

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	03/05/2019 14:35
Date Of Accident	02/05/2019 07:05
Exact Location Of Accident	BUKIT BATOK ROAD MERGING LANE TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT6931Y
Insured/Policyholder	
Name Of Registered Owner	KADIR SULTAN S/O MOHAMED HANIFA
NRIC No	S7404395Z
Email Address	ROYDIR_74@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97438524
Alternative Phone No	OTHERS-97438524

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	
Cover Note Number	72171220

Driver

Name of Driver	KADIR SULTAN S/O MOHAMED HANIFA
NRIC No	S7404395Z
Date Of Birth	19/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97438524
Fax Number	
Contact Number	OTHERS-97438524
Email Address	ROYDIR_74@YAHOO.COM.SG

Address	BLK 291E BUKIT BATOK STREET 24 #02-11
Postcode	654291
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 - 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	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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190503/2052

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	GBE413S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG PANG HENG
NRIC/Passport Number	S7134469Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KADIR SULTAN S/O MOHAMED HANIFA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FT6931Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 3/5/2019

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 BT BAYOK ROAD MARGINS LONG TOWARDS PIE

A) F7 6931Y
B) GBE 413S
X) UNKNOWN

TOWARDS PIE TUGS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT 9.
7/20190003/2052

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 3/5/2019

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

Reporting Centre Personnel's Signature
Name: Rishi Vardhan
NRIC/FIN No.: 03/05/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190503/2052

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20190503/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2019 12:49	Vide Report No.:	Station Diary No.: 60
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Informant's Particulars			
Name of Informant: KADIR SULTAN S/O MOHAMED HANIFA		Address: APT BLK 291E BUKIT BATOK STREET 24 #02-11 SINGAPORE 654291	
ID Type / ID No.: NRIC NO / S7404395Z		Contact No.: Home/Office: Mobile: 97438524	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 19/01/1974	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: Police officer		Driving Licence Information: Class: 2A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/05/2019 07:05	Type of Location: Merging lane
Location: Along Road 1 Traveling Toward Road 2 BUKIT BATOK ROAD PAN ISLAND EXPRESSWAY Merging lane towards PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT6931Y	Motorcycle	HONDA	CB400	Red	Slightly Damaged	0
GBE413S	Lorry				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT6931Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72171220	24/04/2019	23/04/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190503/2052

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Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20190503/2052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KADIR SULTAN S/O MOHAMED HANIFA	ID No.	S7404395Z
Related Vehicle	FT6931Y (Motorcycle)	Contact No.	97438524
Hospital/Clinic	THE NEPTUNE CLINIC	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	03/05/2019	Date Discharge	03/05/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	NG PANG HENG	ID No.	S71344691Z
Related Vehicle	GBE413S (Lorry)	Contact No.	NIL
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

Brief Details.

On the 02/05/2019 at about 0705hrs, I was riding my motorcycle FT6931Y, along Bukit Batok road. At the junction of Bukit Batok road and Jurong Town Hall, I made a right turn towards PIE. The traffic was heavy and slow. As I entered the lane towards PIE on the filter lane, the car in front of me suddenly stop. I managed to brake in time and stop. Suddenly, I felt 2 strong impact on my rear. I quickly got down my motorcycle and discovered a lorry with plate number GBE 413S had collided onto my rear. The damages to my motorcycle is the storage rear box was broken and my helmet ^{head} had slight damage due to the impact with my rear storage box. At that time I did not feel much pain, just from the impact of the rear box to my helmet but after reaching work and calming down, I start to feel pain on my neck and right shoulder.

I went to see the doctors on the next day and was told that I had suffered from whiplash and my right shoulder muscle strain. I was given 4 days MC and some medication.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190503/2052

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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20190503/2052

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:

J /

Sgt 2 MUHAMMAD NORHAZREEN SHAH BIN
HARIZAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Contact No.:

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

03/05/2019 12:49

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

