

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	11/11/2019 17:23
Date Of Accident	09/11/2019 18:00
Exact Location Of Accident	PIE TWDS TUAS B4 DUNEARN RD EXIT 25.5KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY1566A
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD SHAFIQ BIN SALLEH
NRIC No	S9427698E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90500977
Alternative Phone No	OFFICE-90500977

Vehicle Particulars

Manufacturer	KAWASAKI
Model	-
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	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/19-405273-CA
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FARHAAN BIN ZULKIFLI
NRIC No	S9709867J
Date Of Birth	16/03/1997
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90500977
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 525 BEDOK NORTH ST 3 #11-394
Postcode	460525
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	COLLISION - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : JAMILAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
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	SMF5401H
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 MOHAMMAD FARHAAN BIN ZULKIFLI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FY1566A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JAMILAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FY1566A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
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

SKETCH PLAN

A = FY 1566 A
B = SMF 5401 H

PIE twos tons B4 Duncarn Rd Exit
25.5 KM


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2019/110/2081

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/20191110/2081

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20191110/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2019 17:58	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: MOHAMMAD FARHAAN BIN ZULKIFLI			Address: APT BLK 525 BEDOK NORTH STREET 3 #11-394 SINGAPORE 460525		
ID Type / ID.No.: NRIC NO / S9709867J			Contact No.: Home/Office: Mobile: 90500977		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 16/03/1997	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: LOGISTIC			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2019 18:00	Type of Location: EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE TOWARDS TUAS (25.5KM)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FY1566A	Motorcycle	KAWASAKI	KRRZX150M	Black	Seriously Damaged	1
SMF5401H	Car	TOYOTA	PRIUS PLUS (AUTO)	White	Slightly Damaged	4

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



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T/20191110/2081

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526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20191110/2081

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD FARHAAN BIN ZULKIFLI	ID No.	S9709867J
Related Vehicle	FY1566A (Motorcycle)	Contact No.	90500977
Hospital/Clinic	UNIHEALTH CLINIC BEDOK	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	10/11/2019	Date Discharge	10/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Yap Wei Chiew	ID No.	S1283159E
Related Vehicle	SMF5401H (Car)	Contact No.	90516998
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 9th November 2019 at about 1800hrs, I was riding my bike bearing plate number FY1566A along Pan Island Expressway (2nd Lane from the right) towards Tuas together with (Jamilah, 97245622) as my pillion. At that point of time, the traffic was moderate and the road was dry. There was a car bearing registration plate number SMF5401H (V1) driving on the first lane of the said expressway ahead of me.

Subsequently, V1 signaled left. I supposed that he is going into my lane. At the same time, I signaled right to move to the first lane. When I just switched to the right lane, suddenly V1 jammed brake. I also applied my brakes to come to a stop. However, I did not manage to stop in time. As a result, my bike collided onto the rear of V1. Due to the accident, both my passenger and I fell together with the bike. Driver of V1 assisted to call for ambulance. The accident was attended by both ambulance and police.

We then exchange our particulars at scene. V1 has around 4 passengers with him and none of them was observed to have any visible injuries on them. V1's rear bumper was slightly dented.

Due to the accident, my bike sustained the following damages:

- 1) Front Mudguard Cracked
- 2) Right Fairing Badly Damaged
- 3) Handlebar Misaligned

My right shoulder felt pain and discomfort. My pillion rider has bruises and abrasions on her right arm. On 10th November 2019, I went to Unihealth Clinic Bedok and was given 3 days MC from 10 November 2019 to 12 November 2019. I am not sure whether V1 has any in car camera. That's all.

POLICE REPORT



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Report No. T/20191110/2081

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191110/2081

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Report No. T/20191110/2081

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SINGAPORE 460526
Tel No: 1800-4429999

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:

G /

Sgt 2 AHMAD BIN HASHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/11/2019 17:58

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

