

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	20/11/2019 10:20
Date Of Accident	22/08/2019 09:25
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6822Y
Insured/Policyholder	
Name Of Registered Owner	MAS ILMIA BINTE MAZLAND
NRIC No	S9643987C
Email Address	MIBTEM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91897201
Alternative Phone No	OTHERS-91897201

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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/19-400221-CA
Cover Note Number	

Driver

Name of Driver	MAS ILMIA BINTE MAZLAND
NRIC No	S9643987C
Date Of Birth	28/11/1996
Occupation	INDOOR
Date Of Driving Pass	16/04/2019
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91897201
Fax Number	
Contact Number	OTHERS-91897201
Email Address	MIBTEM@GMAIL.COM

Address	BLK 322 WOODLANDS STREET 32 #04-177
Postcode	730322
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	SIDE SWIPE
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?	NO
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)	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/20190917/7002

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	SLE3572C
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)

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: 19/11/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

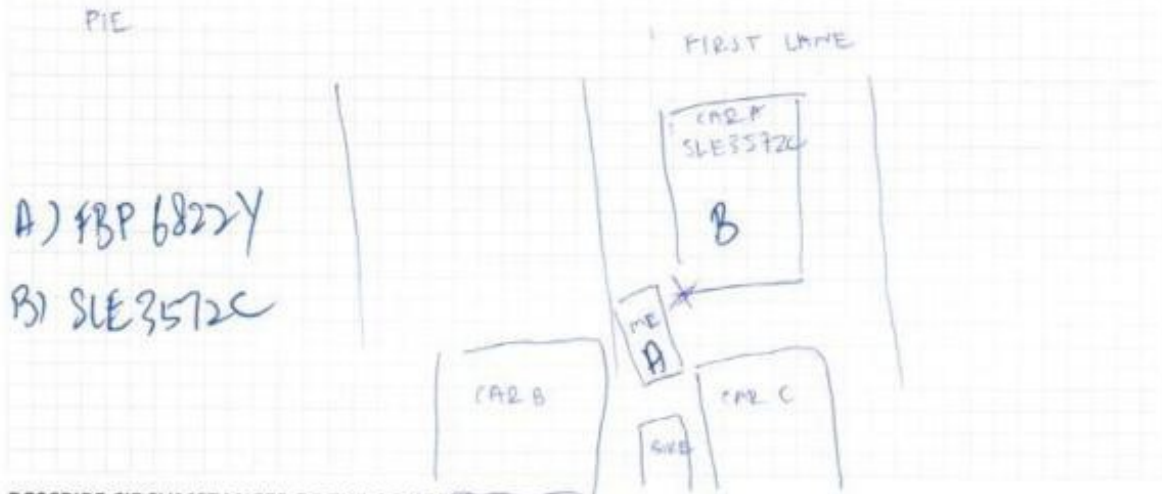
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was lane splitting along PIE during morning traffic and decided to overtake a vehicle which was doing a lane change towards the left. After overtaking vehicle, I moved back towards the middle of the first and second lane and accidentally knocked the back of vehicle SLE3572C with my shoe and knee in the process. There was a third but taking into consideration the safety of the other motorcyclists behind me, I was unable to stop my vehicle in order to avoid collision. I wanted to stop at the next flyover (before Whiteley / Stevens) however, I lost sight of the affected car since it was stuck in the right-most lane. As the events were too quick, I did not manage to catch any details of the car and was only alerted upon receiving notification from Traffic Police. I did not file a report initially since I was not injured and no damages to my bike.

POLICE REPORT 7/20/09 17/2002

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 19/11/19 17:24hrs

Signature Declaration Form 01

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 20/11/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]
Roshan Luthum

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**

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



T/20190917/7002

1 of 3

Report No. T/20190917/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2019 10:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAS ILMIA BINTE MAZLAND			Address: APT BLK 322 WOODLANDS STREET 32 #04-177 SINGAPORE 730322		
ID Type / ID No.: NRIC NO / S9643987C			Contact No.: Home/Office: Mobile: 91897201		
Nationality: SINGAPORE CITIZEN			Email: mibtem@gmail.com		
Sex: Female	Age: 22	Date of Birth: 28/11/1996	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Customer service clerk			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/08/2019 09:25	Type of Location: Straight Road
Location: PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6822Y	Motorcycle	YAMAHA	YZF-R15	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP6822Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72181370	03/06/2019	08/07/2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190917/7002

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

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Report No: T/20190917/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MAS ILMIA BINTE MAZLAND	ID No.	S9643987C
Related Vehicle	FBP6822Y (Motorcycle)	Contact No.	91897201
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.

I was lane splitting along PIE during the morning traffic and decided to overtake a vehicle which was doing a lane-change towards the left. After overtaking the vehicle, I moved back towards the middle of the first and second lane and accidentally knocked the back of vehicle SLE3572C with my shoe and knee in the process. There was a thud but taking into consideration the safety of the other motorcyclists behind me, I was unable to stop my vehicle in order to avoid collision. I wanted to stop at the next flyover (before Whitley/Stevens exit) however, I lost sight of the affected car since it was stuck at the rightmost lane. As the events were too quick, I did not manage to catch any details of the car (i.e. plate number, colour, model etc.) I did not file a report since I was not injured and there were no damages to my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE

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



T/20190917/7002

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Report No. T/20190917/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/09/2019 10:00

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

