

## 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             | 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          |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | FBP8817A                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | RUDI MASLI BIN HADI LIM |
| NRIC No                     | S7609403I               |
| 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              | S7609403I               |
| 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<br>#02-11 |
| Postcode  | 530633                             |
| 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 | -<br>-<br>-                        |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                        |

#### 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. | 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                       | HOUGANG NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 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 |
| 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     |
| Contact Number              | 96209854      |
| Address                     |               |
| Postcode                    |               |
| Insurance Company Name      |               |

Nature Of Damage

No. Of Passenger (Including Driver)

7

Passenger 1

NAME: :

GENDER: :

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

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

Refer to police report - Thn 19/08/2022.

### 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190805/2002

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

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Report No. T/20190805/2002

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>05/08/2019 00:36 | Vide Report No.: | Station Diary No.:<br>17 |
|--|------------------|--------------------------|

### Informant's Particulars

|   |  |
|---|--|
| Name of Informant:<br>RUDI MASLI BIN HADI LIM     | Address:<br>APT BLK 633 HOUGANG AVENUE 8 #02-11 SINGAPORE 530633 |
| ID Type / ID No.:<br>NRIC NO / S76094031          | Contact No.:<br>Home/Office: Mobile: 88189775                    |
| Nationality:<br>SINGAPORE CITIZEN                 | Email:   |
| Sex: Male<br>Age: 43<br>Date of Birth: 28/03/1976 | Type of Informant:<br>Cyclist                                    |
| Race:<br>Chinese                                  | Language: Institution / School Name:                             |
| Occupation:<br>LOGISTIC OFFICER                   | Driving Licence Information:<br>Class: 2B,2A,3 Date of Expiry:   |

### General Information of the Accident

|  |                  |                       |   |                   |
|--|------------------|-----------------------|---|-------------------|
| General Information of the Accident          |                  |                       |   |                   |
| Type of Accident:                            | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>04/08/2019 19:30 | Type of Location: |
| Location:<br>Along Road 1<br>EAST COAST ROAD |                  |                       |   |                   |
| Along East Coast Road, 320E                  |                  |                       |   |                   |
| Weather:                                     |                  | Road Surface:         | Road Speed Limit:                             |                   |
| Traffic Flow:                                |                  | Traffic Control:      | Traffic Volume:                               |                   |
| Type of Collision:                           |                  |                       | Anyone conveyed by<br>ambulance:<br>No        |                   |

### Details of Vehicle Involved

| Vehicle No. | Type       | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBP8817A    | Motorcycle |      |       |       |           | 0               |
| SLA9257U    | Car        |      |       |       |           | 0               |



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190805/2002

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

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Report No. T/20190805/2002

### 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 Report



**SINGAPORE  
POLICE FORCE**



T/20190805/2002

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

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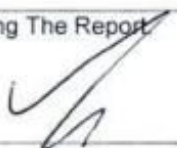

Report No. T/20190805/2002

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:<br>F /<br>Sgt 1 ONG YU HAN<br>                                   | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>05/08/2019 00:36  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SI MOHAMAD ZULFAZDLI BIN ABDULLAH<br>Contact No.: 65476204<br> | Classification Of Case:   |
| Authentication Stamp<br>NP168  |   |



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

