

## 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	07/05/2019 11:49
Date Of Accident	06/05/2019 12:15
Exact Location Of Accident	PIONEER ROAD ENTERING PIONEER CIRCLE ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1671Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NAZEERUDIN BIN FASULLUDI
NRIC No	S8934469G
Email Address	NAZEE.RUDIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88588824
Alternative Phone No	OTHERS-88588824

### Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-03 ABS (MTN320-A)-321CC
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/19-395525-CA
Cover Note Number	

### Driver

Name of Driver	NAZEERUDIN BIN FASULLUDI
NRIC No	S8934469G
Date Of Birth	18/09/1989
Occupation	INDOOR
Date Of Driving Pass	07/06/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88588824
Fax Number	
Contact Number	OTHERS-88588824
Email Address	NAZEE.RUDIN@HOTMAIL.COM

Address	BLK 324 JURONG EAST STREET 31 #02-122
Postcode	600324
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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190506/2126

#### 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	SFU9788U
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THAVACILAN S/O KANNIAH
NRIC/Passport Number	S7437818H
Contact Number	96946064
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NAZEERUDIN BIN FASULLUDI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBP1671Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

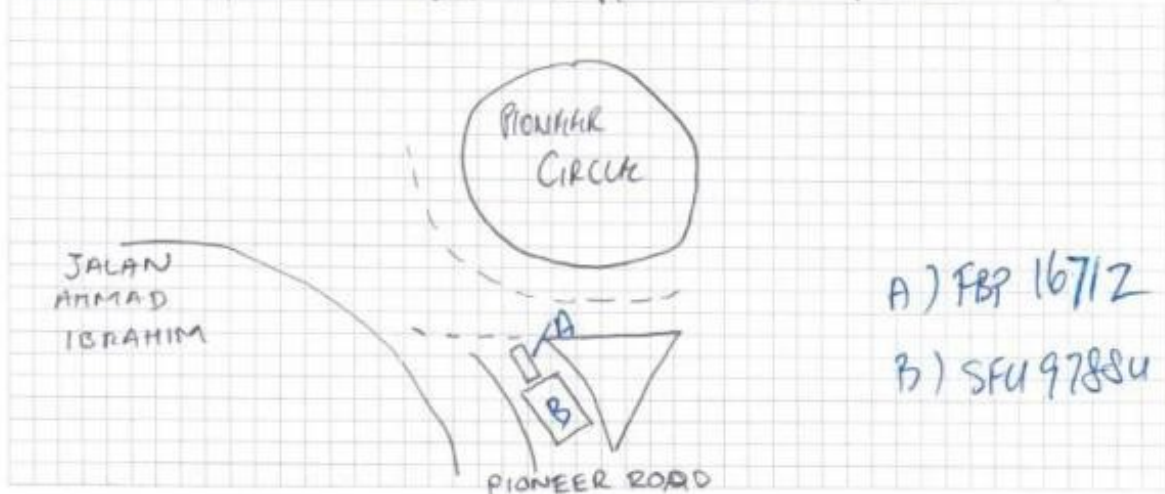
  
Policyholder's Signature  
Date & Time: 06/05/19

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

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

# Accident Sketch Plan

SKETCH PLAN PIONEER ROAD ENTERING PIONEER CIRCLE ROUNDABOUT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form: "PDS report to police report? 7/2019 0506/2126"

## DECLARATION

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

Policyholder's Signature  
Date & Time: 06/05/19

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

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190506/2126

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190506/2126

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2019 17:41		Vide Report No.:		Station Diary No.: 47	
<b>Informant's Particulars</b>					
Name of Informant: NAZEERUDIN BIN FASULLUDI			Address: APT BLK 324 JURONG EAST STREET 31 #02-122 SINGAPORE 600324		
ID Type / ID No.: NRIC NO / S8934469G			Contact No.: Home/Office: Mobile: 88588824		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 18/09/1989	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: MARINE OPERATION			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/05/2019 12:15	Type of Location: Roundabout
Location: Along Road 1 Traveling Toward Road 2 PIONEER ROAD JALAN AHMAD IBRAHIM At the round about of PIONEER ROAD HEADING THE EXIT OF JALAN AHMAD IBRAHIM.				
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 - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1671Z	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Grey	Slightly Damaged	0
SFU9788U	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1671Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19395525	19/02/2019	18/02/2020

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190506/2126

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20190506/2126

### CONTINUATION OF REPORT

#### **Brief Details.**

On 6/5/2019 at about 1155hrs, I was at my company namely NSL ILD CHEM MARINE located at 26 TANJONG KLING RD. On the same day at about 12pm, I rode my motorbike with a vehicle registration plate number of FBP1617Z taking the road along TANJONG KLING R heading toward Pioneer Rd and arriving at the Roundabout as my intention was to exist toward Jalan Ahmad Ibrahi.

