#### 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 witholding 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	22/01/2020 11:34	
Date Of Accident	21/01/2020 16:40	
Exact Location Of Accident	BEDOK RESERVOIR ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	FBH2724R	
Insured/Policyholder		
Name Of Registered Owner	MUHAMMAD HAIRI BIN KHALID	
NRIC No	SXXXX673Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91858314	
Alternative Phone No	OTHERS-97930675	
Vehicle Particulars		
Manufacturer	YAMAHA	
Model	FZ16	
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/19-395353-CA	
Cover Note Number		
Driver		

MUHAMMAD FADHIL BIN AMAT TUGIMAN Name of Driver

NRIC No SXXXX968E Date Of Birth 17/11/1990 Occupation **INDOOR Date Of Driving Pass** 08/08/2018

**Driving Experience** 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97930675

Fax Number Contact Number

**EMail Address** FADHIL.GPL@GMAIL.COM Address BLK 116 BEDOK RESERVOIR RD

#03-90

Postcode 470116

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - BROTHER-IN-LAW

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** 

ambulance?

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

NO YES

Was any other material or property damaged?

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**

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMJ6316T Vehicle Make/Model/Colour MAZDA 3

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver ANG GEOK CHUAN

NRIC/Passport Number SXXXX638C Contact Number 97546123

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? FBH2724R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NO

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 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)

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:
  - 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:
  - 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:

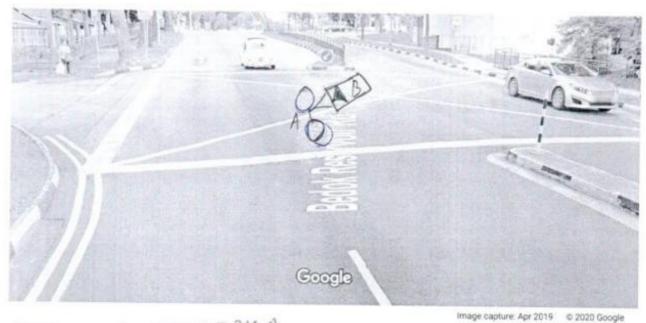
Driver's Signature (If driver is not the policyholder)

Date & Time! 22/01/2020

@ 12.04pm.

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Go gle Maps 633 Bedok Reservoir Rd



Singapore

A- FBH2724 R B-SMJ6316T

- Google

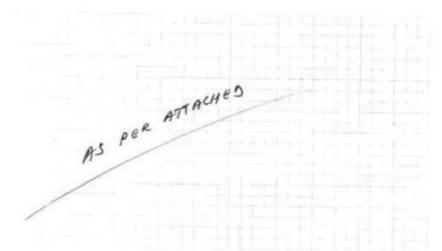
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#### **Individual Statement**

SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

11 (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
I was heading back home and was travelling along Bedok
reservoir Koad. I was liding in the middle of 2 lanes as the
venicles were stopped or slowing down due to a red light. I
Was claimed with appeal and the area
noticed the red light. Once the light turned green, I then continued going straight and collided with the car that was turning right at the yellow box. The car hit me on the right knee and the right side at my molocaple and I tell as a result at the collision. I had visited the armic after the accident and was given I day Mc as I had sufferred bruising on my knees.
continued going straight and collided with the car that was
turning right at the yellow box. The car hit me on the right
knee and the right side of my motorable and I fell as a
result of the collision. I had visited the armic after the accident
and was given I day Mc as I had sufferred bruising on my
Knees.

DECLARATION

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

Policyholder's Signature Date & Time:

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

Date & Time: 22/1/2020

Name: NRIC/FIN No.:

Reporting

itre Personnel's Signature



































