

## 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	12/06/2019 10:41
Date Of Accident	07/06/2019 18:45
Exact Location Of Accident	STILL RD TWDS MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5441C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHEIK AHMAD KABIR S/O SHIEK BACHAMIAN
NRIC No	S8504440J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84980042
Alternative Phone No	OTHERS-84980042

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FJR1300
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
Fleet Policy	NO
Policy Number	MSD/VMT/18-990633-WTT
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HAFIZ BIN MOHAMED EKBAL
NRIC No	S9007362A
Date Of Birth	07/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91157830
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 35 BEDOK SOUTH AVE 2 #04-423
Postcode	460035
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	CLEAR
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	GEYLANG N.P.C
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191611/2095

#### 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	SLD2331T
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)

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

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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.

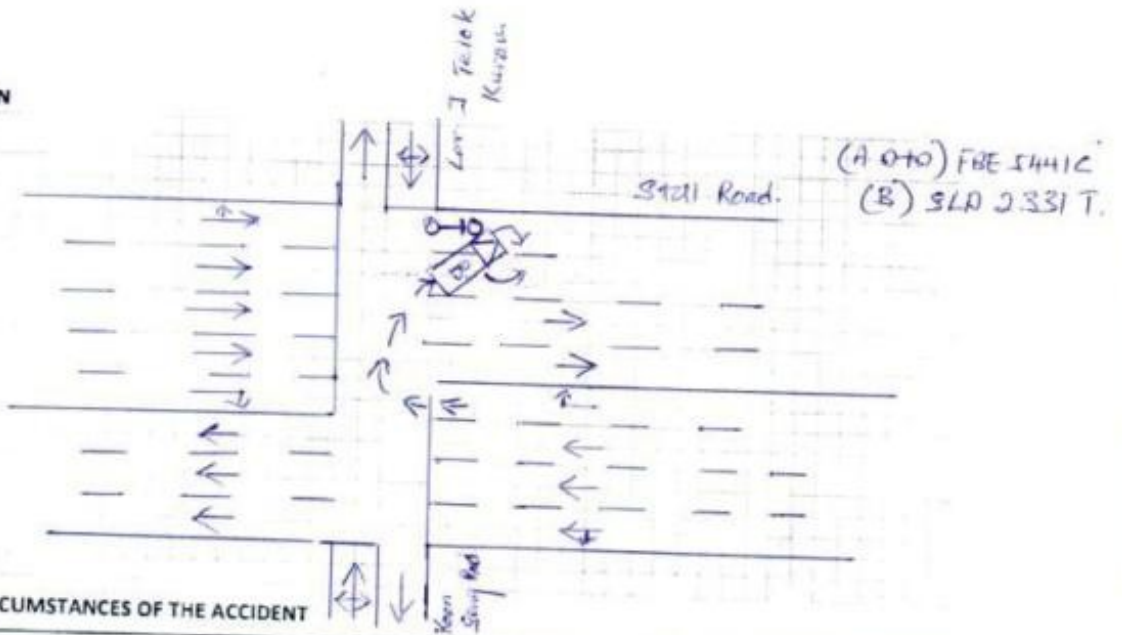
Policyholder's Signature  
Date & Time:

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

Pls refer to Police Report  
No: T/20190611/5095

## 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)

Reporting Centre Personnel's Signature  
Name:



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190611/2095

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20190611/2095

### CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HAFIZ BIN MOHAMED EKBAL	ID No.	S9007362A
Related Vehicle	FBE5441C (Motorcycle)	Contact No.	91157830
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/06/2019	Date Discharge	09/06/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight

#### Brief Details.

On 07/06/2019 at about 6.45pm, I was riding my motorcycle (FBE5441C) along Still Road heading towards Marine Parade Road direction. At that point of time, the road was wet and the weather was clear. I was on the lane 2 of the 3 lane road when approaching a junction of Koon Seng Rd. As the traffic light was green in my favour, I proceeded on and at the same time spotted one vehicle (SLD2331T) from the oncoming traffic abruptly making a U-turn into my course of traffic.

I quickly applied my brakes firmly however the vehicle still continue to cut into my lane. I then sounded my horn and realized that there was not enough stopping distance to avoid collision. As such, I maneuvered my motorcycle to the extreme left lane while still continuing to sound my horn to warn the driver of the said vehicle. However, the vehicle turn circumference was too big and collided into me.

The impact from the collision had caused me to lose balance and fell onto the road. I lost consciousness and then was conveyed via Ambulance to Changi General Hospital. Traffic Police attended to incident vide report G/20190607/0162 (instead of G/20190607/0163 that was reflected wrongly in my initial Electronic Police Report, T/20190608/7010)

I was warded for further medical treatment and was discharged on 09/06/2019. I was given a total of 14 days Medical Leave (Medical Cert No: SUR2019111583) from 10/06/2019 - 23/06/2019.

I suffered the injuries as follows:

1. Contusion of lung, right lung
2. Pneumothorax, small right apical
3. Abrasion, superficial on the right shoulder
4. Abrasion on both upper arms
5. Abrasion on both ankle

I wish to inform that I am unsure of the damages to my motorcycle as it was towed to Traffic Police Vehicle pound after I was conveyed.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





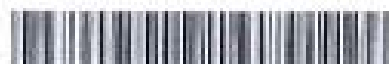
Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190811/2085

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-6486999

1 of 3

Report No: T/20190811/2085

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2019 15:19	Video Report No.: T/20190608/7010	Station Diary No.: 106
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### Informant's Particulars

Name of Informant: MUHAMMAD HAFIZ BIN MOHAMED EKBAL			Address: APT BLK 35 BEDOK SOUTH AVENUE 2 #04-423 SINGAPORE 460035		
ID Type / ID No : NRIC NO / S9007362A			Contact No.: Home/Office: Mobile: 81157830		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 07/03/1990	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/06/2019 18:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 STILL ROAD MARINE PARADE ROAD STILL ROAD TWDS MARINE PARADE				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5441C	Motorcycle				Seriously Damaged	0
SLO2331T	Car				Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190611/2095

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8488999

2 of 3

Report No: T/20190611/2095

### CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HAFIZ BIN MOHAMED EKBAL	ID No.	59007362A
Related Vehicle	FBE5441C (Motorcycle)	Contact No.	91157830
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
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## Police Report



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POLICE FORCE**



T/20190611/2095

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8488999

3 of 3

Report No: T/20190611/2095

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:

G/

Sgt 3 SYAFIQ RIDHWAN BIN HASSAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/06/2019 15:19

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp


NP162




# Identification Card

Driver


REPUBLIC OF SINGAPORE
DRIVING LICENCE



License Number: **S9007362A**  
Name: **MUHAMMAD HAFIZ BIN MOHAMED EKBAL**  
Birth Date: **07 Mar 1990**  
Valid Until: **18 Sep 2018**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO: **S9007362A**



Name: **MUHAMMAD HAFIZ BIN MOHAMED EKBAL**  
Race: **INDIAN**  
Date of Birth: **07-03-1990**  
Country of Birth: **SINGAPORE**

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 1B	Motorcycles < 250 cc	18 Sep 2018
Class 1A	Motorcycles > 250 cc	18 Sep 2018
Class 2	Motorcycles < 250 cc	18 Sep 2018
Class 3	Motorcycles > 250 cc	18 Sep 2018

For LKK/NAC



License No: **S9007362A**  
Valid Until: **18 Sep 2018**



Name: **MUHAMMAD HAFIZ BIN MOHAMED EKBAL**  
Date of Birth: **07-03-1990**  
Country of Birth: **SINGAPORE**