

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	13/01/2020 17:31
Date Of Accident	10/01/2020 18:30
Exact Location Of Accident	ALONG LENG KEE ROAD AFTER HOY FATT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX8190J
Insured/Policyholder	
Name Of Registered Owner	ASH-SHANANI BIN HASSAN
Work Permit No	SXXXXX527A
Email Address	HITAKAROHITAKAROASHAKI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82060161
Alternative Phone No	OTHERS-82060161

Vehicle Particulars

Manufacturer	HONDA
Model	SONIC 125-125CC (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	THIRD PARTY
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/19-505063-WTT
Cover Note Number	

Driver

Name of Driver	ASH-SHANANI BIN HASSAN
Work Permit No	SXXXXX527A
Date Of Birth	16/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2005
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82060161
Fax Number	
Contact Number	OTHERS-82060161
EEmail Address	HITAKAROHITAKAROASHAKI@YAHOO.COM.SG

Address	BLK 1 SPOONER ROAD #06-100
Postcode	168789
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 - U-TURN
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200113/2111

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	GBG7039H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GILL CHEN CHEE KWONG
NRIC/Passport Number	SXXXX893A
Contact Number	83139449
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 4

DETAILS OF INJURED PERSON 1

Name ASH-SHANANI BIN HASSAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FX8190J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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: 13/1/2020

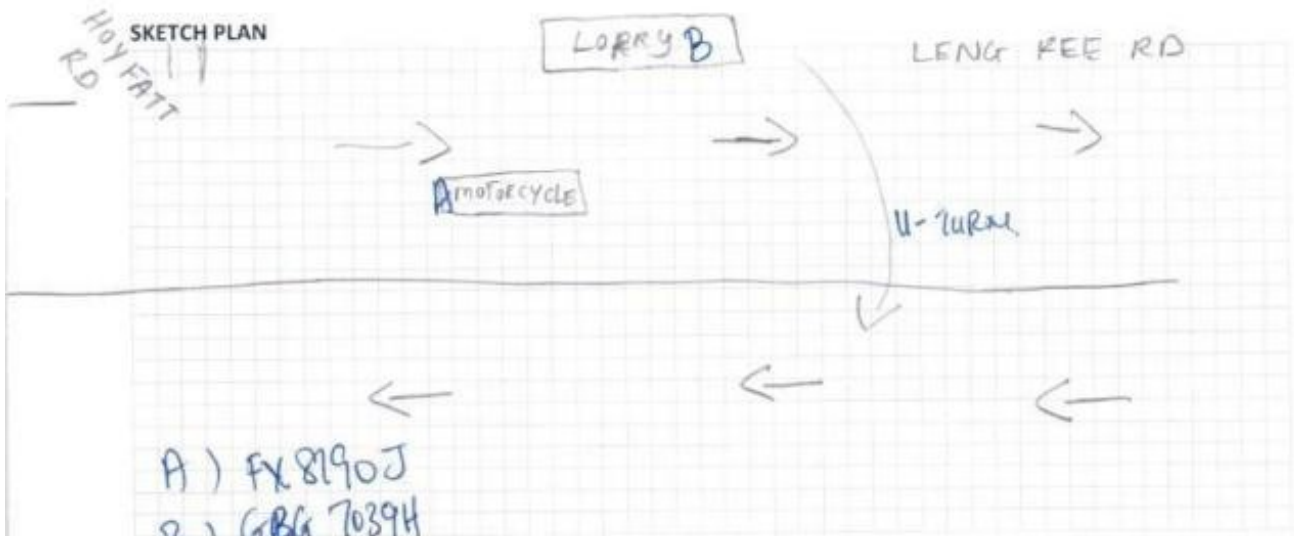
1622 hrs
Source: AccidentPlan.com.sg


Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/1/2020

1622 hrs


Reporting Centre Personnel's Signature
Name: 13/1/2020
NRIC/FIN No.: 1622 hrs

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020/13/211

DECLARATION

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

Policyholder's Signature

Date & Time:
13/1/2020

1622 hrs

Driver's Signature
(If driver is not the policyholder)

Date & Time:
13/1/2020

1622 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/01/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200113/2111

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 3
Report No. T/20200113/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2020 15:46	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: ASH-SHANANI BIN HASSAN			Address: APT BLK 1 SPOONER ROAD #06-100 SINGAPORE 168789		
ID Type / ID No.: NRIC NO / S8405527A			Contact No.: Home/Office: Mobile: 82060161		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 16/02/1984	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 2B 2A 2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/01/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 LENG KEE ROAD				
along Leng Kee Road after Hoy Fatt Rd				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX8190J	Motorcycle	HONDA	SONIC 125 M	Red	Slightly Damaged	0
GBG7039H	Lorry				Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX8190J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19505063	21/11/2019	20/11/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200113/2111

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20200113/2111

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was riding my motorbike (FX8190J) on Leng Kee road towards Tiong Bahru road. As I was going straight, a lorry (GBG7039H) made a sudden U turn and I could not stop in time. I hit into the front right side of the lorry and I fell on my right. I sustained scratches on my right back. The lorry driver and passengers had no injury. My motorbike had dents and scratches. The front right side of the lorry had dent and scratches. I exchanged particulars with the lorry driver and rode off. I am lodging this report for insurance purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200113/2111

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20200113/2111

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: A / Sgt 2 AHMAD ARIFFIN BIN AHMAD AFFENDIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2020 15:46
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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