

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	18/09/2019 14:58
Date Of Accident	04/09/2019 21:40
Exact Location Of Accident	JALAN BUKIT MERAH AND HENDERSON ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FQ1352S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAFIQUE BIN PERKASA
NRIC No	S9436448E
Email Address	PSYCO_FIQ3@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87423941
Alternative Phone No	OTHERS-87423941

Vehicle Particulars

Manufacturer	YAMAHA
Model	DT200WR-199CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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/VMT/19-396061-CA
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAFIQUE BIN PERKASA
NRIC No	S9436448E
Date Of Birth	05/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87423941
Fax Number	
Contact Number	OTHERS-87423941
EEmail Address	PSYCO_FIQ3@HOTMAIL.COM

Address	BLK 529 BEDOK NORTH STREET 3 #02-594
Postcode	460529
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 ON 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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190916/2066

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 Witness 1

Name	RAZEEK
Phone Number	92992326
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD339H
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 HAFIQUE BIN PERKASA
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FQ1352S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

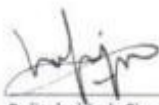
SKETCH PLAN

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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: 16/9/2019

14554RS

Driver's Signature

(If driver is not the policyholder)

Date & Time:



19/09/2019

Reporting Centre Personnel's Signature

Name:

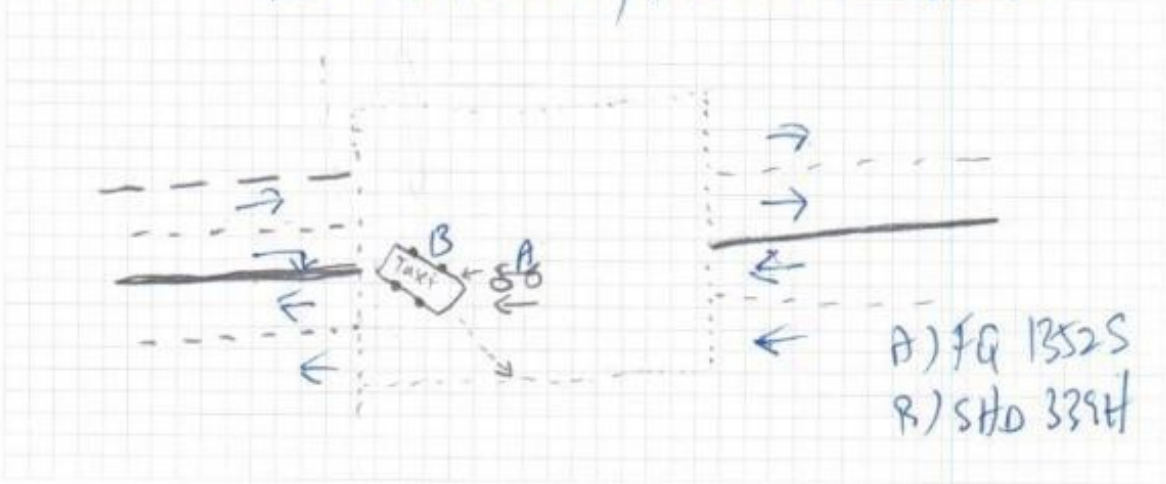
NRIC/FIN No.:



Accident Sketch Plan

SKETCH PLAN

JALAN BUKIT MUKAH / HAWASSU RO JUNCTION

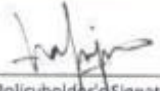


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~MS Riefhol to Police Report
7/2018/216/2066~~

DECLARATION

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


Policyholder's Signature
Date & Time: 10/09/2019
15 00 HRS

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/20190916/2066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20190916/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2019 13:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD HAFIQUE BIN PERKASA			Address: 529 BEDOK NORTH STREET 3 #02-594 SINGAPORE 460529		
ID Type / ID No.: NRIC NO / S9436448E			Contact No.:		Mobile: 87423941
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 05/10/1994	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: ENTERTAINMENT TECH			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/09/2019 21:40	Type of Location:
Location: Along Road 1 JALAN BUKIT MERAH JALAN BUKIT MERAH X HENDERSON RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ1352S	Motorcycle	YAMAHA	DT200WR	White		0
SHD339H	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FQ1352S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19396061	04/03/2019	03/03/2020

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190916/2066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190916/2066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HAFIQUE BIN PERKASA	ID No.	S9436448E
Related Vehicle	FQ1352S (Motorcycle)	Contact No.	87423941
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/09/2019	Date Discharge	05/09/2019
No. of Days granted Medical Leave	11	Degree of Injury	Serious

Brief Details.

On the above mentioned date time and location,
I was travelling along Jalan Bukit Merah on the centre lane. I was from Lower Delta heading back home. Accident happens at the junction, Jalan Bukit Merah by Henderson Rd traffic light. I have the right of way as it was a green light. At the junction, out of a sudden a vehicle made a right turn into Henderson Rd. I did not have time to react and had to collide with the front left side of the vehicle. I was then conveyed to SGH, warded for 1 night and was given 11 days of MC. That's all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190916/2066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190916/2066

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: *lv*
TP /
MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
16/09/2019 13:34

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP168

[Handwritten Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

