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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/03/2020 20:09
Date Of Accident	19/03/2020 16:00
Exact Location Of Accident	ALONG YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK266T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NAIM BIN ABDUL AZIZ
NRIC No	SXXXX263Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85858755
Alternative Phone No	OTHERS-85858755
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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/20-409970-CA
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NAIM BIN ABDUL AZIZ

NRIC No SXXXX263Z

Date Of Birth 10/05/1982

Occupation OUTDOOR

Date Of Driving Pass 02/12/2004

Driving Experience 15 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85858755

Fax Number

Contact Number OTHERS-85858755

EMail Address NOEMAIL

BLK 571A WOODLANDS AVENUE 1 Address

#03-894

Postcode 731571

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

2

NO

1

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200321/2106 AND F/20200322/2054

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 SLF7H

Vehicle Make/Model/Colour MERCEDES BENZ S400L

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96953669

Address Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name MUHAMMAD NAIM BIN ABDUL AZIZ

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBK266T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as opssible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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:
 - 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

NRIC/FIN N

(ii) for complying with requirements under any regulations, laws or court orders.

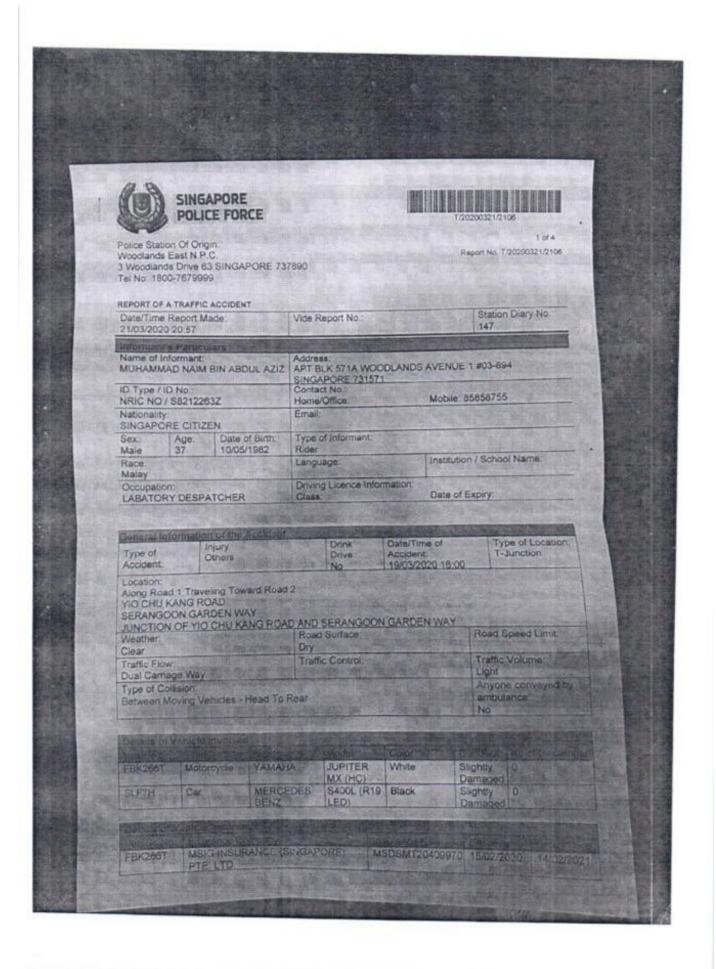
Policyholder's Signature Date & Time:

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

4

Accident Sketch Plan

SKETCH PLAN	to the Kons	ROND
	H BUNGS	A) FAK 2667 8) SUF 74
ESCRIBE CIRCUMSTANCES OF THE AG	CCIDENT	
		a) Agenta and a
25 police Re	port 1/2020321/	2106 & F/20200312/205
	/	
		2 00 000 000 000 000
/		
ARATION declare the foregoing particulars are true in		
ASI.	every respect.	120/01
holder's Signature Driver's 5	Signature Repo Is not the policyholder) Name	orting Centre Personnel's Signature





