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# 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.
- Information provided must be as <u>truthful and accurate</u> as possible, Any wilful misrepresentation or witholding 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.
- 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.	
Extra de la companya	ACCIDENT STATEMENT
Date Of Report	05/08/2019 15:07
Date Of Accident	04/08/2019 19:30
Exact Location Of Accident	320E EAST COAST RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP8817A
Insured/Policyholder	
Name Of Registered Owner	RUDI MASLI BIN HADI LIM
NRIC No	\$76094031
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88189775
Alternative Phone No	OFFICE-88189775
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150
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/19-501735-WTT

Cover Note Number

#### Driver

Name of Driver RUDI MASLI BIN HADI LIM

 NRIC No
 \$7609403I

 Date Of Birth
 28/03/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 16/08/2007

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88189775

Fax Number

Contact Number OFFICE-88189775

EMail Address NOEMAIL

Address BLK 633 HOUGANG AVENUE 8

#02-11 530633

Postcode 530

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.

Number of Passengers (Including Driver)

NO

## **Details of Police Action**

Was the accident reported to the police?

YES

1

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190805/2002.

## Attachment(s)

Are accident photos available for attachment?

YES

96209854

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLA9257U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver CHEW SHIN LIN
NRIC/Passport Number S7826712G

NRIC/Passport Number
Contact Number

Address Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

7

Passenger 2 NAME:

GENDER:

Passenger 3 NAME:

GENDER:

Passenger 4 NAME:

GENDER:

Passenger 5 NAME:

GENDER:

Passenger 6 NAME:

GENDER:

# **DETAILS OF INJURED PERSON 1**

Name RUDI MASLI BIN HADI LIM

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBP8817A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## SKETCH PLAN

# **IMPORTANT NOTICE**

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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.:

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_1	East (sast rd		
		A.	5698817A
		B:	SLAGISTU
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	A		
1	B		

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	police report- Thougosos, 2002.	
111		

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.:





1 of 3

Report No. T/20190805/2002

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

DEDODT	OF	٨	TDAFFIC	ACCIDENT
KEPUKI	OF.	м	IKAFFIC	ACCIDENT

Date/Time Report Made: 05/08/2019 00:36		Vide Report No.:	Station Diary No.: 17		
Informa	nt's Partic	ulars			
Name of	f Informant:		Address:		
RUDI M	ASLI BIN H	ADI LIM	APT BLK 633 HOUGANG AVENUE 8 #02-11 SING 530633		
ID Type / ID No.: NRIC NO / S7609403I			Contact No.: Home/Office: Mobile: 88189775		
National SINGAP	lity: PORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 43 28/03/1976			Type of Informant: Cyclist		
Race: Chinese		Language:	Institution / School Name:		
Occupation: LOGISTIC OFFICER		Driving Licence Information Class: 2B,2A,3	on: Date of Expiry:		

General Infor	mation of the Acci	dent		MAN AND PARTY.	-
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2019	1000000	Type of Location:
Location: Along Road 1 EAST COAST					
Weather:		Road Surface		Roa	ad Speed Limit:
Traffic Flow:		Traffic Control		Tra	ffic Volume:
Type of Collis	ion:				one conveyed by bulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBP8817A	Motorcycle					0
SLA9257U	Car					0





T/20190805/2002

2 of 3

Report No. T/20190805/2002

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 CONTINUATION OF REPORT

# Brief Details.

On 04/08/2019 at about 1929hrs, I was at East Coast Road nearing to 320E (Shophouses) in my motorcycle (FBP 8817A) and everything was in order. After buying dinner, I started to proceed to the left turn area waiting to join the main road. All of a sudden while waiting for the traffic to clear up before proceeding, the vehicle (SLA 9257U) behind collided onto me.

Both drivers exchanged particulars after the accident had happened. While proceeding back home after the accident, I felt pain at the back as such I went to see a private hospital and was given three days medical certificate for the injury. Furthermore, my motorcycle's rear plate number and mudguard was crushed from the accident. I am lodging this report for insurance and record purposes.

Details of the driver S7826712G Chew Shin Lin contact no: 9620 9854





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 3 of 3 Report No. T/20190805/2002

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 F / Sgt 1 ONG YU HAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2019 00:36
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp	



For LKK/NAC Use Or

RUDI MASLI BIN HADI LIM

CHINESE 28-03-1976 SINGAPORE





Date: 25 Apr 2016

002560943F

C Class 2B Class 2A Class 3

Motorcycles =< 200 CC

Motorcycles herecen 201 CC and 400 CC

Motor care << 3000 kg with << ? passengers, driver, and motor tractors/vehicles =< 2500 kg

For LKK/NAC U

S / No.9000301096

S76094031

MP 428A

APT BLK 633 HOUGANG AVENUE 8 #02-11 SINGAPORE 530633 NEIC No. S78094031

Date: 11/02/2016



MSIG Insurance (Singapore) Pte. Ltd. (Co. Rig. No. 2004) 221-201 4 Shenton Way. # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

44

# CERTIFICATE OF INSURANCE

Road Transport Act, 1937 [Malaysia]

The Molor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)

Jostor Vehicles (Third Party Risks and Compensation) Act i CAP. 189 of the Revised Edition (Republic of Singapore The Motor Vehicles (Third Party Risks and Compensation) Rules, 1986 Edition (Republic of Singapore)

Or any Amendment, Act or Acts passed in substitution thereof.

-RTIFICATE NO :

KSD/YMS/19-581735-WTT A8633-881/W8881

MINSURED :

DMU

CESS

\$300(FIRESTHEFT) \$600(ENDT 2K)

S7609403I

. Index mark and Registration Number of Vehicle

PBP8817A

YAKAHA

150 c.c.

. Name of Policyholder 2

RUDI MASLI BIN HADI LIN

. Effective date of the Commencement of Insurance

for the purposes of the Act

9951AN 22/86/2019

Date of Expiry of Insurance

21/06/2020

Persons or Classes of Persons entitled to drive a. The folloyholder.

covided that the person driving is permitted in accordance with the licensing other laws or regulations to drive the Motor Vehicle or has been so permitted it is not disqualified by order of a Court of Law or by reason of any enactment regulation in that behalf from driving the Motor Vehicle. And provided further that e Motor Vehicle is registered and licensed under the Road Traffic Act and its gistration and licensing under the Road Traffic Act has not been cancelled at the ne of the accident loss or damage.

Limitation as to Use use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

The Policy does not cover 1. Use for bire or reward.

- t. Use for racing, pace-making, reliability trial or speed-testing.
- Use for the carriage of goods (other than samples) in connection with any trade or business.
- 1. Use for any purpose in connection with the Motor Frade.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

WE HEREBY CERTIFY that the Policy to which this Certificate relates is ued in accordance with the provisions of the Motor Vehicles (Third-Party Risks of Compensation) Act (Chapter 189) and the Road Transport Act, 87 (Malaysia).

300000.

WTT INSURANCE Y ANCIES PTE LTD