

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	12/11/2019 11:24
Date Of Accident	08/11/2019 12:15
Exact Location Of Accident	PIE (CHANGI) AFTER KIM KEAT LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1004A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAHRUL BIN ZAINUDIN
Work Permit No	S8530531Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90614694
Alternative Phone No	OFFICE-90614694

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-394825-CA
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SHAHRUL BIN ZAINUDIN
Work Permit No	S8530531Z
Date Of Birth	14/09/1985
Occupation	INDOOR
Date Of Driving Pass	22/06/2006
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90614694
Fax Number	
Contact Number	OFFICE-90614694
EEmail Address	NOEMAIL

Address	BLK 865 JURONG WEST STREET 81 #05-565
Postcode	640865
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 - 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?	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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191108/2119.

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	SKB7560M
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	MUHAMMAD SHAHRUL BIN ZAINUDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBP1004A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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

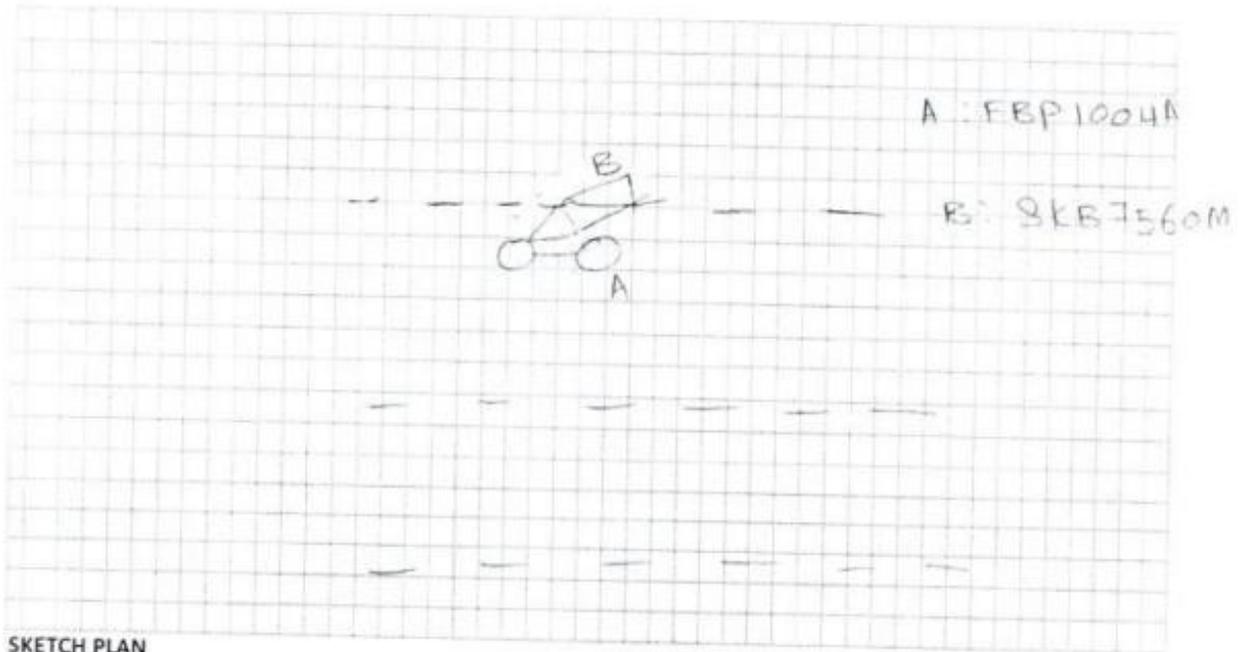
(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name :

NRIC / Fin No :

Accident Sketch Plan



SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report T / 20191108/2119

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/20191108/2119

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20191108/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2019 17:18	Vide Report No.:	Station Diary No.: 113
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Informant's Particulars			
Name of Informant: MUHAMMAD SHAHRUL BIN ZAINUDIN		Address: APT BLK 865 JURONG WEST STREET 81 #05-565 SINGAPORE 640865	
ID Type / ID No.: NRIC NO / S8530531Z		Contact No.: Home/Office: Mobile: 90614694	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 14/09/1985	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: ENGINE TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/11/2019 12:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI AFTER KIM KEAT LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1004A	Motorcycle	YAMAHA	GDR155A (AEROX)	Red	Seriously Damaged	0
SKB7560M	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1004A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19394825	31/01/2019	30/01/2020

Police Report



SINGAPORE
POLICE FORCE



T/20191108/2119

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20191108/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SHAHRUL BIN ZAINUDIN	ID No.	S8530531Z
Related Vehicle	FBP1004A (Motorcycle)	Contact No.	90614694
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	08/11/2019	Date Discharge	08/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 08/11/2019 at about 1215hrs , I was travelling along PIE towards Changi on lane 2. After passing Kim Keat Link , I noticed that the traffic in front had slowed considerably and as such I also slowed down when suddenly a car from lane 1 (my right side) changed lane without any warning and side swiped my motorcycle. I got thrown off my bike and I landed on lane 3. I was in a shock and I managed to get up and walked to the front of the car that had swiped me.

Subsequently , ambulance and traffic police came over. I was conveyed to Tan Tock Seng Hospital in conscious condition and I was given 3 days medical leave. I had sustained abrasion on the right side of my arm , legs and body. My right leg was also swollen. I was informed later on that my bike had been towed away to TP compound. I am unsure of the damage to the bike.

Police Report



SINGAPORE
POLICE FORCE



T/20191108/2119

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20191108/2119

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: J/ Sr Staff Sgt MUHAMAD RIZMAN BIN SAMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2019 17:18
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

