

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	31/01/2020 17:42
Date Of Accident	29/01/2020 19:10
Exact Location Of Accident	ALONG CTE AT THE SLIP ROAD OF BALESTIER ROAD/CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN2204T
Insured/Policyholder	
Name Of Registered Owner	MELATI BINTE GHANI
NRIC No	SXXXX601A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88141560
Alternative Phone No	HOME-88141560

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R155-155CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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/19-401709-CA
Cover Note Number	

Driver

Name of Driver	MELATI BINTE GHANI
NRIC No	SXXXX601A
Date Of Birth	21/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88141560
Fax Number	
Contact Number	HOME-88141560
Email Address	NOEMAIL

Address	BLK 21 JALAN TENTERAM #10-473
Postcode	320021
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	DRIZZLING
Road Surface	WET

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	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200129/2152 AND T/20200130/2001

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	SGG8455Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR TAN
NRIC/Passport Number	
Contact Number	81009842
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MELATI BINTE GHANI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBN2204T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE

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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. 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:

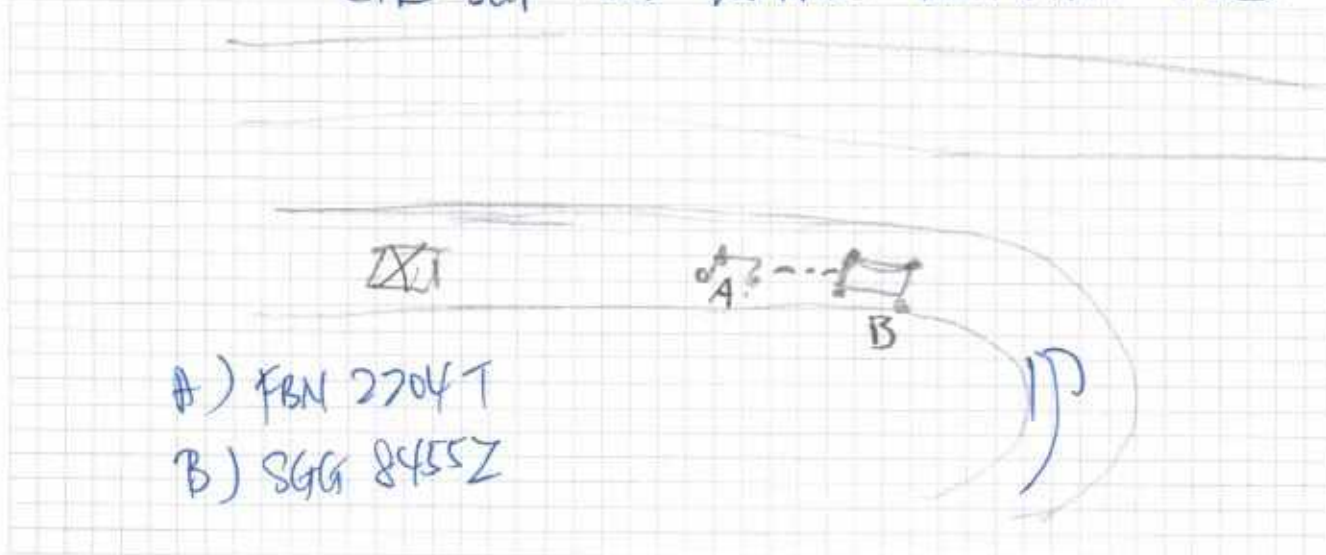
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Personnel's Signature
Name: 
NRIC/FIN No.:

C74 Slip Road Towards BATHURST ROAD



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T/20200130/2001

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

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 29/1/2002 (DD/MM/YYYY), TIME: 1910 (HH:MM)

LOCATION: Along CTE at the Slip road of Balestier Rd and CTE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 2204 T
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YRF R1-5
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: walking
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MULATI BINTA GIBRAH (MALE / FEMALE) (FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.6 IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABDAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

d) DATE OF BIRTH: 21/11/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) sales/park

f) DATE OF DRIVING PASS 21/04/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES/NO) _____

7. a) REPORTED TO POLICE (YES/NO) _____

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGG 84552 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

email: NO EMAIL
 VIDEO



**SINGAPORE
POLICE FORCE**



T/20200129/2152

1 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No: T/20200129/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2020 23:45	Vide Report No.:	Station Diary No.: 63
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Informant's Particulars

Name of Informant: MELATI BINTE GHANI			Address: APT BLK 21 JALAN TENTERAM #10-473 SINGAPORE 320021	
ID Type / ID No.: NRIC NO / S7439601A			Contact No.: Home/Office:	Mobile: 88141560
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 45	Date of Birth: 21/11/1974	Type of Informant: Rider	
Race: Boyanese			Language:	Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/01/2020 19:10	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE, at the slip road of Balestier Road and CTE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two 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
FBN2204T	Motorcycle	YAMAHA	YZF-R155	Blue	Seriously Damaged	0
SGG8455Z	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN2204T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72186650	21/08/2019	20/08/2020



