

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	11/09/2019 11:59
Date Of Accident	26/08/2019 20:05
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (AFTER EUNOS EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU7660S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ISMAIL BIN MD MANSOR
NRIC No	S9410084D
Email Address	IS_RED12@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87505424
Alternative Phone No	OTHERS-87505424

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF2J-399CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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/19-396998-CA
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ISMAIL BIN MD MANSOR
NRIC No	S9410084D
Date Of Birth	23/03/1994
Occupation	INDOOR
Date Of Driving Pass	21/02/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87505424
Fax Number	
Contact Number	OTHERS-87505424
Email Address	IS_RED12@HOTMAIL.COM

Address	BLK 111 HO CHING ROAD #01-16
Postcode	610111
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?	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: : NOR RIZAM BIN MOHAMAD NASIR GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190827/2013

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	SHA7621L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 MUHAMMAD ISMAIL BIN MD MANSOR
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FU7660S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NOR RIZAM BIN MOHAMAD NASIR
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FU7660S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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, 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: 

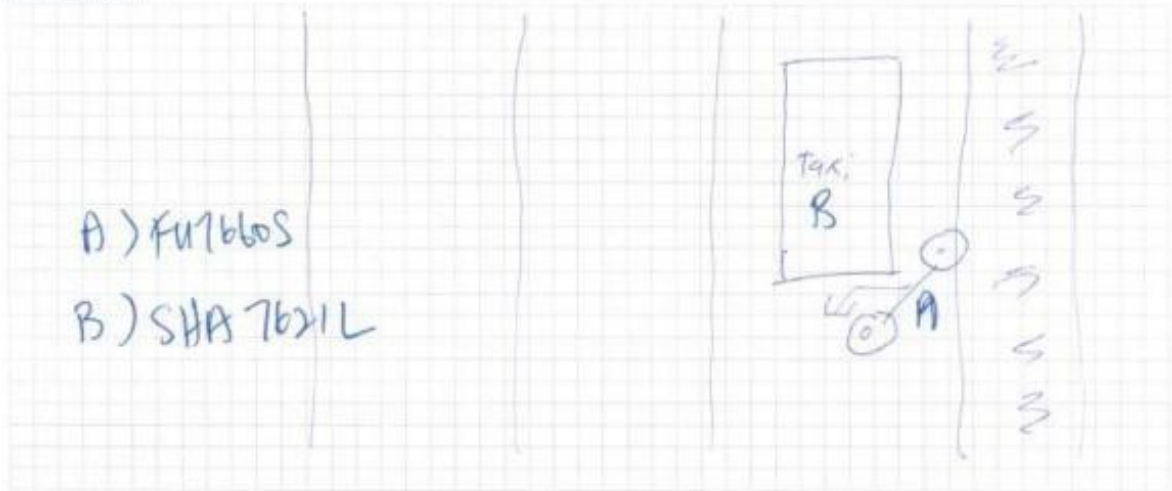
Date & Time: 24 Aug 2014
1750hrs

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

PLS REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature

Date & Time: 29 Aug 2019

1750hrs

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/20190827/2013

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Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190827/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2019 02:30		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: MUHAMMAD ISMAIL BIN MD MANSOR			Address: APT BLK 111 HO CHING ROAD #01-16 SINGAPORE 610111		
ID Type / ID No.: NRIC NO / S9410084D			Contact No.: Home/Office:		Mobile: 87505424
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 23/03/1994	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 2B,2A,2,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/08/2019 20:05	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY				
Going toward Changi Airport before after Eunos Exit				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU7660S	Motorcycle	HONDA	CB400SF2J	Blue	Slightly Damaged	1
SHA7621L	Car	HYUNDAI		Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU7660S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72165130	10/04/2019	09/04/2020

POLICE REPORT



**SINGAPORE
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T/20190827/2013

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Tel No: 1800-2449999

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Report No. T/20190827/2013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	Nor Rizam Bin Mohamad Nasir	ID No.	S8810514A
Related Vehicle	FU7660S (Motorcycle)	Contact No.	96935014
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Rider			
Name	MUHAMMAD ISMAIL BIN MD MANSOR	ID No.	S9410084D
Related Vehicle	FU7660S (Motorcycle)	Contact No.	87505424
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3A Date of Expiry: NIL
Date Treatment	26/08/2019	Date Discharge	26/08/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Name			
Name	Unknown	ID No.	NIL
Related Vehicle	SHA7621L (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 26 August 2019 at 1945hrs, I was riding my motorcycle (FU7660S) together with one pillion going to Changi Airport for work. While traveling along PIE towards Changi Airport at the 1st lane and I notice at the opposite direction there a few traffic police motorcycle pass by, thus I took a look at what is happening. When I looked back front, I discovered that there one taxi (SHA7621L) very close to me and I am unable to stopped in time and hit onto the rear side of the Taxi. The impact cause my pillion to flew on top of the taxi and for myself I still was intact on my motorcycle. After the accident I immediately attended to my pillion and the driver of the taxi also came out of his vehicle to check on our condition. The Taxi driver called for ambulance service and awhile later Traffic

POLICE REPORT



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T/20190827/2013

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Report No. T/20190827/2013

CONTINUATION OF REPORT

police arrived at scene. My friend and I were conveyed to CGH by ambulance. I was later discharge from CGH with 7 days of MC and my friend is still currently warded for further medical assistance.

POLICE REPORT



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T/20190827/2013

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Report No. T/20190827/2013

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 /

Sr Staff Sgt SIM CHENG SIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
27/08/2019 02:30

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

