

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	10/06/2019 16:36
Date Of Accident	06/06/2019 15:10
Exact Location Of Accident	BEDOK NORTH FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3502G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RASOUL BIN SHIDDIK
NRIC No	S9426012D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98061609
Alternative Phone No	OTHERS-98061609

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16
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	
Cover Note Number	60851781

Driver

Name of Driver	MUHAMMAD RASOUL BIN SHIDDIK
NRIC No	S9426012D
Date Of Birth	19/07/1994
Occupation	INDOOR
Date Of Driving Pass	15/09/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98061609
Fax Number	
Contact Number	OTHERS-98061609
Email Address	NOEMAIL

Address	BLK 777 PASIR RIS ST 71 #02-418
Postcode	510777
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190607/2123

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	GBC3627H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD RASOUL BIN SHIDDIK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM3502G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

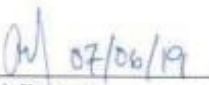
SKETCH PLAN

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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.

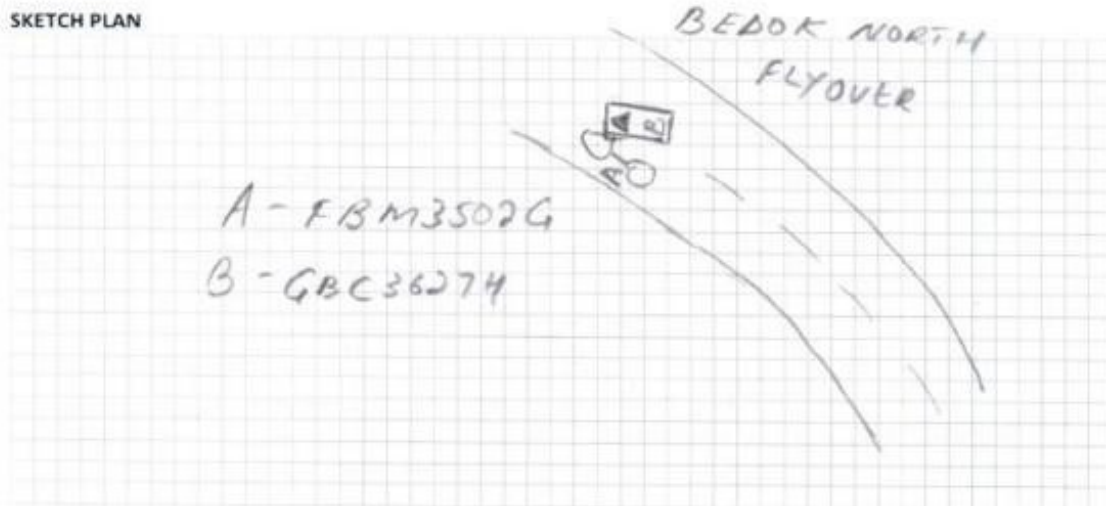

Policyholder's Signature
Date & Time: 07/06/19

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

Pls refer to the police report: T/20190607/2123

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190607/2123

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190607/2123

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RASOUL BIN SHIDDIK	ID No.	S9426012D
Related Vehicle	NIL	Contact No.	98061609
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	06/06/2019	Date Discharge	06/06/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS RIDING ON LANE 2 OF 2, NEGOTIATING A LEFT BEND. AS I WAS ABOUT TO COMPLETE THE LEFT BEND, SUDDENLY THERE WAS A MOTORVAN, WHO WAS TRAVELLING ON LANE 1, MADE A SUDDEN LANE CHANGE AND ENCROACHED INTO MY TRAVEL PATH. THE VAN'S LEFT REAR PORTION HIT ONTO MY RIGHT SIDE. AFTER THE COLLISION, I TRIED TO GAIN CONTROL OF MY MOTORBIKE. I EVENTUALLY MANAGED TO STABILIZE MY BIKE. WE THEN STOPPED AT THE NEAREST BUS STOP. I FELT SOME PAIN ON THE TOES AND I WAS CONVEYED TO THE HOSPITAL. I WAS DISCHARGED ON THE SAME DAY WITH 4 DAYS OF MC.

THATSA LL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190607/2123

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 3

Report No. T/20190607/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2019 16:18	Video Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: MUHAMMAD RASOUL BIN SHIDDIK			Address: APT BLK 777 PASIR RIS STREET 71 #02-418 SINGAPORE 510777	
ID Type / ID No.: NRIC NO / S9426012D			Contact No.: Home/Office: Mobile: 98061609	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 19/07/1994	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/06/2019 15:10	Type of Location: Bend
Location: Along Road 1 BEDOK NORTH ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3502G	Motorcycle	YAMAHA	FZ 16	Black		0
GBC3627H	Van					1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM3502G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60851761	17/04/2019	16/04/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190607/2123

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3
Report No. T/20190607/2123

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RASOUL BIN SHIDDIK	ID No.	S9426012D
Related Vehicle	NIL	Contact No.	98061609
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	06/06/2019	Date Discharge	06/06/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS RIDING ON LANE 2 OF 2, NEGOTIATING A LEFT BEND. AS I WAS ABOUT TO COMPLETE THE LEFT BEND, SUDDENLY THERE WAS A MOTORVAN, WHO WAS TRAVELLING ON LANE 1, MADE A SUDDEN LANE CHANGE AND ENCROACHED INTO MY TRAVEL PATH. THE VAN'S LEFT REAR PORTION HIT ONTO MY RIGHT SIDE. AFTER THE COLLISION, I TRIED TO GAIN CONTROL OF MY MOTORBIKE. I EVENTUALLY MANAGED TO STABILIZE MY BIKE. WE THEN STOPPED AT THE NEAREST BUS STOP. I FELT SOME PAIN ON THE TOES AND I WAS CONVEYED TO THE HOSPITAL. I WAS DISCHARGED ON THE SAME DAY WITH 4 DAYS OF MC.

THATSA LL

Police Report



SINGAPORE
POLICE FORCE



T/20190607/2123

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190607/2123

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:
TP /
LEE CHEN EN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Authentication Stamp
NP100

Signature Of Informant:

Date/Time:
07/06/2019 16:18

Classification Of Case:



Identification Card



For LKK/NAC Use Only

