

## 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	21/10/2019 15:00
Date Of Accident	20/10/2019 08:30
Exact Location Of Accident	30 TOH GUAN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN2815E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL HAFIZ BIN MUHAMMAD
NRIC No	S8812322J
Email Address	JATOHBOI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96525346
Alternative Phone No	OFFICE-96525346

### Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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/19-403464-CA
Cover Note Number	

### Driver

Name of Driver	HAFIZ BIN SARIP
NRIC No	S8706890J
Date Of Birth	02/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2010
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96525346
Fax Number	
Contact Number	OFFICE-96525346
Email Address	JATOHBOI@HOTMAIL.COM

Address	BLK 121 YISHUN STREET 11 #01-437 SINGAPORE
Postcode	760121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN.

#### 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	FBE7559J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MICHAEL YONG
NRIC/Passport Number	
Contact Number	91474670
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

  
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

VEHA: FBN2815 E  
VEHB: FBE7559 J

VENUE: 30 Tong Guan Road Security guard house.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my bike beside FBE 7559J. As I walk away I look back and saw my bike roll forward. My bike fell on its left and hit the other bike and it fell too.

### 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.:

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0030 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S662500205 / GST Reg. No.: M480017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA14139330 Vehicle Registration No: FBN 2815E

Name (as shown in NRIC): HAFIZ BIN SARIP NRIC/FIN/Passport No: S8706890J

(\* Vehicle Driver / Vehicle Owner) *(\*) Please delete as appropriate*

Address: BLK 121 YISHUN STREET 11 #01-437 Singapore (760031)

Contact (Tel): - Mobile No.: 87423979

Email Address: HAFIZSARIP@yahoo.com

Date of Accident: 20/10/2019 Time of Accident: 08:30

Place of Accident: 30 TOH GUAN ROAD

Insurance Company: MSIG INSURANCE

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Error in VEH owner name.

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA419139330-01 Vehicle Registration No: FBN 2815E  
Name(as shown in NRIC) : ABDUL HAFIZ BIN MUHAMMAD NRIC/FIN/Passport No : 98812322J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 121 YISHUN STREET 11 #01-437 Singapore( 760121 )  
Contact (Tel) : - Mobile No. : 96525346  
Email Address : JATOHB01@gmail.com  
Date of Accident : 20/10/19 Time of Accident : 08:30  
Place of Accident : 30 TOH GUAN ROAD  
Insurance Company: MSIG

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Error in driver particulars

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Paramuram  
NRIC/FIN No.: 99526439E  
Date: 14/10/19