SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.	
	ACCIDENT STATEMENT
Date Of Report	18/11/2019 10:19
Date Of Accident	14/11/2019 19:10
Exact Location Of Accident	ALONG MUHAMMAD SULTAN ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE5961T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD QUFIANDY BIN MD SUAMI
Co Reg No	-
Email Address	TWOHERO1SOULS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87670759
Alternative Phone No	OFFICE-87670759
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	72172070/E01
Driver	
Name of Driver	MOHAMMAD NAZRI BIN ABUTALIB
NRIC No	S9015775B
Date Of Birth	11/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87670759
Fax Number	

OTHERS-87670759

TWOHERO1SOULS@GMAIL.COM

Address BLK 48 LOWER DELTA ROAD

#07-19

Postcode 160048

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

NO

Was any other material or property damaged?

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

NO

YES

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20191118/2131

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 SHC3978Z

Vehicle Make/Model/Colour HYUNDAI

Details Of Properties

Vehicle Category TAXI

Name of Driver LIM MENG CHONG

NRIC/Passport Number S1203940I Contact Number 97682579

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM7587S

Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD JAMIL BIN HAMDAN

NRIC/Passport Number S7622039E Contact Number 96819375

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMMAD NAZRI BIN ABUTALIB

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE5961T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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:
 - 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: 15/11/2010

1557 HRC .

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN				PARK	c
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			4	_	
B) SHC 3978	Z				
C) SLM 7587	15+ +	т.		7	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT				
@ 1910 HRS, 1 V	WAS RIDING	ALONG	MOHAME	D SULTAN	1 2000
WHERE THE ACC	IDENT TOO	A PLACE.	IT WAS	ONLY A	2 LANE
ROAD, THE EXT	REME LEF	T LANE V	VAS OCCU	IPIED BY	THE VALET
SERVICE COMPANY					
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ALIGHTING ITS 1					
SECOND LANE OF			1 112112	-0-2 0-3	- 110
SECOND LANE OF	THE KUGO.				
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BAN (DOOR LEFT)					
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CONTRACTOR					
AND HIT A STAT	1	-130 If - 30 I			
		THE CAR		WNED BY	
	COMPANY.	-			FORRENIG
	TOPPING OF	N SECONE) LANE	WITHOUT	ANY
HAZEL LIGHT (bov,				
TAXI NO DAMAG	5E -				
DAMAGES ON MY	BIKE, AND	ABIT, SCR	ATCHES O	N ANSTHE	R CAR.
ROLICA	RADOLT	7/2018	1110/21	21	
ECLARATION	7	61100	1118/21	01	
/We declare the foregoing particula	irs are true in every re-	spect.	2/.	/	1/
K COU				06/18/	11/2018
olicyholder's Signature	Driver's Signature		Rod	rting Centre Person	hel's Signatura
Date & Time: 15/11/2019	(If driver is not the	policyholder)	Name	· V	Il. harsh
15574RC	Date & Time:		NRIC,	FIN No.:	ou vive

POLICE REPORT





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20191118/2131

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 16:04	Nade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partice	ulars				
	Informant IMAD NAZE	RI BIN ABUTALIB	Address: APT BLK 48 LOWER DELTA CRESCENT SINGAPORE 1			
ID Type / ID No.: NRIC NO / S9015775B			Contact No.: Home/Office: Mobile: 87670759			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 29	Date of Birth: 11/05/1990	Type of Informant: Rider			
Race:			Language:	Institution / School Name:		
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/11/2019 19:10	Type of Location	
MOHAMED S RODYK STR		AD TWDS RODYK STE Road Surface:		Road Speed Limit;	
Traffic Flow: Two Way	raffic Flow: Traffi			Traffic Volume; Heavy	
Type of Collision:			A a	Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBE5961T	Motorcycle				Slightly	0

Details of V	ehicle Insurance			+ 11-
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5961T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72172070/E01	14/10/2019	17/04/2020

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191118/2131

CONTINUATION OF REPORT

Details of Perso Any Pedestrian I						
No. of Pedestrian			Use of Peo	destriar	Cross	ing: NA
Name	MOHAMMAD NAZRI BIN	ABUTAL	.IB	ID No		S9015775B
Related Vehicle	FBE5961T (Motorcycle)			Conta	ict No.	87670759
Hospital/Clinic	SHALOM CLINIC & SURGERY			Class Drivin Licens Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	15/11/2019		Date Disch		NIL	
	ted Medical Leave 05		Degree of		Slight	

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS TRAVELLING ALONG MOHAMED SULTAN ROAD ON THE SECOND LANE, THERE WAS A TAXI INFRONT OF ME. I WAS MOVING ALONG BEHIND IT THEN SUDDENLY THE TAXI STOPPED WITHOUT ANY SIGNAL LIGHTS AND I SWERVED TO THE LEFT. THE DOOR ON THE LEFT OF THE TAXI SUDDENLY SWING OPEN, I QUICKLY SWERVE MY BIKE AGAIN TO PREVENT MY BIKE FROM HITTING IT THEREFORE THE DOOR HIT THE SIDE OF MY BODY AND I FELL OFF THE BIKE. NO ONE WAS INJURED.

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20191118/2131

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: TP / MUHAMMAD MOINUR RAHMAN	Signature Of Informant:				
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2019 16:04 Classification Of Case: SINGAPORE				
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151					
Authentication Stamp NP168	POLICE FORCE Signature:				