**SINGAPORE
POLICE FORCE**



T/20200129/2152

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No. 1800-2959999

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Report No. T/20200129/2152

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MELATI BINTE GHANI	ID No.	S7439601A
Related Vehicle	FBN2204T (Motorcycle)	Contact No.	38141580
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	Slight
Driver			
Name	MR TAN	ID No.	NIL
Related Vehicle	SGG8455Z (Car)	Contact No.	81009842
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 29/01/2020 at about 1910hrs, I was riding my motorcycle (FBN2204T). I had entered CTE from Balestier rd. I was still along the slip road when I felt a collision from behind and I fell on the road.

I was able to check that a vehicle (SGG8455Z) had collided into my motorcycle. The driver of the vehicle then came down to assist me. We then spoke to each other.

The driver had informed that he was not taking responsibility of the accident. He also claimed that I had fallen on the slip road and he was trying to change lanes to take over when his vehicle was scratched. I then called my cousin for assistance as this was my first traffic accident. We then exchanged contact numbers.

My cousin then came down and spoke with the driver to which the driver mentioned that he saw me falling and had changed lanes and my motorcycle had hit his vehicle. The driver also mentioned that he has a in car camera installed however did not wish to review the footage.

The rear left side signal light and left side mirror were broken, the gear shift was damaged and the front wheel was out of alignment.

The other vehicle had also had its front left side bumper was scratched and the left side bumper was dislodged slightly. The front license plate was misaligned.



**SINGAPORE
POLICE FORCE**



T/20200129/2152

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Police Station Of Origin:
Kampong Java N.P.C.
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20200129/2152

CONTINUATION OF REPORT

After the accident, my left ankle and left side of my back have been feeling pain and soreness. My right knee also has some bruises.

I am lodging the report for insurance purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No. 1800-2959999



T/20200129/2152

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Report No. T/20200129/2152

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:
E /
Sgt 2 KENDRICK NEO ZHE HAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
29/01/2020 23:45

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20200130/2001

1 of 3

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20200130/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 00:10	Vide Report No.: T/20200129/2152	Station Diary No.: 11
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Informant's Particulars

Name of Informant: MELATI BINTE GHANI			Address: APT BLK 21 JALAN TENTERAM #10-473 SINGAPORE 320021	
ID Type / ID No.: NRIC NO / S7439601A			Contact No.:	
			Home/Office:	Mobile: 88141560
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 45	Date of Birth: 21/11/1974	Type of Informant: Rider	
Race: Banyanese			Language:	Institution / School Name:
Occupation: Private security officer			Driving License Information: Class:	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 29/01/2020 19:10	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
along CTE, on the side road of Balestier rd and CTE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage 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
FBN2204T	Motorcycle	YAMAHA	YZF-R155	Blue	Seriously Damaged	0
SGG8455Z	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN2204T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72186650	21/08/2019	20/08/2020



**SINGAPORE
POLICE FORCE**



T/20200130/2001

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No: T/20200130/2001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MELATI BINTE GHANI	ID No.	S7439601A
Related Vehicle	FBN2204T (Motorcycle)	Contact No.	88141560
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	Slight
Driver			
Name	MR TAN	ID No.	NIL
Related Vehicle	SGG8455Z (Car)	Contact No.	81009842
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.

I am lodging the report to make the following amendments to my previous report.

Both front and rear left side signal lights were broken.



**SINGAPORE
POLICE FORCE**



T/20200130/2001

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No: T/20200130/2001

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:
E/
Sgt 2 KENDRICK NEO ZHE HAO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/01/2020 00:10

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212C)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

CA 527802 30

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)
The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSB/VMS/19-401709-CA ADD'L-001-0027

SUM INSURED : RMV

EXCESS : \$3000 FIRE & THEFT \$5000 ENDT 24

1. Index mark and Registration Number of Vehicle : 8BN2204T
YAMAHA 155 C.C.
2. Name of Policyholder : MELATI BINTE GHANI
3. Effective date of the Commencement of Insurance for the purposes of the Act : 2014M 21/08/2013
4. Date of Expiry of Insurance : 20/08/2020
5. Persons or Classes of Persons entitled to drive
a. The Policyholder
b. ADAM BIN MOHD EUNOS ONLY

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for the carriage of goods (other than samples) in connection with any trade or business.
4. Use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Rept ON: 12156650
18/07/2019 (KPI)

CA/C-09 (05/12)

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.