

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	03/09/2019 16:01
Date Of Accident	28/08/2019 18:10
Exact Location Of Accident	SLE (CTE) AFTER WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5532H
Insured/Policyholder	
Name Of Registered Owner	SYED FARUQ AL AIDID BIN S AFANDI
NRIC No	S9349080J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98300614
Alternative Phone No	OFFICE-98300614

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
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/19-394440-CA
Cover Note Number	

Driver

Name of Driver	SYED FARUQ AL AIDID BIN S AFANDI
NRIC No	S9349080J
Date Of Birth	31/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98300614
Fax Number	
Contact Number	OFFICE-98300614
Email Address	NOEMAIL

Address	BLK 180D RIVERVALE CRESCENT #13-387
Postcode	544180
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	CHAIN COLLISION
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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190829/2105.

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	SLQ9763R
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLA8885M

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 SYED FARUQ AL AIDID BIN S AFANDI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBH5532H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan


SKETCH PLAN


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. 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.

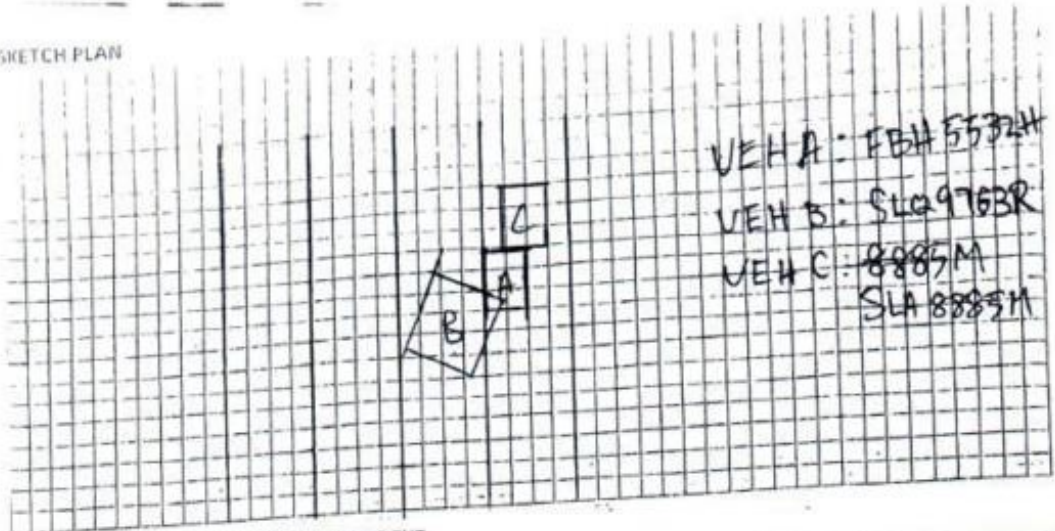

Policyholder's Signature
Date & Time:


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




VEH A: FBH5532H
 VEH B: SLG9763R
 VEH C: 8885M
 SLA8885M


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IN THE STATED TIME & DATE I WAS TRAVELLING
 ON SLE TOWARDS CIE AFTER WOODLAND AVE 12,
 I WAS RIDING ON THE FIRST LANE (VEH A: FBH5532H)
 SUDDENLY VEH B SLG9763R FILTER FROM LANE 3 TO MY
 LANE 2 COLLIDED ONTO MY BIKE & MY BIKE COLLIDED
 INTO VEH C (SLA8885M)

DECLARATION

(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/IN No:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190829/2105

1 of 4

Report No. T/20190829/2105

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No. 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/08/2019 14:46

Vide Report No.:

Station Diary No.:
83

Informant's Particulars

Name of Informant:
SYED FARUQ AL AIDID BIN S
AFANDI

Address:
APT BLK 180D RIVERVALE CRESCENT #13-387
SINGAPORE 544180

ID Type / ID No.:
NRIC NO / S9349080J

Contact No.:
Home/Office: Mobile: 98300614

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 25 Date of Birth: 31/12/1993

Type of Informant:
Rider

Race:
Arab

Language:
English

Institution / School Name:

Occupation:
PROJECT ENGINEER

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/08/2019 18:10	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY ALONG SLE TOWARDS TAMPINES EXPRESSWAY NEAR TO WOODLANDS AVE 12				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5532H	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SLA8885M	Car					0
SLQ9763R	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
-------------	-------------------	---------------	-----------	-------------

Police Report



**SINGAPORE
POLICE FORCE**



T/20190829/2105

2 of 4

Report No: T/20190829/2105

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBH5532H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72150500	19/01/2019	18/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SYED FARUQ AL AIDID BIN S AFANDI	ID No	S9349080J
Related Vehicle	FBH5532H (Motorcycle)	Contact No.	98300614
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	28/08/2019	Date Discharge	28/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 28/08/2019 at about 6.10pm, I was riding my motorbike bearing the registration number FBH5532H along lane 1 of SLE towards TPE near to Woodlands Ave 12. I was lane splitting but I was more on lane 1. Out of a sudden, a vehicle bearing the registration number SLQ9763R from lane 3 changed lane to lane 1 and side swiped my motorbike. It happened too quickly for me to avoid and I collided onto the rear of a vehicle bearing the vehicle registration number SLA8885M in front of me, before I fell on the floor. A passer-by assisted to call the ambulance, and I was conveyed to Khoo Teck Puat Hospital in a conscious state. Traffic Police was also at scene. The driver who hit me claimed that he did not see me when he changed lane. I am also aware that the vehicle in front of me had a rear in-car camera and it was recording at that point of time. The driver has also submitted his SD card to the Traffic Police.

I wish to inform that there was no passenger in SLA8885A, and there was 1 passenger seated at the back of SLQ9763R. As far as I know, I did not see anyone else injured other than myself. Due to this accident, my left wrist was sprained and I sustained abrasions on my right arm and right knee. I also have 5 days MC from the hospital from 29/08/2019 to 02/09/2019.

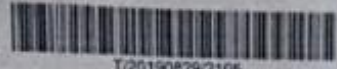
Particulars of driver of SLA8885M:
Lam Yung Siong
S7105789E
HP: 97903455

Particulars of driver of SLQ9763R:
Tan Tiong Eng
S1350934D
HP: 97656261

Police Report



**SINGAPORE
POLICE FORCE**



T/20190829/2105

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 4

Report No: T/20190829/2105

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20190829/2105

4 of 4

Report No. T/20190829/2105

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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:

G /

Sgt 2 REGINA LUI YU TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/08/2019 14:46

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MA JUNXIANG

Contact No.: 65476251

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

