

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 20/09/2019 16:15
Date Of Accident 09/09/2019 21:00
Exact Location Of Accident YISHUN AVENUE 6
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF2429D
Insured/Policyholder
Name Of Registered Owner MOHAMED FIRDAUS BIN MOHAMED ALI
NRIC No S9414691G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91014821
Alternative Phone No OFFICE-91014821

Vehicle Particulars

Manufacturer SUZUKI
Model DRZ400SML0-398CC
Exact Purpose for which vehicle was being used at time of accident

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
Cover Note Number

Driver

Name of Driver MOHAMED FIRDAUS BIN MOHAMED ALI
NRIC No S9414691G
Date Of Birth 01/05/1994
Occupation OUTDOOR
Date Of Driving Pass 20/07/2013
Driving Experience 6 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-91014821
Fax Number
Contact Number OFFICE-91014821
Email Address NOEMAIL

Address	860 YISHUN AVENUE 4 #02-145
Postcode	760860
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 - CROSS JUNCTION
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?	NO
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 [OTHER]	REPORT NO: T/20190910/2055
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190910/2055.

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	SJV5111X
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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

IMPORTANT NOTICE

1. Please report correctly the details of the accident to the relevant authorities.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be truthful and accurate as possible to avoid any criminal or civil liability.
4. The form and evidence must be submitted to the relevant authorities as soon as possible.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded to the relevant authorities for their use in the event of a claim.
7. The report will be used to support the insurance claim and may be used for legal purposes.
8. Subject under the Personal Data Protection Act (PDPA).

Information on the use of this form is available on the website.

9. The form is available in both English and Chinese. It is a legal document and should be filled out by the policyholder or the authorised driver. The information provided should be truthful and accurate as possible. The form will be used to support the insurance claim and may be used for legal purposes.

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Policyholder's Signature
Date & Time

Driver's Signature
If driver is not the policyholder
Date & Time

Reporting Centre Representative's Signature
Name: Mr. [Signature]
Title: [Signature]

Stamp/Signature

Sketch Plan #2

A FBP2429V

B SUV5111X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time I was traveling along Jalan Ase I
 approaching a T-junction intersecting Jalan Ase II I was traveling straight
 with the traffic lights on my favour when suddenly vehicle B made a
 abrupt right turn and I couldn't avoid vehicle B and collided
 on to it.

DECLARATION

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

Policyholder's Signature
 Date & Time:

SAHAJ KANAPPAHARAN, 18/11/2024

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Accident Centre Personnel's Signature
 Name: AID 102424
 URIC/ID No:

Identification Card



Police Report

SINGAPORE
POLICE FORCE

1201920105055

Police Station: K. P. 027
 Police Sector: N P. 6
 22 Hill Street, SINGAPORE 189456
 Tel: 65-6375-8521 (30)

Report No: 1201920105055

REPORT OF A TRAFFIC ACCIDENT

Case No: Report Made
 10000000000000000000

File Ref: 11B

Station Code No
 54

Informant's Particulars

Name of Informant			Address			
VISHU VISHNU VISHNU			APT. BUK 831, VISHNU AVENUE 4 402-148 SINGAPORE			
160550			Contact No			
160550			Home/Office			
160550			Mobile: 91014821			
160550			Email			
SINGAPORE CITIZEN						
Sex	Age	Date of Birth	Type of Informant			
Male	25	01/05/1994	Rider			
Race			Language	Institution / School Name		
Malay			English			
Occupation			Driving Licence Information			
ENGINEER			Class: 2B, 2A, 2, 3	Date of Expiry		

General Information of the Accident

Type of Accident	Injury	Drunk Driver	Date/Time of Accident	Type of Location
	Conveyed By Ambulance	No	09/09/2019, 21:05	T-Junction

Level: 1
 Junction of Road 1 and Road 2
 VISHNU AVENUE 5
 VISHNU AVENUE 11

Weather	Road Surface	Road Speed Limit
Clear	Dry	
Traffic Flow	Traffic Control	Traffic Volume
Free Flow		Moderate
Type of Collision		Anyone conveyed by ambulance
Between Moving Vehicles - Head On		Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBP2429D	Motorcycle	SUZUKI	DRZ400SML 0	Black	Slightly Damaged	1
SJVE111X	Car	MAZDA	MAZDA6 SEDAN 2.0 AT STANDARD 2WD	Silver	Slightly Damaged	1

Police Report



Police Report



CONTINUATION OF REPORT

Signature Of Informant _____



Date/Time:
10/09/2019 12:04

Classification Of Case

Accident Photo

