

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 | 03/01/2020 11:21 |
| Date Of Accident | 28/12/2019 18:20 |
| Exact Location Of Accident | ALONG ENG NEO AVENUE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | FBG1827P |
| Insured/Policyholder | |
| Name Of Registered Owner | ABDUL RAUF BIN YA'AKOP |
| NRIC No | SXXXX793A |
| Email Address | AUPSTUSSY7@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87491092 |
| Alternative Phone No | OTHERS-87491092 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | YAMAHA |
| Model | FZ16-153CC (M) |
| 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 | REPORTING ONLY |
| 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/19-397537-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | ABDUL RAUF BIN YA'AKOP |
| NRIC No | SXXXX793A |
| Date Of Birth | 20/01/1996 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/10/2015 |
| Driving Experience | 4 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87491092 |
| Fax Number | |
| Contact Number | OTHERS-87491092 |
| Email Address | AUPSTUSSY7@GMAIL.COM |

| | |
|---|---------------------------------|
| Address | BLK 21 HOLLAND DRIVE #02-413 |
| Postcode | 271021 |
| 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 ON COLLISION |
| 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 | QUEENSTOWN N.P.C |
| Police Station Address | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191229/2071

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | UNKNOWN |
| 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 | ABDUL RAUF BIN YA'AKOP |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBG1827P |
| 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: 3/1/20 01250WS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

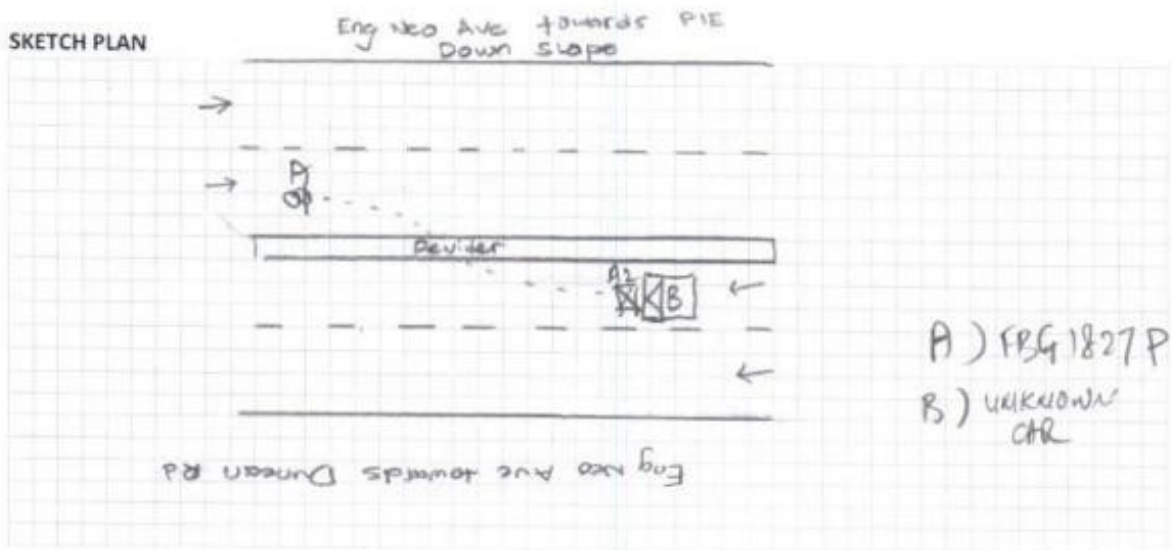
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

NO REFERR TO POLICE REPORT.
1/2019 1229/2071

DECLARATION

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

Policyholder's Signature

Date & Time: 2/1/20 @ 1250 hrs

Driver's Signature

(if driver is not the policyholder)

Date & Time:

03/01/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191229/2071

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20191229/2071

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 29/12/2019 19:06 | | Vide Report No.: E/20191228/0142 | | Station Diary No.: 28 | |
| Informant's Particulars | | | | | |
| Name of Informant: ABDUL RAUF BIN YA'AKOP | | | Address: APT BLK 21 HOLLAND DRIVE #02-413 SINGAPORE 271021 | | |
| ID Type / ID No.: NRIC NO / S9602793A | | | Contact No.: Home/Office: | | Mobile: 87491092 |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 23 | Date of Birth: 20/01/1996 | Type of Informant: Rider | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: LTA TRAFFIC MARSHALL | | | Driving Licence Information: Class: 2B,2A,2 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---------------------------------|-----------------------|---|--|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 28/12/2019 18:20 | Type of Location: Straight Road |
| Location: Along Road 1 ENG NEO AVENUE | | | | |
| Towards PIE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle Against - Others | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-------|-------|----------------|-----------------|
| FBG1827P | Motorcycle | YAMAHA | FZ 16 | Black | Caught Fire | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|----------------|------------|-------------|
| FBG1827P | MSIG INSURANCE (SINGAPORE) PTE. LTD. | MSDTMT19397537 | 26/04/2019 | 25/04/2020 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191229/2071

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20191229/2071

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------------|--|---------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | ABDUL RAUF BIN YA'AKOP | ID No. | S9602793A |
| Related Vehicle | FBG1827P (Motorcycle) | Contact No. | 87491092 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2 Date of Expiry: NIL |
| Date Treatment | 28/12/2019 | Date Discharge | 29/12/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

Brief Details.

On 28/12/2019 at about 6.20pm, I was riding my motorcycle, FBG1827P, along Eng Neo Ave towards PIE. I was riding within the speed limit. As my motorcycle was on top of the slope, suddenly, my motorcycle wobbled. I checked in-front of my motorcycle for any oil spillage but it was none. Upon going down the same slope, I slowed down and the handling of the motorcycle worsen. As I wanted to reach for the right hand side of the handle bar, I could not afford to grab it. Due to that, I fell from my motorcycle and rolled downwards till the end of the slope. As I was rolling down, I saw my motorcycle was already flung over to the opposite direction and skidded towards the incoming traffic. The next moment I saw my motorcycle was underneath an unknown vehicle and it was on fire.

As I was conscious at that time, I stood up and went over to the said unknown vehicle to help an elderly female passenger whom was in the vehicle out from the car together with the driver. We then brought her to the side of the road further away from the accident scene as I saw that the fire rages bigger. Later on, the fire engine, police, LTA traffic marshall and the ambulance came to the scene. I was conveyed by the ambulance to NUH for treatment. I suffered abrasions on my left and right hand, shoulder, the lower back of my body, stomach and right knee.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20191229/2071

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Report No. T/20191229/2071

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:

D /
Sgt HEIFI BIN AB RAHMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476228

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

29/12/2019 19:06

Classification Of Case: