

## 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	16/04/2019 16:40
Date Of Accident	10/04/2019 09:10
Exact Location Of Accident	KAKI BUKIT AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5641S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NURRASHID BIN KAMARUDIN
NRIC No	S8037416Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81571899
Alternative Phone No	OFFICE-81571899

### Vehicle Particulars

Manufacturer	SYM
Model	GTS200
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/18-388898-CA
Cover Note Number	

### Driver

Name of Driver	NURRASHID BIN KAMARUDIN
NRIC No	S8037416Z
Date Of Birth	29/11/1980
Occupation	INDOOR
Date Of Driving Pass	06/12/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81571899
Fax Number	
Contact Number	OFFICE-81571899
Email Address	NOEMAIL

Address	BLK 707 PASIR RIS DRIVE 10 #10-165
Postcode	510707
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 32 NORTH CANAL ROAD , <b>POSTCODE:</b> 059282 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5359999 - <b>FAX NO:</b> 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190411/2019.

#### 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	SGY7320R
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) 1

**DETAILS OF INJURED PERSON 1**

Name NURRASHID BIN KAMARUDIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBE5641S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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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:

- (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.

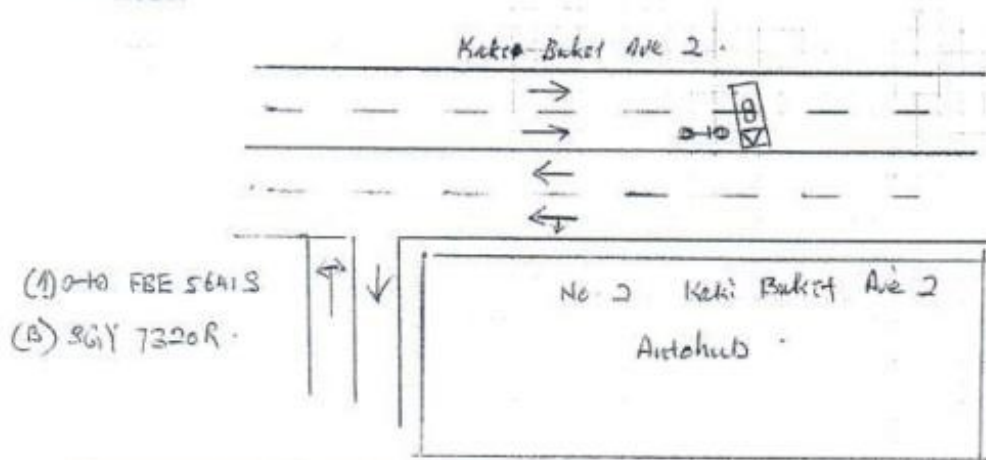
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
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

His refer To Police Report  
No. T/20190411/2019.

## 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:  
NIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190411/2019

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

1 of 3

Report No. T/20190411/2019

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 08:28		Vide Report No.:		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: NURRASHID BIN KAMARUDIN			Address: APT BLK 707 PASIR RIS DRIVE 10 #10-165 SINGAPORE 510707		
ID Type / ID No.: NRIC NO / S8037416Z			Contact No.: Home/Office: Mobile: 81571899		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 29/11/1980	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: SCDF			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2019 09:10	Type of Location: Straight Road
Location: Along Road 1 KAKI BUKIT AVENUE 2  Towards Eunus Link.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5641S	Motorcycle	SYM	GTS200	Grey	Slightly Damaged	0
SGY7320R	Car	MITSUBISHI	COLTPLUS 1.5	White		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5641S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72121690	08/09/2018	07/09/2019



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190411/2019

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

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Report No. T/20190411/2019

### 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	NURRASHID BIN KAMARUDIN	ID No.	S8037416Z
Related Vehicle	FBE5641S (Motorcycle)	Contact No.	81571899
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

### Brief Details.

On 10 April 2019 at about 0910hrs, I was riding my personal M/Bike bearing the registration number FBE5641S, heading to work. I was riding along Kaki Bukit Avenue 2 on the right lane. I observed that there were cars formed up ahead thus I decided to overtake all the stationary cars on their right side as there were ample space for me to do so.

In the midst of overtaking, suddenly there was one Mitsubishi Colt made a sudden right turn causing me to make contact with the said car. I then fell sideways. The driver of the said car got out & assisted as well. I wish to state that there were no signal light indicating the intention to turn. Traffic police also attended & I was conveyed to Changi General Hospital by Ambulance for medical attention.

I am given 7 days of Hospitalisation Leave from 10 April 2019 - 16 April 2019. That is all.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190411/2019

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

3 of 3

Report No: T/20190411/2019

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:  
A /  
Sgt 3 MUHAMMAD TAUFIQ BIN ZAINUDIN

Signature Of Informant:

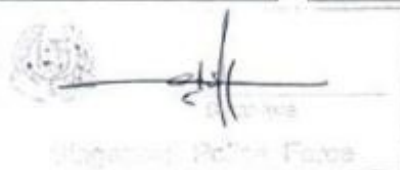
Signature Of Interpreter:  
Not applicable

Date/Time:  
11/04/2019 08:28

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD SHAHRIL BIN ABDULLAH  
Contact No.: 65476083

Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





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