

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 11:58
Date Of Accident	11/11/2019 10:20
Exact Location Of Accident	GUILLEMARD RD BEFORE LOR 22 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV8301S
Insured/Policyholder	
Name Of Registered Owner	ROSLAN BIN SALLEH
NRIC No	S1656009Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84975101
Alternative Phone No	OFFICE-84975101

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM
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/19-500821-WTT
Cover Note Number	

Driver

Name of Driver	ROSLAN BIN SALLEH
NRIC No	S1656009Z
Date Of Birth	19/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	14/02/1992
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84975101
Fax Number	
Contact Number	OFFICE-84975101
EEmail Address	NOEMAIL

Address	BLK 296 TAMPINES STREET 22 #02-538
Postcode	520296
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: : SUHAIZAH BTE RAHIMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191111/2102.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ9139X
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 ROSLAN BIN SALLEH
Approximate Age
Injuries Sustain HAND & LEG
Injured person in which vehicle? FV8301S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name SUHAIZAH BTE RAHIMAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? FV8301S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES

Address
Postcode

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:



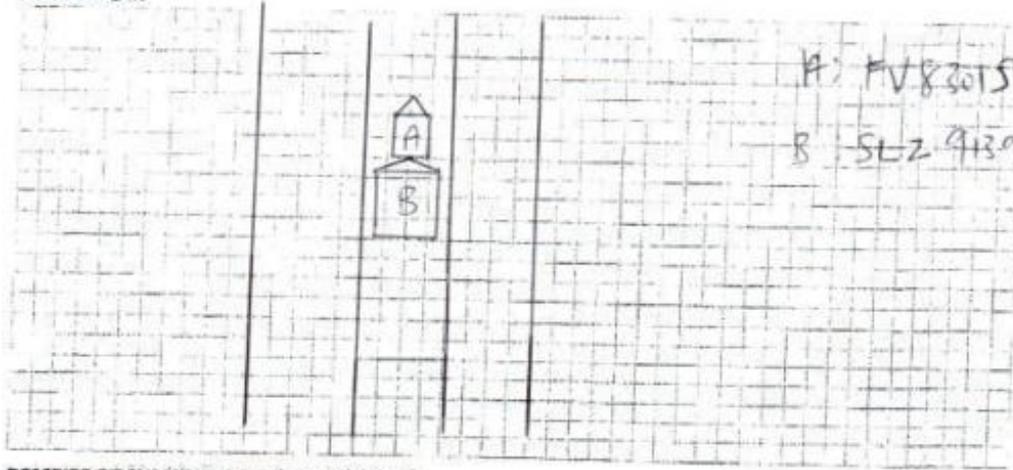
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN

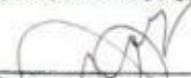


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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


Policyholder's Signature
Date & Time:


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/20191111/2102

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20191111/2102

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ROSLAN BIN SALLEH	ID No.	S1656009Z
Related Vehicle	FV8301S (Motorcycle)	Contact No.	84975101
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	11/11/2019	Date Discharge	11/11/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Pillion			
Name	Suhaizah Rahiman	ID No.	S1653875B
Related Vehicle	FV8301S (Motorcycle)	Contact No.	NIL
Hospital/Clinic	Raffles Medical Hospital	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/11/2019	Date Discharge	11/11/2019
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

On the 11 November 2019 at about 1020hrs I was riding my motorcycle FV8301S with my wife as my pillion along Guillemard Road near Guillemard Crescent waiting for traffic light. Suddenly a vehicle SLZ9139X had knocked me from the rear causing my wife and I to inch forward. The driver of vehicle SLZ9139X had came down to check on us. The collision had caused my wife to feel pain on her back and neck, and I felt pain on all 4 limbs. My wife was conveyed to Raffles hospital by ambulance and was given 2 days MC. My motorcycle box was damaged and the vehicle SLZ9139X's front bonnet was slightly damaged. I had seek medical treatment at Galilee Clinic and was given 4 days MC. There is no government property damage in this accident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191111/2102

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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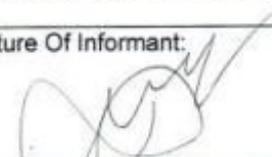
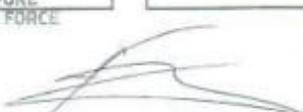
Report No. T/20191111/2102

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 / Sr Staff Sgt LOI JUN FENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2019 16:47
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476395	Classification Of Case:
Authentication Stamp NP168 	 SINGAPORE POLICE FORCE SIGNATURE

Accident Photo



Accident Photo



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