

## 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	19/06/2019 14:26
Date Of Accident	12/06/2019 19:00
Exact Location Of Accident	TAMPINES STREET 21
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD3167M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SYAHRIL ELFY BIN MASRANI
NRIC No	S9511129G
Email Address	SYAHRILELFY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92209040
Alternative Phone No	OTHERS-92209040

### Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R
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	REPORTING ONLY
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/19-998202-WTT
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYAHRIL ELFY BIN MASRANI
NRIC No	S9511129G
Date Of Birth	21/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92209040
Fax Number	
Contact Number	OTHERS-92209040
EEmail Address	SYAHRILELFY@GMAIL.COM

Address	BLK 121A EDGEDALE PLAINS #11-247
Postcode	821121
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	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <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/20190614/2145

#### 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	SKF6020R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHANTHEN S/O N RAMASAMY
NRIC/Passport Number	S8311154B
Contact Number	90705042
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD SYAHRIL ELFY BIN MASRANI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD3167M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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.

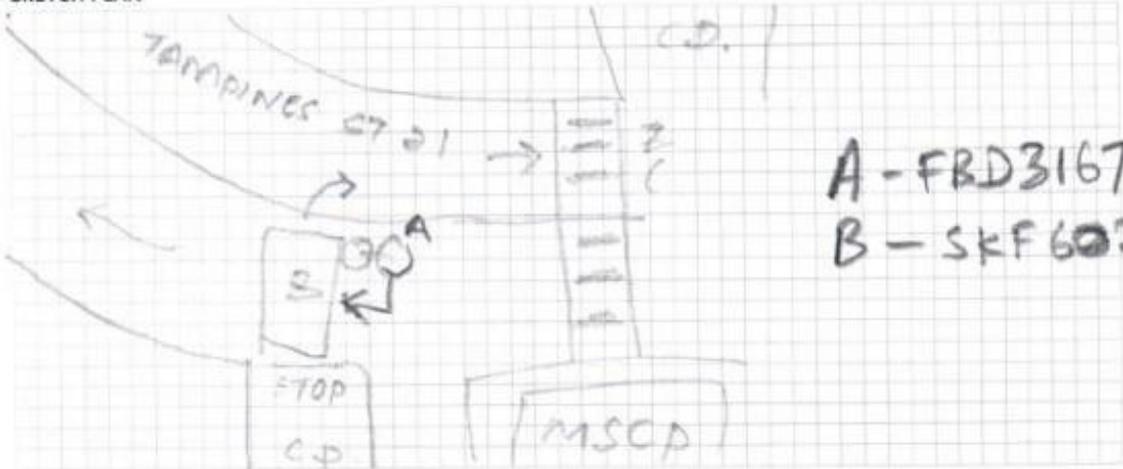
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

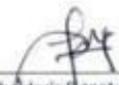


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the accident description box: "Pls Refer to the Police Report T/20190614/2145"

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.:

Sketch Plan #3

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

Report No. T/20190614/214

2 of 1  
Police Station  
Traffic Police  
10 Ubi  
Tel

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD3167M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60840810	26/01/2019	25/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD SYAHRIL ELFY BIN MASRANI	ID No.	S9511129G	
Related Vehicle	FBD3167M (Motorcycle)	Contact No.	92209040	
Hospital/Clinic	PUNGGOL POLYCLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	13/06/2019	Date Discharge	13/06/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	SHANTHEN S/O N RAMASAMY	ID No.	S8311154B	
Related Vehicle	NIL	Contact No.	90705042	
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 STATED DATE, TIME AND LOCATION  
I WAS RIDING MY MOTORBIKE OF PLATE NUMBER FBD3167M ALONG TAMPINES STREET23.  
AFTER TURNING LEFT TO TAMPINES ST 21, I CHECKED AND ENSURE THAT THERE IS NO ONE  
CROSSING THE ZEBRA CROSSING SO I I PROCEED STRAIGHT WHEN A CAR OF PLATE NUMBER  
SKF6020R EXIT FROM MULTI STOREY CARPARK 202A FROM MY LEFT. THE CAR DROVE OUT  
FROM THE CARPARK AND BLOCK MY PATH, BOTH OF US COLLIDED. I SUFFERED FROM MINOR  
BRUSIES AND I WENT TO PUNGGOL POLYCLINIC FOR A CHECKUP. I WAS GIVEN 3 DAYS OF MC.

