

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	21/01/2020 15:42
Date Of Accident	17/01/2020 19:15
Exact Location Of Accident	KPE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5320G
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Insured/Policyholder

Name Of Registered Owner	SYED MUHD FAIZAL BIN SYED AMZAH ALSAGOFF
NRIC No	SXXXX337D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97616312
Alternative Phone No	OFFICE-97616312

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-406922-CA
Cover Note Number	

Driver

Name of Driver	SYED MUHAMMAD FAIZAL BIN SYED AMZAH ALSAGOFF
NRIC No	SXXXX337D
Date Of Birth	30/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97616312
Fax Number	
Contact Number	OFFICE-97616312
Email Address	NOEMAIL

Address	BLK 118 BEDOK RESERVOIR ROAD #02-88
Postcode	470118
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : NUR AFIQAH BINTI SALMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200118/2152.

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	SMH9131A
Vehicle Make/Model/Colour	MERCEDES C180
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 SYED MUHAMMAD FAIZAL BIN SYED AMZAH ALSAGOFF
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBL5320G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR AFIQAH BINTI SALMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBL5320G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

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:



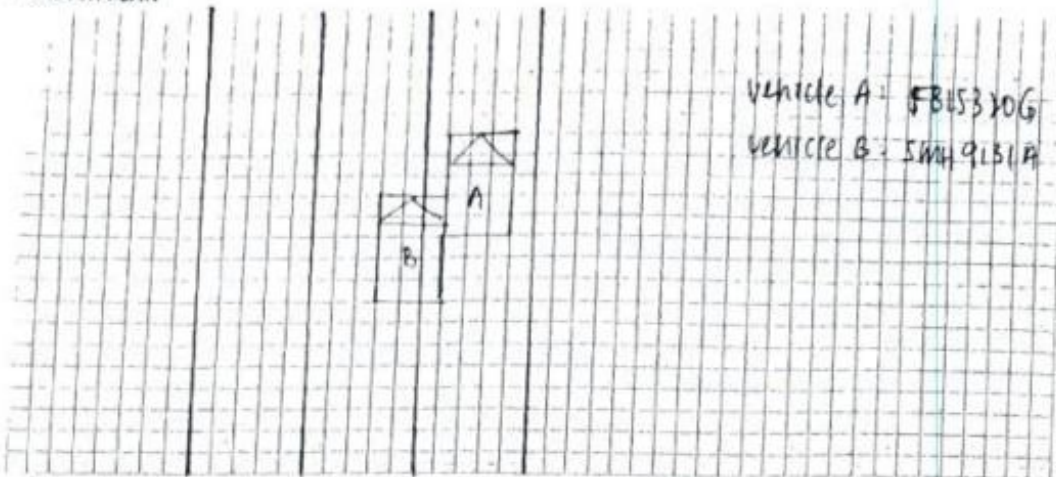
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



Vehicle A: FB453XOG

Vehicle B: SWH 9131A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policyholder's Signature

Date & Time:

ATTACHED TO THE POLICY DOCUMENT

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200118/2152

Police Station Of Origin
Bedok North N P C
30 Bedok North Road SINGAPORE 469676
Tel No. 1800-2449999

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Report No. T/20200118/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2020 20:28	Vide Report No.	Station Diary No. 150
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Informant's Particulars

Name of Informant: SYED MUHAMMAD FAIZAL BIN SYED AMZAH ALSAGOFF ID Type / ID No.: NRIC NO / S9449337D			Address: APT BLK 118 BEDOK RESERVOIR ROAD #02-88 SINGAPORE 470118 Contact No.: Home/Office: Mobile: 97616312	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 25	Date of Birth: 30/12/1994	Type of Informant: Rider	
Race: Arab			Language: English	Institution / School Name:
Occupation: Food delivery rider			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2020 19:15	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
Towards PIE Tuas				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5320G	Motorcycle	HONDA	CBF190WH	Red	Seriously Damaged	1
SMH9131A	Car	MERCEDES BENZ	C180 AVG (R17 LED)	Grey	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5320G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72215850	18/11/2019	17/11/2020

Police Report



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T/20200118/2152

Police Station Of Origin
Bedok North N.P.C
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Tel No. 1800-2449999

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Report No. T/20200118/2152

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NUR AFIQAH BINTI SALMAN	ID No.	S9729029F
Related Vehicle	FBL5320G (Motorcycle)	Contact No.	98554819
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	SYED MUHAMMAD FAIZAL BIN SYED AMZAH ALSAGOFF	ID No.	S9449337D
Related Vehicle	FBL5320G (Motorcycle)	Contact No.	97616312
Hospital/Clinic	UNIHEALTH CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	18/01/2020	Date Discharge	18/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Rider			
Name	YIM BOON KHENG	ID No.	S7467672C
Related Vehicle	SMH9131A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL 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 17.01.2020, at about 7.15pm, I was riding my motorcycle bearing the plate number, FBL5320 on the first lane. I was riding between exit 1 and 2. I wish to state that I was on the first lane when the car in front of me bearing the plate number SMH9131A, suddenly signaled to the left and made an abrupt lane changing to the second lane. I wish to state that I applied brake however I think my motorcycle is not able to stop in time. The front of my motorcycle hit on the rear right side of the car.

I wish to state that the other party has both front and rear in car camera. The motorcycle was stuck the bumper and the driver was still driving. He wanted to move off after it happened but I hit his bumper to

Police Report



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T/20200118/2152

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Report No: T/20200118/2152

CONTINUATION OF REPORT

signal to him that I was stuck at the back. We remained there and the driver got out of the vehicle. We exchanged particulars and traffic police came. EMAS also came. After EMAS pulled out our motorcycle, our motorcycle was towed to the nearest exit which was at Sims Avenue.

I have a backlash at my neck, swollen left leg, bruises at the knee and strain at my forearm and torned skin on my fingers. I wish to state that I have a pillion(Nur Afqah Binte Salman, S9729029F, Tel: 98554819) at that time. She has some bruises on her wrist however she did not seek medical treatment. I sought medical treatment on the 18.01.2020 and received 4 days mc.

Police Report



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T/20200118/2152

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Report No: T/20200118/2152

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:

G /

Sgt 3 NAZEEHA BINTE MOHAMAD NASSIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/01/2020 20:28

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED MUHAMMAD BIN SYED
FARID ALBAR

Contact No: 65476090

Classification Of Case:

NP188

Authentication Stamp
SINGAPORE POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

