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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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
Insured/Policyholder	
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

 Name of Driver
 HAFIZ BIN SARI

 NRIC No
 \$8706890J

 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

BLK 121 YISHUN STREET 11 #01-437 SINGAPORE Address

Postcode

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

FBE7559J

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category 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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- 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:
 - 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:
 - 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:

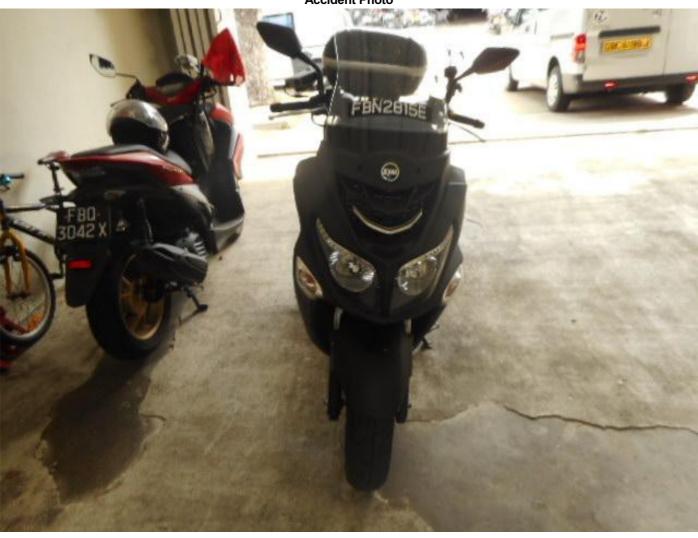
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

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	GE SOUTH THE	VEHR: FBE 7559 J
	ay white	NEH 8: 105 100 12
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	OIC	VENUE: 30 Tonguan Road Security guard hous
	VELLE	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
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DECLARATION		
	ciculars are true in every respect.	
	iculars are true in every respect.	2
	iculars are true in every respect.	
/We declare the foregoing part	Why .	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
We declare the foregoing part	Why .	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

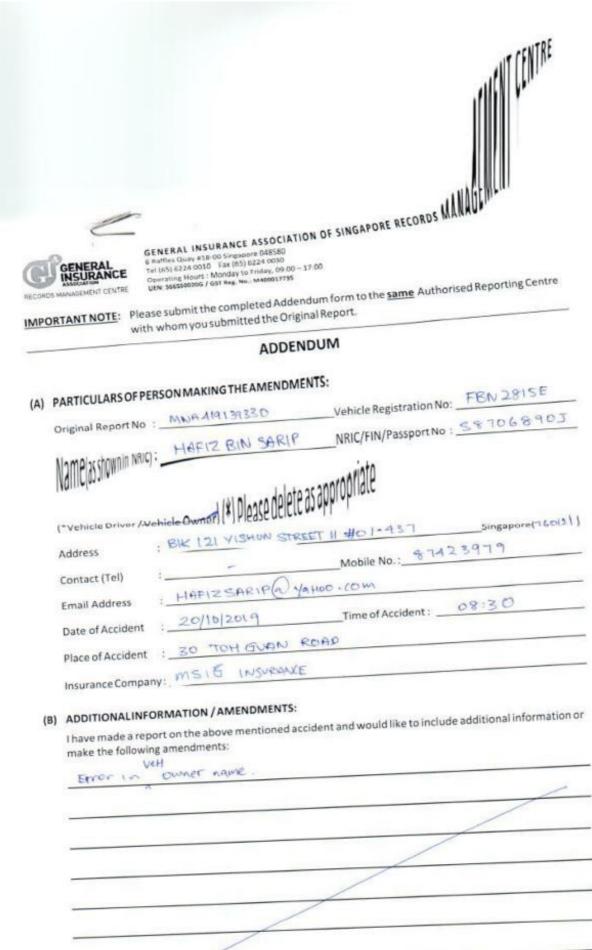












Addendum Sheet



Date:

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: \$66550020G / 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: MNA 419139 330-01 Vehicle Registration No: FBN 2815E Name(as shown in NRIC): AROUL HAFIZ BIN MUHERMAD NRIC/FIN/Passport No : 388123223 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : BIK 121 YISHUN STREET 11 #01-437 Address Singapore(760121) _Mobile No.: 96525346 Contact (Tel) · JATOHBOID HOMAIL. COM **Email Address** Date of Accident : 20/10/19 __Time of Accident : ______ 08 + 3 O Place of Accident : 30 TOH GUAN ROAD Insurance Company: MS16 (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: driver particulars Enor In Policyholder / Driver's Signature Reporting Centre Personnel's Signature

Name:

Date: 14/10/15

NRIC/FINNO : 29526459E