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737690 Tel No: 1800-7679999 T/20200321/2100

CONTINUATION OF REPORT

No of Pedestrian	nvolved: No as Injured: NiL	Use of Pe	destrian Cross	ing: NA
Riche				THE PERSON NAMED IN
Name	MUHAMMAD NAIM BIN ABDUL	AZIZ	ID No.	S8212263Z
Related Vehicle	FBK266T (Motorcycle)		Contact No.	85858755
Hospital/Clinic	MEDICAL UNION CLINIC		Class of Driving Licence & Expiry Date	Class NIL Date of Expiry, NIL
Date Treatment	21/03/2020	Date Disc		3/2020
Vo. of Days grant	ed Medical Leave 03	Degree o		CONTRACTOR OF THE PARTY OF THE

Brief Details.

I am the rider of motorcycle FBK266T

On 19/03/2020 at about 1600hrs, I was travelling on Yio Chu Kang Road. I was forming up on Lane 1/3 to turn right onto Serangoon Garden Way.

Vehicle SLF7H was the first vehicle in the queue and was in the right-turn box. I was the second in the queue and was stationary directly behind vehicle SLF7H.

Vehicle SLF7H had overshot the right-turn box and began reversing to give way to the encoming traffic 1 shoulded and honked at vehicle SLF7H to alert the driver and also tried to backpectal. However, vehicle SLF7H continued to reverse and this resulted in a collision between the rear of vehicle SLF7H and the front of my motorcycle. The impact caused me to topple over to the left side of my motorcycle and fall onto the ground.

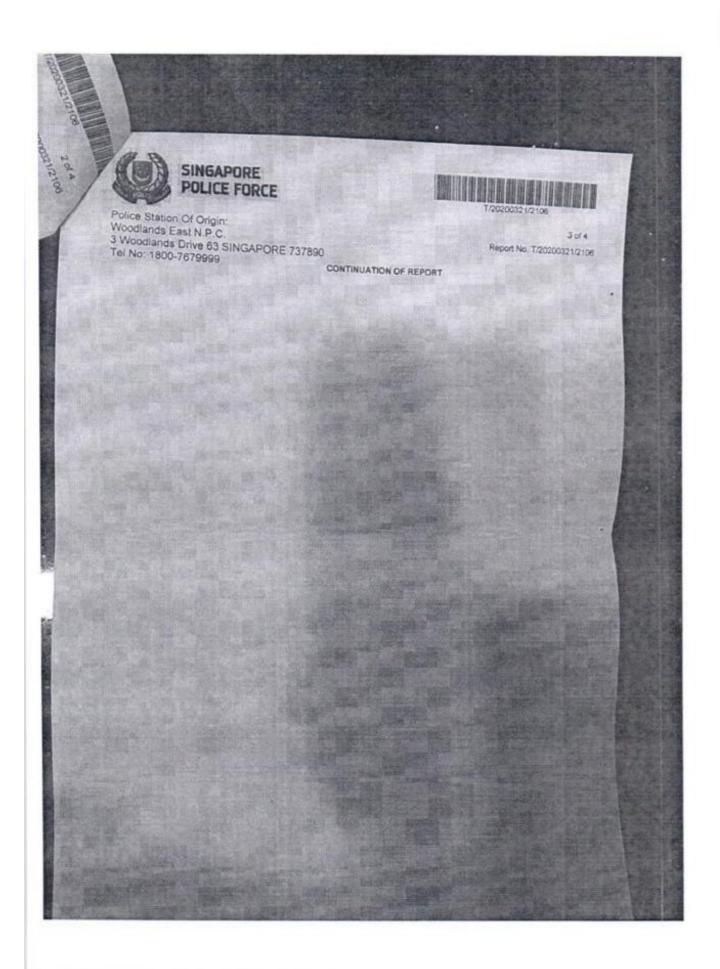
I saw vehicle SLF7H driving off hence I got back up and followed his vehicle until we both stopped by the roadside some distance away. We then checked for damage and we only exchange contact numbers (Driver's contact number Tel: 96953669).