The traffic was moderate and I came to a complete stop, as I waited patiently for my turn to enter the Roundabout, after there was a trailer which when passed in front of me, before I could moved off, I felt an impact coming from my rear and the next thing I know was that my motorbike was being hit and I had fallen toward the left side of my bike. 3

When I was on the floor, I felt my left hand had a cuts and I was not able to stand on my left leg resulting to I was limping away. When I was at the safe location, I exchange particulars with the opposite party and after which I called for police assistance and Two TP officer and ambulance arrived at the location shortly.

The paramedic, check and treat my injuring and ask if I need to be convey to Hospital and I rejected the offer. Subsequently, paramedic left and the scene. TP interviewed both parties and we agreed to settle the matter via insurance and was advised by them to go to a nearby station to lodge a police report for insurance claim.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190506/2126

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20190506/2126

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:

D /

Sgt 2 CHIEW BENJAMIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

06/05/2019 17:41

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



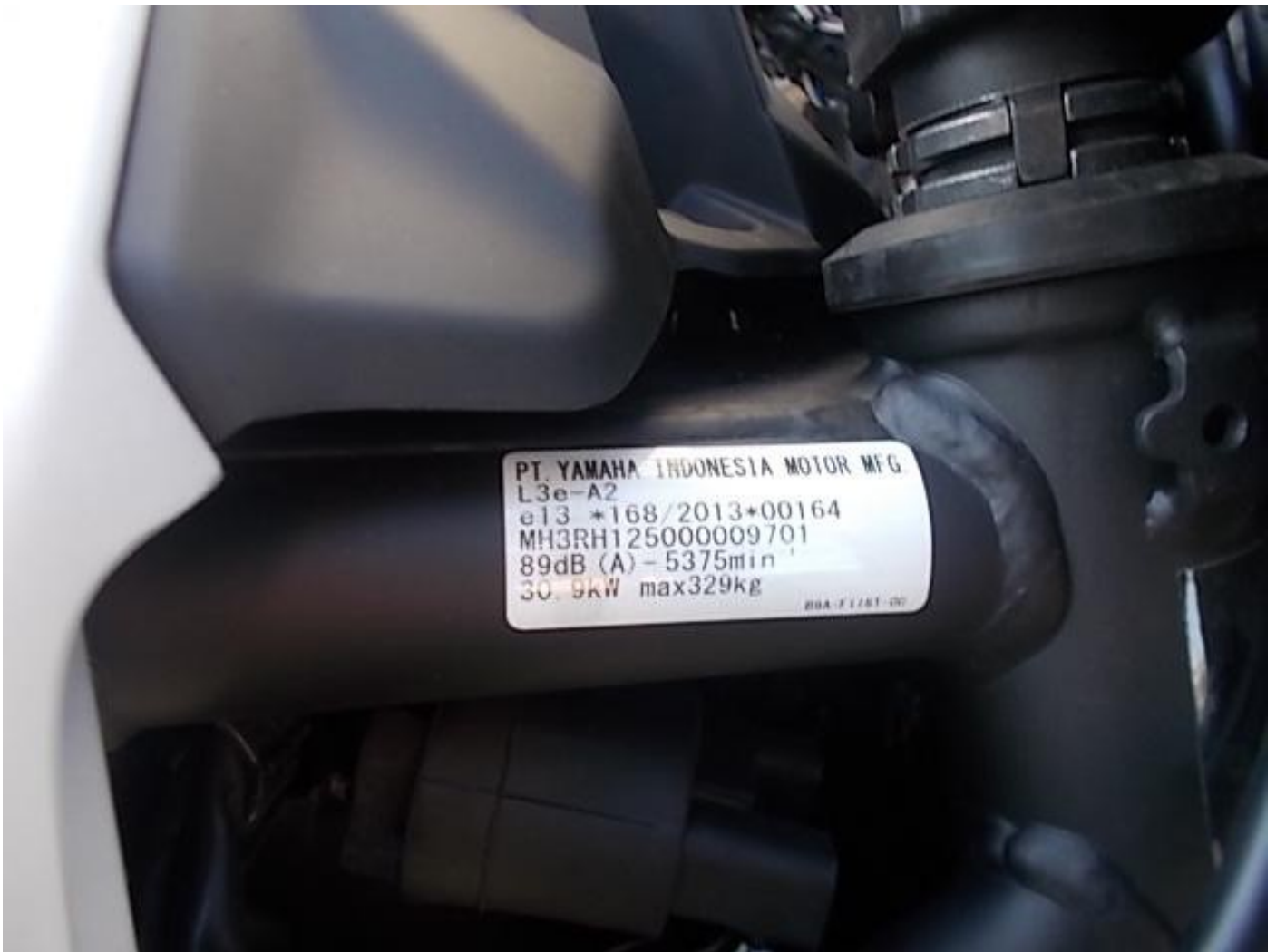
Accident Photo



Accident Photo



Accident Photo



# Identification Card

