

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	22/07/2019 19:02
Date Of Accident	21/07/2019 03:00
Exact Location Of Accident	WOODLANDS AVE 12 TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV6970Z
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD YUSUF BIN ISHAK
NRIC No	S9602195Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93834425
Alternative Phone No	OFFICE-93834425

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRRZX150
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/19-500558-WTT
Cover Note Number	

Driver

Name of Driver	MUHAMAD YUSUF BIN ISHAK
NRIC No	S9602195Z
Date Of Birth	17/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93834425
Fax Number	
Contact Number	OFFICE-93834425
Email Address	NOEMAIL

Address	BLK 545 BEDOK NORTH STREET 3 #10-1380
Postcode	460545
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 - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : ASMAA BINTE MOHAMED SULEMAN MOHD ASHRAF GENDER: : FEMALE

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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20190722/7015.

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	SLA565P
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 MUHAMAD YUSUF BIN ISHAK
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FV6970Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ASMAA BINTE MOHAMED SULEMAN MOHD ASHRAF
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FV6970Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan


SKETCH PLAN

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- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

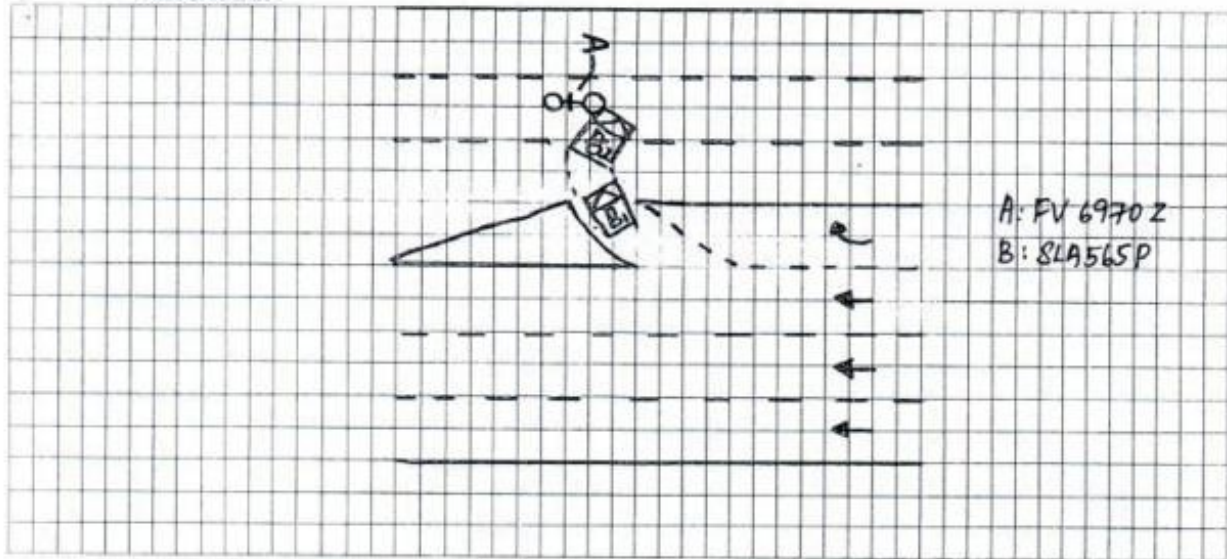
Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(If driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190722/7015

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

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Report No. T/20190722/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2019 15:55	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMAD YUSUF BIN ISHAK			Address: APT BLK 545 BEDOK NORTH STREET 3 #10-1380 SINGAPORE 460545	
ID Type / ID No.: NRIC NO / S9602195Z			Contact No.: Home/Office:	Mobile: 93834425
Nationality: SINGAPORE CITIZEN			Email: skatelegendv1.2@gmail.com	
Sex: Male	Age: 23	Date of Birth: 17/01/1996	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: freelance sound engineer			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: 21/07/2019 03:00	Type of Location:
Location: WOODLANDS AVENUE 12				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV6970Z	Motorcycle	KAWASAKI	KRRZX150	Silver		0
SLA565P	Car	HYUNDAI	Avante	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV6970Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60855400	19/05/2019	18/05/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190722/7015

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

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Report No. T/20190722/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMAD YUSUF BIN ISHAK	ID No.	S9602195Z
Related Vehicle	FV6970Z (Motorcycle)	Contact No.	93834425
Hospital/Clinic	AESCURE AESTHETIC & LASER CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Pillion			
Name	ASMAA BINTE MOHAMED SULEMAN MOHD ASHRAF	ID No.	S9506827H
Related Vehicle	FV6970Z (Motorcycle)	Contact No.	82289722
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	Serious
Driver			
Name	LUM ZHIHUI	ID No.	S8307963J
Related Vehicle	SLA565P (Car)	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 stated date and time, I was traveling straight along Woodlands Ave 12 towards SLE with my vehicle (FV6970Z). Vehicle (SLA565P) which was at the opposite road suddenly made a high speed u-turn without making sure the road is clear. It caused me could not stop in time and collide onto his vehicle. After the collision, my bike fell left onto the ground.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20190722/7015

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Report No. T/20190722/7015

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20190722/7015

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

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Report No. T/20190722/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
22/07/2019 15:55

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

