

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	

SKETCH PLAN

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6. 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:
 - (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: 2/1/20 01:25:06

Driver's Signature

(If driver is not the policyholder)

Date & Time:

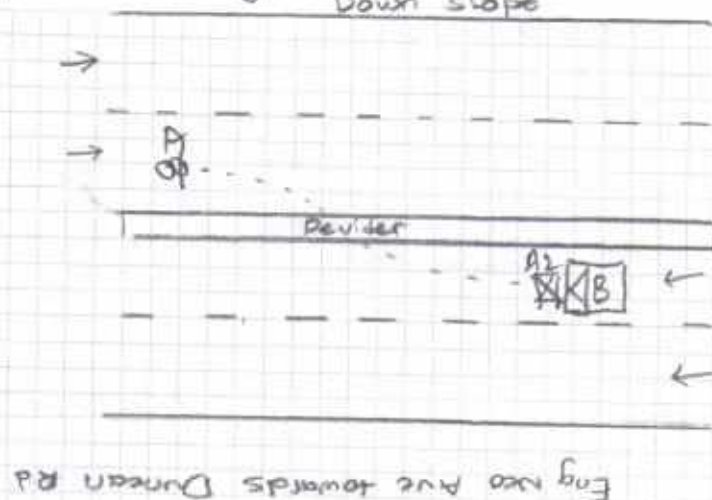
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Eng Neo Ave + towards PIE
Down slope



A) FBG 1827 P

B) unknown chr

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

28 Refrkt 2 Polich Rakt
1/2019 129/2071

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:

03/01/2024

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 18.12.2019 (DD/MM/YYYY), TIME: 18:20 (HHMM)

LOCATION: Along FMH New Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRG 1827P
 b) INSURANCE COMPANY: MSG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha FZ 16
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ABRAHAM RAUF BIN YAHKOP (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 87697092
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ABRAHAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 27.01.1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 2015
 f) DATE OF DRIVING PASS 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED YES/NO

7. a) REPORTED TO POLICE YES/NO
 IF YES, PLEASE STATE WHICH POLICE STATION: QUEENSTOWN

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown car MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

Email: aupstussy7@gmail.com

VIDEO



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

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.



**SINGAPORE
POLICE FORCE**



T/20191229/2071

3 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

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 Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/12/2019 19:06

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476228

Classification Of Case:

Authentication Stamp
NP168



CA522976
MSIG Insurance (Singapore) Pte. Ltd. (Cr. Reg. No. 200412212G)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
 The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)
 The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
 Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMT/19-397597-DA AG074-001/10110

SUMINSURED : TPL
 EXCESS : NIL

1. Index mark and Registration Number of Vehicle F8G1837P 153 c.c.
 2. Name of Policyholder YAMAH
 ABDUL RAUF BIN YA'AKOP

3. Effective date of the Commencement of Insurance
 for the purposes of the Act 1201AM 28/04/2019
 4. Date of Expiry of Insurance 25/04/2020

5. Persons or Classes of Persons entitled to drive
 a. The Policyholder.

b. ABDUL RAHIM BIN YA'AKOP ONLY
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
 2. Use for racing, pace-making, reliability trial or speed-testing.
 3. Use for the carriage of goods (other than samples) in connection with any trade or business.
 4. Use for any purpose in connection with the Motor Trade.
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

COMMERCIAL AGENCY PTE. LTD.
 Underwriting Agent
 For **MSIG Insurance (Singapore) Pte. Ltd.**

04/04/2019 (CG)
 CACI-03 (05/13)