: **DELVIERY MAN**

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 11/04/2019 20:55 | Type of Location: X-Junction | |
|--------------------------------|----------------------------------|--|---|-------------------------------------|--|
| DEVONSHIR GRANGE RO | | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: | |
| | | Traffic Control: Traffic Light - Wo | orking | Traffic Volume: Heavy | |
| Type of Collis Moving Vehic | sion: cle Against - Parked Ve | ehicle | | Anyone conveyed by ambulance: No | |

| Vehicle No. | Typa | Make | Model | Color | Condition | No of Passenge |
|-------------|------------|---------|--------|--------|-----------|----------------|
| FBB1181U | Motorcycle | YAMAHA | SNIPER | Green | Slightly | 0 |
| PDDIIOIO | Motorcycle | LAMARIA | T150 | Giodii | Damaged | |
| SLP2409R | Car | HONDA | | Blue | Slightly | 1 |
| SLP2409R | Car | HONDA | | Blue | Damaged | 1 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBB1181U | MSIG INSURANCE (SINGAPORE) PTE, LTD. | 72091510 | 10/05/2018 | 09/05/2019 |





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

2 of 4 Report No. T/20190411/2197

CONTINUATION OF REPORT

| Datails of Perso | on involved | | Cipelita i | - Company | ACTION AND ADDRESS OF THE PARTY |
|-------------------|-----------------------|----------------|---|-----------|--|
| Any Pedestrian I | nvolved: No | | | | The state of the s |
| No. of Pedestrian | ns Injured: NIL | Use of Pe | destrian | Cross | sing: NA |
| Rider | | CARROL SHORE | To United | 0,000 | |
| Name | ROSLI BIN SAMSON | | ID No. | | S8021978D |
| Related Vehicle | FBB1181U (Motorcycle) | | Contact No. | | 87509227 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | | Class: 2B,2A,2 Date of Expiry: NIL |
| Date Treatment | NIL | Date Disc | | 37177 | |
| No. of Days gran | ted Medical Leave NIL | Degree of | | | |
| Driver | | 14,246,022,262 | STATE OF THE PARTY. | ido) | |
| Name | Unknown Driver | | ID No. | | NIL |
| Related Vehicle | SLP2409R (Car) | | Contact No. | | 94322014 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Disch | | NIL | |
| No. of Days grant | ted Medical Leave NIL | Degree of | | NIL | |

Brief Details.

On 11/04/2019 at about 2055hrs, I was riding along Devonshire Road at the 2nd left most lane. As I was approaching the junction before Orchard Blvd, I decelerated and pulled to a stop behind a bus as the traffic light was red.

Subsequently, one dark blue color Honda (SLP2409R) collided into my vehicle's right rear which caused me to lose balance, I then tripped over as I dropped my bike to the ground. I was not injured.

However, as I then tried to exchange particulars with the driver of the Honda who was a Chinese person, he refused to provide it and insisted on only giving me his phone number (HP: 94322014) as he wanted to resolve the matter privately. After which, he got back into his vehicle and drove off hurriedly.

I have managed to take a photo of his car. My blke had suffered a dent on my rear fender, while both front left lever and rear left foot rest was bended.

However, I do not trust the driver as such I wish to lodge the report.



Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 T/20190411/2197

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Report No. T/20190411/2197

CONTINUATION OF REPORT





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

4 of 4 Report No. T/20190411/2197

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.

| 1// | 111 1-7 | | |
|--|--------------------------------|---|--|
| Signature Of Interpreter: Not applicable | Date/Time: 11/04/2019 23:06 | | |
| Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902 | Classification Of Case: | 4 | |

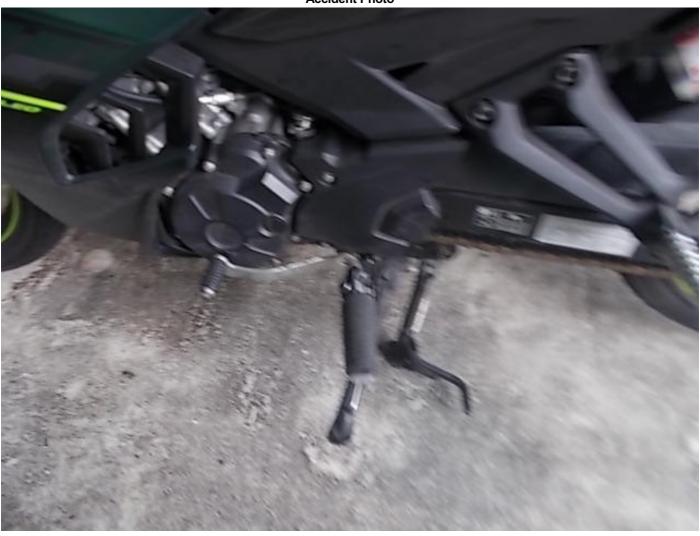




























Driving License



Identification Card



ROSLI BIN SAMSON





