

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	07/08/2019 12:15
Date Of Accident	04/08/2019 06:40
Exact Location Of Accident	JUNCTION OF BT BATOK EAST AVE 2 & HILLVIEW AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ6166P
Insured/Policyholder	
Name Of Registered Owner	HASBARINI BINTE HASAN
NRIC No	S82314671
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93818718
Alternative Phone No	OFFICE-93818718

Vehicle Particulars

Manufacturer	KTM
Model	200 DUKE
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	60809140
Cover Note Number	

Driver

Name of Driver	HASBARINI BINTE HASAN
NRIC No	S82314671
Date Of Birth	19/10/1982
Occupation	INDOOR
Date Of Driving Pass	15/02/2007
Driving Experience	12 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93818718
Fax Number	
Contact Number	OFFICE-93818718
EMail Address	NOEMAIL

Address	BLK 7 JALAN BATU #09-107
Postcode	431007
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.	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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	GBH1356B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	HASBARINI BINTE HASAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBJ6166P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	APT BLK 7 JALAN BATU #09-107
Postcode	431007

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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, 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")

- (a) 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
- (b) 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.
- (c) 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.
- (d) the information so collected under (d) above may be shared / disclosed;
- (e) 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
- (f) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

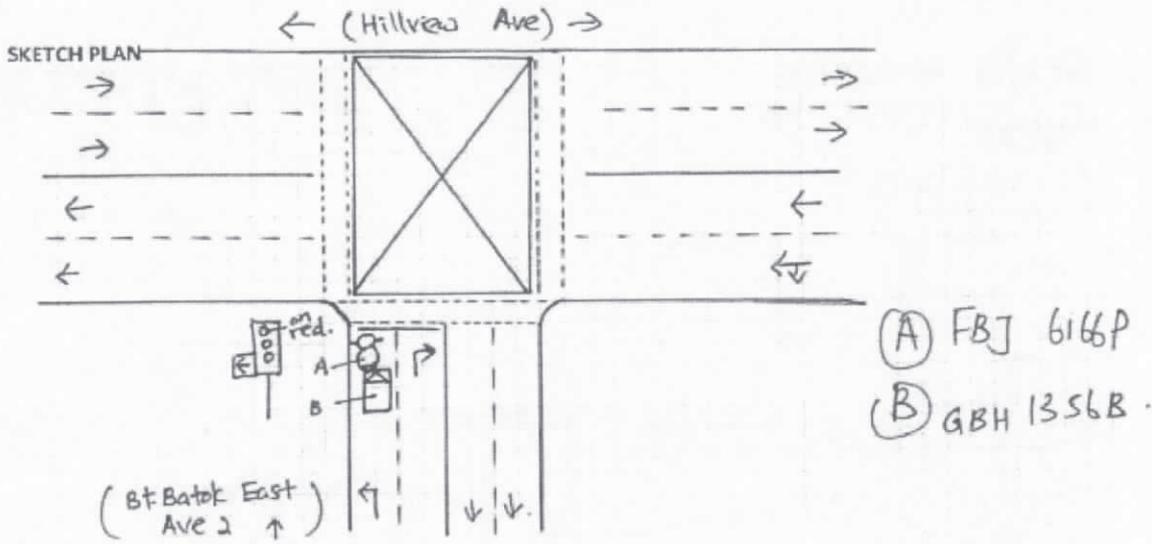
Driver's Signature

Reporting Centre Personnel's Signature

SKETCH PLAN

Sketch Plan

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Pls Refer To
Police Report No: T/20190804/2036.

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
NRK/IN No.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190804/2036

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20190804/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2019 12:47	Vide Report No.:	Station Diary No.: 60
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Informant's Particulars			
Name of Informant: HASBARINI BINTE HASAN		Address: APT BLK 7 JALAN BATU #09-107 SINGAPORE 431007	
ID Type / ID No.: NRIC NO / S8231467I		Contact No.: Home/Office: Mobile: 93818718	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 36	Date of Birth: 19/10/1982	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: CBM PARKING (COMMAND CENTRE)		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2019 06:40	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK EAST AVENUE 2 HILLVIEW AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: STATIONARY VEHICLE (HEAD TO REAR)			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ6166P	Motorcycle	KTM	200 DUKE	Orange		0
GBH1356B	Van					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ6166P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60809140	06/08/2018	05/08/2019

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190804/2036

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Report No. T/20190804/2036

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HASBARINI BINTE HASAN	ID No.	S82314671
Related Vehicle	FBJ6166P (Motorcycle)	Contact No.	93818718
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/08/2019	Date Discharge	04/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 04/08/2019 at about 0639hrs as I was on the way to work, I was the first vehicle at the T-Junction of Bukit Batok East Avenue 2 and was waiting for the traffic light to turn green before turning left to Hillview Avenue when suddenly I felt an impact from the rear. I fell to the ground together with my motorcycle. I then realized that a van (later establish to be, GBH1356B) had hit onto my rear. I feel pain over the left side of my body and leg and thus called 995 for immediate medical attention. I was conveyed in conscious state to Ng Teng Fong Hospital. I was given Three (03) Days Outpatient Sick Leave from 04/08/2019 to 06/08/2019. I am unsure of the condition of my motorcycle as currently with Traffic Police for safe custody however earlier before being conveyed I did observed damages on it.

I was also contacted by a Traffic Officer IO Hidayah, HP: 87112464 who advised me to lodge a Traffic Accident report.



**SINGAPORE
POLICE FORCE**



T/20190804/2036

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20190804/2036

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: J/ Sr Staff Sgt SHANIZA BINTE SITAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2019 12:47
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp
NF168