Sketch Plan #4

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9511129G



Name  
**MUHAMMAD SYAHRIL ELFY  
BIN MASRANI**

Race  
**BOYANESE**

Date of birth  
**21-03-1995**

Sex  
**M**

Country of birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9511129G

Name  
**MUHAMMAD SYAHRIL ELFY BIN  
MASRANI**

Birth Date: 21 Mar 1995

Issue Date: 01 Dec 2016



4541272



NSIC No. S9511129G



Date of issue  
**08-03-2010**

APT BLK 121A EDGE DALE PLAINS #11-247  
SINGAPORE 821121

NRIC No. S9511129G Date: 13/10/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	01 Dec 2016
Class 2A Motorcycles between 200 CC and 400 CC	01 Dec 2016
Class 2 Motorcycles > 400 CC	22 Mar 2016

S / No. 9000321065

NP 425A

License No. S9511129G



Sketch Plan #5



MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, #21-01, SOX Centre 2  
Singapore 068807  
Tel +65 6827 7888 Fax +65 6827 7800  
www.msig.com.sg

Policy No.  
Policy No.  
Policy No.  
Case No.

ACC33-001/W0857  
MED-UMT/19-E165411-WT  
PRD3157M  
MED-UMT/19-998202-WT  
MUHAMMAD SYAMRIL KILY RIN MACRANI

Effective Date  
Expiry Date 26-01-2019  
Effective Date 25-01-2020  
1714PM

Notwithstanding anything within stated to the contrary, it is hereby declared and agreed that as from the above stated effective date, the following amendment(s) is/are made to this policy :-

1. OTHERS

THE POLICY IS HEREBY EXTENDED TO COVER COMMERCIAL USE AND FOOD DELIVERY SERVICES ONLY

In view of the above change(s), the undermentioned charge(s) is/are payable to the company.

\*\*\*\*\* NIL Charges \*\*\*\*\*

Subject otherwise to the terms, conditions and exception of this policy

MSIG Insurance (Singapore) Pte. Ltd.

WTF Insurance Services Pte Ltd  
Effective Date:

PAGE 1 1  
DATE 18/01/2019

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/20190614/2145

1 of 3

Report No. T/20190614/2145

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2019 18:17	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MUHAMMAD SYAHRIL ELFY BIN MASRANI		Address: APT BLK 121A EDGEDALE PLAINS #11-247 PUNGGOL EDGE SINGAPORE 821121	
ID Type / ID No.: NRIC NO / S9511129G		Contact No.:	Mobile: 92209040
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 21/03/1995	Type of Informant: Rider
Race: Boyanese		Language:	Institution / School Name:
Occupation: GRAB FOOD RIDER		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No.	Date/Time of Accident: 12/06/2019 19:00	Type of Location:
Location: Along Road 1 TAMPINES STREET 21  TAMPINES STREET 21.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD3167M	Motorcycle	YAMAHA	X-1R	Red		0
SKF6020R	Car	AUDI	A4 ATTRACTIO N 1.8 TFSI MU(PI)	Grey		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**Police Report**

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

Report No. T/20190614/214

2 of 1  
Police Station  
Traffic Police  
10 Ubi  
Tel No

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD3167M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60840810	26/01/2019	25/01/2020

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Rider</b>				
Name	MUHAMMAD SYAHRIL ELFY BIN MASRANI	ID No.	S9511129G	
Related Vehicle	FBD3167M (Motorcycle)	Contact No.	92209040	
Hospital/Clinic	PUNGGOL POLYCLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	13/06/2019	Date Discharge	13/06/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
<b>Driver</b>				
Name	SHANTHEN S/O N RAMASAMY	ID No.	S8311154B	
Related Vehicle	NIL	Contact No.	90705042	
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 STATED DATE, TIME AND LOCATION I WAS RIDING MY MOTORBIKE OF PLATE NUMBER FBD3167M ALONG TAMPINES STREET23. AFTER TURNING LEFT TO TAMPINES ST 21, I CHECKED AND ENSURE THAT THERE IS NO ONE CROSSING THE ZEBRA CROSSING SO I I PROCEED STRAIGHT WHEN A CAR OF PLATE NUMBER SKF6020R EXIT FROM MULTI STOREY CARPARK 202A FROM MY LEFT. THE CAR DROVE OUT FROM THE CARPARK AND BLOCK MY PATH, BOTH OF US COLLIDED. I SUFFERED FROM MINOR BRUSIES AND I WENT TO PUNGGOL POLYCLINIC FOR A CHECKUP. I WAS GIVEN 3 DAYS OF MC.

Police Report



T/20190614/2145

3 of 3

Report No. T/20190614/2145

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

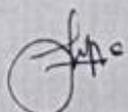
CONTINUATION OF REPORT

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 /  
EUGENE AW WEI XUAN

Signature Of Informant:  


Signature Of Interpreter:  
Not applicable

Date/Time:  
14/06/2019 18:17

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:  
 SINGAPORE  
POLICE FORCE

Authentication Stamp  
168

Signature: 