

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 18:31
Date Of Accident	21/10/2019 08:10
Exact Location Of Accident	JALAN EUNOS TURNING TO EUNOS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV9386R
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD NORAZWAN BIN SAZALI
NRIC No	S9226249I
Email Address	PSYCHOROMEO19922@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91820240
Alternative Phone No	OFFICE-91820240

Vehicle Particulars

Manufacturer	HONDA
Model	SONIC
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/19-999357-WTT
Cover Note Number	

Driver

Name of Driver	MOHAMMAD NORAZWAN BIN SAZALI
NRIC No	S9226249I
Date Of Birth	29/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91820240
Fax Number	
Contact Number	OFFICE-91820240
E-Mail Address	PSYCHOROMEO19922@GMAIL.COM

Address	BLK 683A EDGEDALE PLAINS #02-707 SINGAPORE
Postcode	821683
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SHB3588X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY GEK PENG
NRIC/Passport Number	S0799935F
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMMAD NORAZAN BIN SAZALI

Approximate Age

Injuries Sustain

Injured person in which vehicle? FV9386R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PUTERI SHERRYNNA BINTE MARK ABDULLAH

Approximate Age

Injuries Sustain

Injured person in which vehicle? FV9386R

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:



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

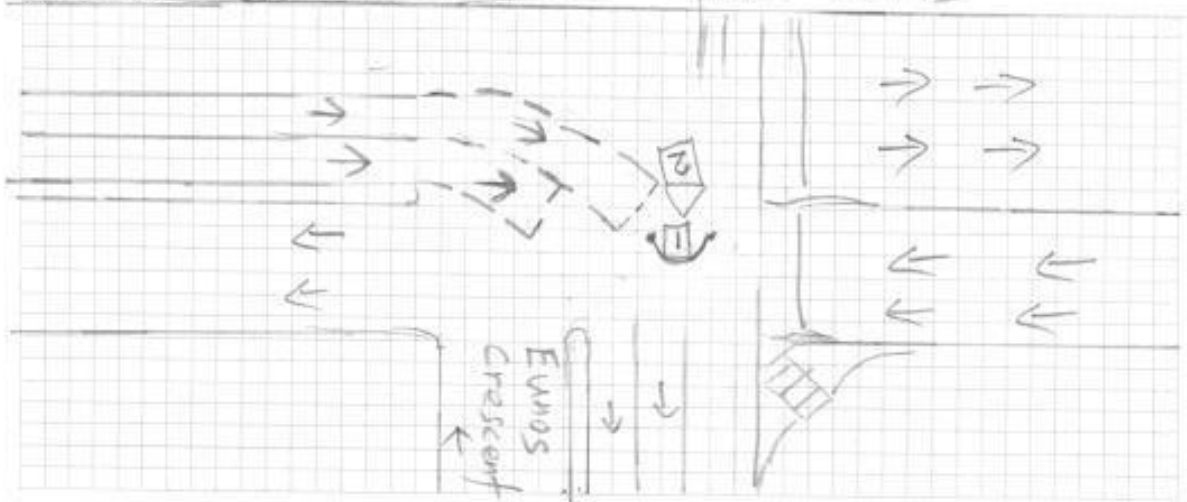


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

① FV 9386R
② SHB 3588X Jalan Eunus

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

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

Policyholder's Signature

Date & Time: 21/10/2019 16.44 hrs

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/20191021/2114

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 4

Report No. T/20191021/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2019 15:48	Vide Report No.: G/20191021/0048	Station Diary No.: 68
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Informant's Particulars

Name of Informant: MOHAMMAD NORAZWAN BIN SAZALI		Address: APT BLK 683A EDGEDALE PLAINS #02-707 SINGAPORE 821683	
ID Type / ID No.: NRIC NO / S9226249I		Contact No.: Home/Office: Mobile: 91820240	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 29/07/1992	Type of Informant: Rider
Race: Boyanes		Language: English	Institution / School Name:
Occupation: SP GROUP		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/10/2019 08:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 EUNOS CRESCENT JALAN EUNOS Junction of jalan Eunoss and Eunoss Crescent. in the left right turn pocket.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV9386R	Motorcycle	HONDA	SONIC 125	Grey	Slightly Damaged	1
SHB3588X	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Yellow	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191021/2114

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No: T/20191021/2114

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV9386R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19999357	18/03/2019	17/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Pillion				
Name	Puteri Sherrynna Binte Mark Abdullah	ID No.	S9722098J	
Related Vehicle	FV9386R (Motorcycle)	Contact No.	87830717	
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	21/10/2019	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Rider				
Name	MOHAMMAD NORAZWAN BIN SAZALI	ID No.	S9226249I	
Related Vehicle	FV9386R (Motorcycle)	Contact No.	91820240	
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	21/10/2019	Date Discharge	21/10/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	Tay Gek Peng	ID No.	S0799935F	
Related Vehicle	SHB3588X (Car)	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	

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191021/2114

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Report No. T/20191021/2114

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Brief Details.

On the 21/09/2019 at about 0810hrs, I was travelling along Jalan Eunos. I was riding my motorcycle bearing registration plate number FV9386R (V1) and my wife was my pillion who is currently 7 weeks pregnant. At that time, I approached the junction of Jalan Eunos turning right into Eunos Crescent. I formed up on the left, right-turn pocket. When it was safe for me to turn right, I moved my motorcycle. Upon reaching Eunos Cres, I felt that V1 was hit from the rear and V1 fell to the right. V1 landed on my right foot but I managed to removed it. I noticed that my wife landed on V1 and complained of pain. I saw that her back had already landed on the pillion foot rest. I switched off my motorcycle and attended to my wife. There was no serious injury on her. There was a male Chinese passerby who was a pedestrian, helped me to call for ambulance and police. There was a lorry driver nearby who approached me and told me that he saw the whole accident and can act as a witness to the accident. His particulars are as follows, Name: Richard, Contact number: 97379963.

