

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	09/10/2019 13:08
Date Of Accident	06/09/2019 11:50
Exact Location Of Accident	ALONG THOMSON RD NEAR THOMSON MEDICAL CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9051B
Insured/Policyholder	
Name Of Registered Owner	KAMARUZAMAN BIN ZAINUDIN
NRIC No	S8203374B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98670626
Alternative Phone No	OTHERS-98670626

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X
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/19-500559-WTT
Cover Note Number	

Driver

Name of Driver	KAMARUZAMAN BIN ZAINUDIN
NRIC No	S8203374B
Date Of Birth	21/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98670626
Fax Number	
Contact Number	OTHERS-98670626
Email Address	NOEMAIL

Address	BLK 109C EDGEDALE PLAINS #13-129
Postcode	823109
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	HIT BY FALLEN TREE / OTHER OBJECTS
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190914/2086

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM6637M
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	KAMARUZAMAN BIN ZAINUDIN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBM9051B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 16/9/19

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

N/O SKETCH AVAILABLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190914/2086

DECLARATION

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

Policyholder's Signature

Date & Time: 16/7/19

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190914/2086

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190914/2086

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KAMARUZAMAN BIN ZAINUDIN	ID No.	S8203374B
Related Vehicle	FBM9051B (Motorcycle)	Contact No.	98670626
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/09/2019	Date Discharge	13/09/2019
No. of Days granted Medical Leave	38	Degree of Injury	Serious

Brief Details.

On 06/09/2019 at about 1150hrs, I was riding my motorcycle one white colour Honda CB400X bearing plate number FBM9051B along Thomson Road. I was travelling on the outer left lane and after the junction of Balestier, my motorcycle hit on to something on my left and the impact caused me to fly off from my motorcycle. I am not sure where I landed at as I was semi-conscious and had difficulties breathing thereafter. I only remember there were passerby who came to help me asking me to stay awake and subsequently I was conveyed to Tan Tock Seng Hospital. I was discharged on 13/09/2019 and was given 38days MC.

I do not remember much about the accident or who were involved in it. I had received a letter from the traffic police ref TP/IP/56213/2019 and was told to lodge a traffic accident report, incharge case Mohd Feroz, Tel: 65476206. There was also an insurance claim against me from the car SLM6637M and I was told by the traffic police that my motorcycle had hit the car when I flew off my motorcycle. I have a camera on my motorcycle and the SD card as been taken by the traffic police.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190914/2086

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No: T/20190914/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2019 14:05		Video Report No.:		Station Diary No.: 58	
Informant's Particulars					
Name of Informant: KAMARUZAMAN BIN ZAINUDIN			Address: APT BLK 109C EDGEDALE PLAINS #13-129 SINGAPORE 823109		
ID Type / ID No.: NRIC NO / S8203374B			Contact No.: Home/Office: Mobile: 98670626		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 21/01/1982	Type of Informant: Rider		
Race: Malay			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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/09/2019 11:50	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
Along Thomson Road, near to Thomson Medical Centre				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Unknown				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9051B	Motorcycle	HONDA	CB400X	White		0
SLM6637M	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9051B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT195C0559	14/05/2019	13/05/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190914/2096

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190914/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KAMARUZAMAN BIN ZAINUDIN	ID No.	S8203374B
Related Vehicle	FBM9051B (Motorcycle)	Contact No.	98670625
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/09/2019	Date Discharge	13/09/2019
No. of Days granted Medical Leave	38	Degree of Injury	Serious

Brief Details.

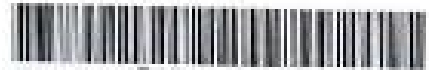
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Police Report



SINGAPORE
POLICE FORCE



T/20190914/2086

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20190914/2086

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 /

Sr Staff Sgt ANG PEI YING, AGNES

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/09/2019 14:05

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FERDZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

SN 086

Authentication Stamp
NP168



Signature:

Singapore Police Force