

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 21:05
Date Of Accident	09/01/2020 18:30
Exact Location Of Accident	CHIN SWEE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6375S
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD KHAIRULNIZAM BIN KAMAL
NRIC No	SXXXX740F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84984982
Alternative Phone No	OFFICE-84984982

Vehicle Particulars

Manufacturer	SUZUKI
Model	UH200AL6 BURGMAN 200 ABS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-394129-CA
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHAIRULNIZAM BIN KAMAL
NRIC No	SXXXX740F
Date Of Birth	01/09/1989
Occupation	INDOOR
Date Of Driving Pass	20/03/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84984982
Fax Number	
Contact Number	OFFICE-84984982
Email Address	NOEMAIL

Address	BLK 216 CHOA CHU KANG CENTRAL #01-200
Postcode	680216
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 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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	PC1297Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

Accident Sketch Plan

SKETCH PLAN

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4. The mere completion 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 LTA Roadside Management Centre established by the central insurance Association of Singapore (PAIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the forwarding 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 to the above.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- a) the insurers, my workshop and the central Insurance Association of Singapore ("IAA") may use permitted to collect, use, disclose and/or process my personal data (personal information set out in the [Form] and any other personal information provided by me or processed by my insurer, collectively the "Personal Information") and use, disclose and/or process such Personal Information for all insurers who have insured vehicle(s) involved in this accident, all insurers who have insured a vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The Insurers' lawyers law firms, the Attorney General of Singapore and any relevant government agency, authority (such as the police) for the purposes 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) complying and/or dealing with my instructions or responding to any enquiries by me;
 - iv) taking or running my claims including the mailing of correspondence, statements, invoices, reports or notices to me which may involve disclosure of certain personal data about me to bring about delivery of the same as well as the endorsement of envelopes and packages; and/or
 - v) complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes".
- b) the insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers law firms may use 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 also be disclosed by any of the Insurers and/or IAA to their third party service providers or agents as long their Insurers law firms, which may be situated 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 as collected under (a) above may be shared / disclosed:
 - i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, litigation, 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)

Insurer's Signature
(If Insurer is not the policyholder)
(Date & Time)

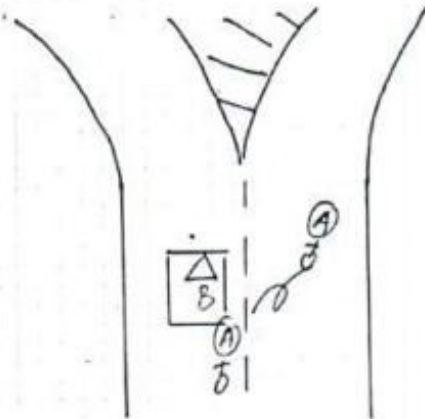
Reporting Centre Personnel Signature
Name
NRV / ID No

Accident Sketch Plan

SKETCH PLAN

Vehicle A: FBL 63755

Vehicle B: PC 12972



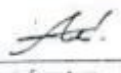
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

vehicle B stopped but I couldn't stop in time & collided into its rear.

DECLARATION

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


Driver's Signature
(if driver is not the policyholder)
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NIC/PIN No:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