I made a check and discovered that it was a yellow ComfortDelgro taxi that had collided with me. The taxi registration plate number are as follows, SHB3588X (V2). I approached the taxi and saw that the driver was still inside the driver seat. I observed that there is also one passenger inside the taxi. Upon approaching the taxi, the driver reversed V2 about 1 meter away from me. I told the driver to step out of the vehicle, and V2 came to a stop. The driver went out of the vehicle and told me that his passenger had told him to make the turn last minute, therefore he performed a right turn, failing to conform to directional sign. Both the driver and the passenger had no complains of any injury.

I did not manage to check the damages on my motorcycle as I was busy attending to my wife. However, my motorcycle was towed away by the repair workshop. There was no oil spill on the road. I manage to exchange particulars with the taxi driver.

When ambulance arrived, my wife was conscious and conveyed to KK Women's Hospital and is admitted. Her condition is still pending. After the accident, I felt pain on my back and right foot. I was given 3 days of MC from Tan Tock Seng hospital.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191021/2114

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Report No. T/20191021/2114

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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: D / Sgt 3 MUHAMMAD HAIQAL BIN AZMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2019 15:48
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case: SN 45
Authentication Stamp NP168 	

**Sprained your ankle?
Use R.I.C.E to treat yourself!**



Rest

if there is excessive pain. It is alright to move the ankle when resting.

Ice

the injured part using a wet towel for 15 mins. Avoid direct contact of ice to skin.

Compress

using a bandage or ankle guard to reduce swelling and increase support of the injured part.

Elevate

the affected leg. Place a pillow under the ankle while at rest or keep it raised above the injured area above the level of the heart to reduce swelling. Consult a doctor if the problem persists.

Do these exercises once your pain subsides.

CALF STRETCH (for flexibility)



Keeping the injured leg straight and heel on the floor, lean towards the wall until a stretch is felt on calf. Hold for 10 seconds and repeat 10 times.

ONE-LEGGED STANCE (for balance)



Attempt to balance on the involved leg. Keep your eyes open and try to balance for 60 seconds. Repeat 5 times.



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

MEDICAL CERTIFICATE

ORIGINAL

NAME: MOHAMMAD NORAZWAN BIN SAZALI

TTSH19246091

NRIC: S9226249I

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **3** day(s) from **21-Oct-2019** to **23-Oct-2019** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **21-Oct-2019 11:16** to **21-Oct-2019 13:31**

21-Oct-2019

Date

DANNY LOUIE E.E. (10881B)

Issued by

Emergency Department

Location

Signature


A member of National Healthcare Group
Address: 11th Floor, 11 Tan Tock Seng Drive, Singapore 308433

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S66500200 / 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 419139701 Vehicle Registration No: EV 93 9386R
Name (as shown in NRIC) : MOHAMMED NORAZWAN NRIC/FIN/Passport No : S9226249I
BIN 892411
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BIK 683A EDGEDALE PLAINS #02-707 Singapore (821683)
Contact (Tel) : Mobile No. : 918204210
Email Address : PSYCHO REMEO19922@gmail.com
Date of Accident : 21/10/2019 Time of Accident : 08:10
Place of Accident : JALAN EUNOS TURNING TO EUNOS CRESCENT
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 NAME

[Large diagonal scribble covering the remaining lines of the form]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Addendum Sheet



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: 36655020G / 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 191397101-01 Vehicle Registration No: FU9386R
Name (as shown in NRIC) : MOHAMMAD NORDHAN BIN SAZALI NRIC/FIN/Passport No : 99226291E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BIK 683A EDJEDALE MANS #02-707 Singapore (821643)
Contact (Tel) : Mobile No. : 91820240
Email Address : PSYCHO REMED 1992@gmail.com
Date of Accident : 21/10/19 Time of Accident : 08:10
Place of Accident : JALAN EVNOS TURNING TO EVNO CRESCENT
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:

amend on convey to hospital by ambulance.
[Handwritten signature across the lines]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

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 : MNA419189701-02 Vehicle Registration No: FV 9386R
Name (as shown in NRIC) : MOHAMMAD NOORAZWAN BIN SAZALI NRIC/FIN/Passport No : S92262491
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 623A EDGEHOLE MANNS #02-707 Singapore (821683)
Contact (Tel) : - Mobile No. : 91920240
Email Address : PSYCHOROMED19922@gmail.com
Date of Accident : 21/10/2019 Time of Accident : 08:10
Place of Accident : JALAN EUNOS TURNING TO EUNOS CRESCENT
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 CI

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Pave Sumen
NRIC/FIN No.: S9526439E
Date: 18/11/19

Addendum Sheet



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: 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 : MNA119139701-03 Vehicle Registration No: FV9386R
Name (as shown in NRIC) : MOHAMMAD NORAZWAN BIN SAKI NRIC/FIN/Passport No : 39226291
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 81K 683A EDGEVALE AVENUE #02-107 Singapore (321683)
Contact (Tel) : - Mobile No. : 91820240
Email Address : PSYCHOROMED19222@gmail.com
Date of Accident : 21/10/2019 Time of Accident : 08:10
Place of Accident : JALAN EUNDS TURNING TO EUND CRESCENT
Insurance Company : MS16

(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 CI.

[Handwritten signature across the section]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: PAVESUREM
NRIC/FIN No.: 39526439E
Date: 20/11/19