

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	20/01/2020 16:09
Date Of Accident	19/01/2020 22:00
Exact Location Of Accident	CIRCUIT GANTRY EPSM32 INTO PAYA LEBAR WAY HOUSING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF9530Y
Insured/Policyholder	
Name Of Registered Owner	ABDUL WAHAB BIN ADAM
NRIC No	S2161380J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98628878
Alternative Phone No	OFFICE-98628878

Vehicle Particulars

Manufacturer	HONDA
Model	GLH125
Exact Purpose for which vehicle was being used at time of accident	PRIVATE PURPOSE
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-VMT-19-401341-CA
Cover Note Number	

Driver

Name of Driver	ABDUL WAHAB BIN ADAM
NRIC No	S2161380J
Date Of Birth	12/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1985
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98628878
Fax Number	
Contact Number	OFFICE-98628878
EEmail Address	NOEMAIL

Address	APT BLK 120 PAYA LEBAR WAY #12-2931
Postcode	381120
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?	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 [OTHER]	T/20200120/2107
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT T/20200120/2107

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	SHD7178J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 WAHAB BIN ADAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBF9530Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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

20/01/2020

Sketch Plan #2

SKETCH PLAN


Refer to Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Attached

DECLARATION

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


Policyholder's Signature
Date & Time:

GUARMC SketchPlanForm_V3

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

IDAC KAKI BUKIT (YAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

20/01/2020

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Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20200120/2107

Station Of Origin:
Pherson NPP
4 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20200120/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2020 15:32		Vide Report No.:		Station Diary No.: 34
Informant's Particulars				
Name of Informant: ABDUL WAHAB BIN ADAM		Address: APT BLK 120 PAYA LEBAR WAY #12-2931 SINGAPORE 381120		
ID Type / ID No.: NRIC NO / S2161380J		Contact No.: Home/Office: Mobile: 98628878		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 12/07/1956	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: Private security officer		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2020 22:00	Type of Location: Straight Road
Location: Along Road 1 CIRCUIT ROAD				
Carpark gantry EPSM32 into Paya Lebar Way housing estate				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
FBF9530Y	Motorcycle	HONDA	GLH125	Red	Slightly Damaged	0
SHD7178J	Car				Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF9530Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19401341	10/08/2019	09/08/2020

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200120/2107

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	ABDUL WAHAB BIN ADAM	ID No.	S2161380J
Related Vehicle	FBF9530Y (Motorcycle)	Contact No.	98628878
Hospital/Clinic	ACCESS MEDICAL(CIRCUIT ROAD)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/01/2020	Date Discharge	20/01/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	MOHAMED SAFIE BIN KALIL	ID No.	S6941156H
Related Vehicle	SHD7178J (Car)	Contact No.	84536116
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 19/01/2020 at around 2200hrs I was riding my motorcycle bearing plate number FBF9530Y heading home when I approached the carpark gantry to my housing estate carpark. At that point of time there was another car in front of me at the gantry as such I waited behind the car for my turn to go through the scanner. After the car in front of me had passed through I then moved forward to the area where my IU can be scanned, upon reaching that area I then brought my motorcycle to a complete stop.

After a few seconds of stopping, suddenly there was a large impact from the back, I then to the ground on my left side with my motorcycle, immediately after falling, the passenger from the taxi behind me assisted me to get on my feet to move my motorcycle to the side. I felt breathless however I did not call for any medical attention. I then took a look at my motorcycle the rear was badly damaged as well as my IU was also damaged. The impact came from the comfort taxi bearing plate number SHD7178J which had rear ended into my motorcycle. The taxi sustained damages to its front number plate, none of the passengers and the driver of the taxi were injured.

I then exchanged particulars with the taxi driver and both of us then went out separate ways. I went to see a doctor on the 20/01/2020 for my left leg was in pain and I was given 2 days mc.

I have no camera for my motorcycle and I am unsure if the taxi have the video recording of the accident

That is all.

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20200120/2107

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20200120/2107

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200120/2107

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Report No. T/20200120/2107

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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 JOSHUA EMMANUEL SHO YI ZHE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/01/2020 15:32

Officer In Charge Of Case:
TP / AEIT /
SGT 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:



POLICE FORCE
Authentication Stamp
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

