

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	04/10/2019 18:13
Date Of Accident	25/09/2019 10:30
Exact Location Of Accident	PUNGGOL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP5013Y
Insured/Policyholder	
Name Of Registered Owner	YAZID BIN ABDULLAH
NRIC No	S6849982H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90234657
Alternative Phone No	OFFICE-90234657

Vehicle Particulars

Manufacturer	HONDA
Model	SUPRA GTR 150 MANUAL
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	REPORTING ONLY
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/19-500348-WTT
Cover Note Number	

Driver

Name of Driver	YAZID BIN ABDULLAH
NRIC No	S6849982H
Date Of Birth	26/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1987
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90234657
Fax Number	
Contact Number	OFFICE-90234657
Email Address	NOEMAIL

Address	BLK 264F COMPASSVALE BOW #07-86
Postcode	540264
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	SIDE SWIPE
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190930/2068 & T/20191001/2031.

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	XD8687K
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) 1

DETAILS OF INJURED PERSON 1

Name YAZID BIN ABDULLAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBP5013Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

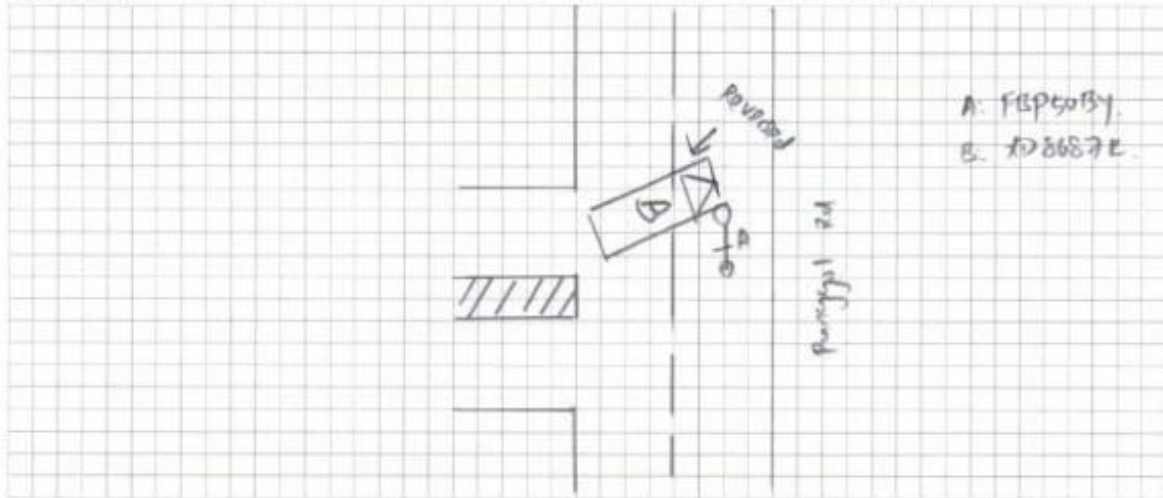
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/90930/2068 & 7/20/91201/2031.

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: _____
NRIC/FIN No.: _____

Police Report



**SINGAPORE
POLICE FORCE**



T/20190930/2068

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190930/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2019 12:29	Vide Report No.: F/20190925/0072	Station Diary No.: 54
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Informant's Particulars			
Name of Informant: YAZID BIN ABDULLAH		Address: APT BLK 264F COMPASSVALE BOW #07-86 SINGAPORE 540264	
ID Type / ID No.: NRIC NO / S6849982H		Contact No.: Home/Office: Mobile: 90234657	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 26/11/1968	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: Dispatch Rider		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/09/2019 10:30	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL ROAD				
In front of Pu Ti Buddhist Temple				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP5013Y	Motorcycle	HONDA	SUPRA GTR 150 MANUAL	Black	Slightly Damaged	0
XD8687K	RUBBISH TRUCK			White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20190930/2068

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190930/2068

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP5013Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60854300	17/04/2019	16/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	YAZID BIN ABDULLAH		ID No.	S6849982H
Related Vehicle	FBP5013Y (Motorcycle)		Contact No.	90234657
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	25/09/2019		Date Discharge	27/09/2019
No. of Days granted Medical Leave		15	Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	XD8687K (RUBBISH TRUCK)		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 25/09/2019 at about 10.30 am to 11 am, I was riding on my motorcycle bearing registration plate no. FBP5013Y along Buangkok Drive when I made a right turn to Punggol Road. After I made the right turn, I saw a Sembcorp rubbish truck stopping midway and blocking both the 2 lanes road. Immediately, I tried to brake my motorcycle but I was still unable to stop in time and my motorcycle collided onto the right step portion of the truck. Thereafter, ambulance and traffic police attended to me at the accident scene and I was conveyed to Sengkang General Hospital for treatment. I was warded from 25/09/2019 to 27/09/2019 and given 15 days of medical leave. I suffered injury to my left shoulder and right leg.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190930/2068

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20190930/2068

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:

F /

Staff Sgt LEE SHAO WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/09/2019 12:29

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp
NP168



Signature:

Singapore Police Force

Classification Of Case:

SN 085

Police Report



**SINGAPORE
POLICE FORCE**



T/20191001/2031

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20191001/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2019 10:38	Vide Report No.: T/20190930/2068	Station Diary No.: 55
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Informant's Particulars

Name of Informant: YAZID BIN ABDULLAH			Address: APT BLK 264F COMPASSVALE BOW #07-86 SINGAPORE 540264		
ID Type / ID No.: NRIC NO / S6849982H			Contact No.: Home/Office: Mobile: 90234657		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 26/11/1968	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Dispatch Rider			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/09/2019 10:30	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL ROAD				
In front of Pu Ti Buddhist Temple				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP5013Y	Motorcycle	HONDA	SUPRA GTR 150 MANUAL	Black	Slightly Damaged	0
XD8687K	RUBBISH TRUCK	VOLVO	FEE300 64R DC AUTO	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20191001/2031

Police Station Of Origin:
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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20191001/2031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP5013Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60854300	17/04/2019	16/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YAZID BIN ABDULLAH		ID No. S6849982H
Related Vehicle	FBP5013Y (Motorcycle)		Contact No. 90234657
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	25/09/2019		Date Discharge 27/09/2019
No. of Days granted Medical Leave	15	Degree of Injury	Slight

Brief Details.

I am making an amendment to the previous report T/20190930/2068.

I wish to state that on paragraph 1, the rubbish truck was reversing sideways instead of stopping sideways. I had suffered an injury to my left leg instead of my right leg. that is all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191001/2031

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20191001/2031

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:

F /

Sgt 1 KANG YONG LER, JAMESON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/10/2019 10:38

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Classification Of Case:

Contact No.: 65476358

SN.085

Authentication Stamp

NP168



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

