

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	26/11/2019 15:40
Date Of Accident	25/11/2019 09:30
Exact Location Of Accident	HOUGANG AVE 3 TWDS EUNOS LINK L/P 94
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9669B
Insured/Policyholder	
Name Of Registered Owner	REGENT COURIER SERVICE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97867116
Alternative Phone No	OFFICE-63392188

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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/19-394600-CA
Cover Note Number	

Driver

Name of Driver	MOHD RAIS BIN MOHD SALLEH
NRIC No	S1723598B
Date Of Birth	08/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86132213
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 44 CIRCUIT RD #03-607
Postcode	370044
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2529999 - FAX NO: 63554311
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191125/2105

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	XE1014T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHD RAIS BIN MOHD SALLEH
Approximate Age	
Injuries Sustain	RIGHT ARM & WRIST
Injured person in which vehicle?	FBG9669B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

REGENT COURIER SERVICE

Blk 261, #04-04,
Waterloo Street,
Singapore 180261

Policyholder's Signature
Date & Time:

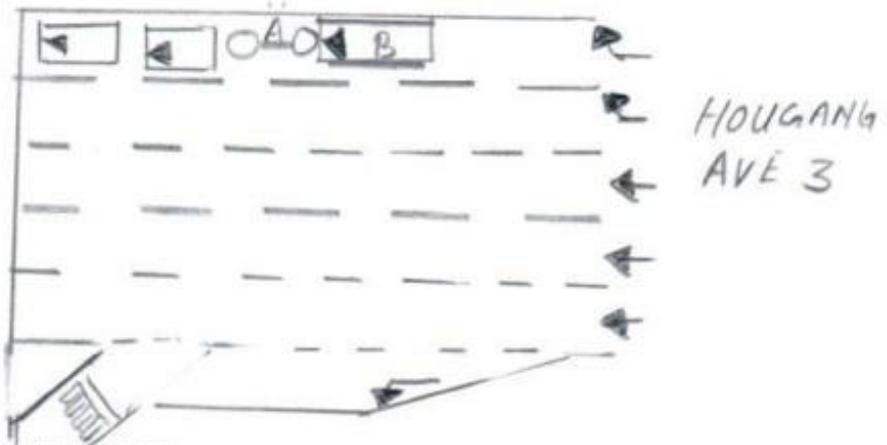
Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/11/19 10:50

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

Accident Sketch Plan

AIRPORT RD
(PAYA LEBAR RD)
SKETCH PLAN

A - FBG9669B
B - XE1014T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

KPE (TPE)

P/s refer to the police report: T/20191125/2105

DECLARATION

REGENT COURIER SERVICE are true in every respect.

Bik 261, #04-04,
Waterloo Street,
Singapore 180261

Policyholder's Signature:
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/11/19 10:50

[Signature] 26/11/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191125/2105

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20191125/2105

CONTINUATION OF REPORT

Rider			
Name	MOHD RAIS BIN MOHD SALLEH	ID No.	S1723598B
Related Vehicle	NIL	Contact No.	86132213
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 25/11/19 at about 0930hrs, I was riding my motorcycle (FBG9669B) at the bend of Hougang Avenue 3 towards Eunos Link. At that point of time, my motorcycle was on the extreme right lane, in a stationary position.

Thereafter, I moved off and felt an impact from my rear side. I lost balance and fell off from my motorcycle. I realized a vehicle no: XE1014T collided onto my motorcycle.

I sustained pain on my right arm and sprained my wrist. My motorcycle's front left signal light broke and multiple scratches and dents.

I went to seek my own medical attention at Tan Tock Seng Hospital. A total of 3 days MC was given to me. I am lodging this report as require by the traffic police.

Accident Photo



Accident Photo



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