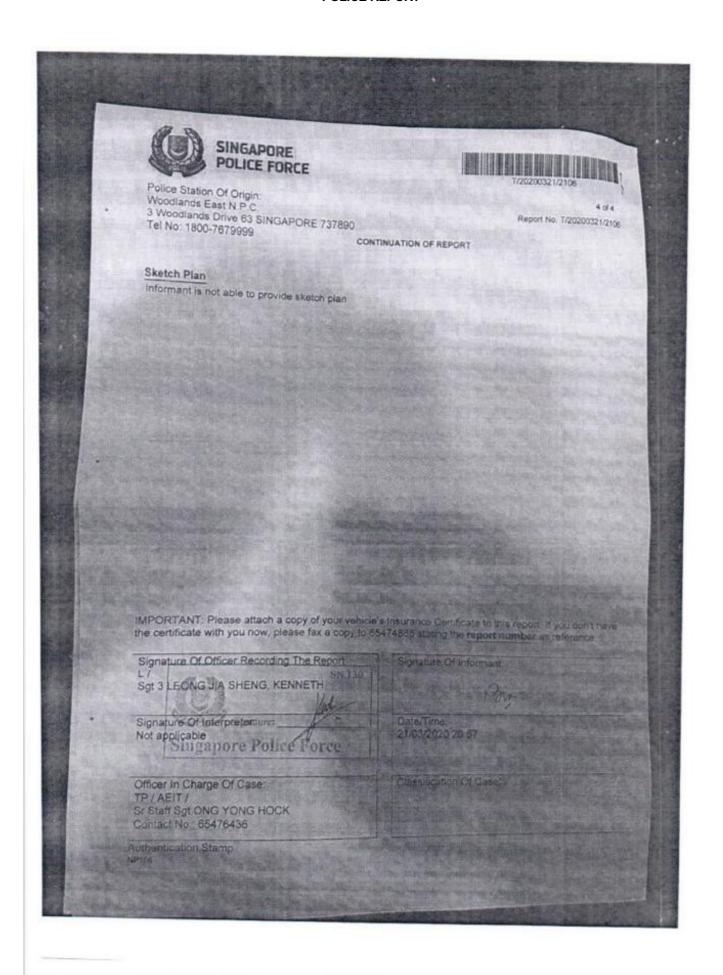
As a result of this accident, my motorcycle had the following damage

- 1) Front mudguard broken
- 2) Front left coverset faining scratched
- 3) Handlebar alighment slanted
- 4) Brake disc issues

No Traffic Police or ambulance was at scene. I do not have any helmet camera 1 sought my own medical treatment on 21/03/2020 and was given 03 days MC for back pain, brusing in my left knee and swelling in my ankle.

I would like to state that the driver of vehicle SLF7H had given me \$5100/- initially as he wanted a private settlement. However due to expensive cost of repairs, the \$\$100/- is not sufficient and I are now willing to return the money to him if he does not wish to agree for the full cost of repairs.









Report No. F/20200322/2054

POLICE REPORT (NP299)

Police Station Of Origin Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Tel No: 1800-4589999

Date/Time Report Made 22/03/2020 14:00	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			
MUHAMMAD NAIM BIN ABDUL AZIZ	APT BLK 571A WOODLANDS AVENUE 1 #03-894 SINGAPORE 731571		UE 1 #03-894	
ID Type / ID No. NRIC NO / S8212263Z	Contact Home/C		Mobile 85858755	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
DESPATCH RIDER	Male	37	10/05/1982	Malay
Institution/School Name	Langua	ge		
Date/Time Of Incident 19/03/2020 16:00	Location Of Incident YIO CHU KANG ROAD SINGAPORE Junction of Yio Chu Kang Road and Serangoon Garde Way			

Brief details.

On the 19/03/2020 at about 1600hrs, I was involved in an accident with a vehicle bearing registration plate number SLF 7 H and made a Traffic Accident report reference to report number T/20200321/2106. After the accident happened, the driver decided to make a private settlement and offered me \$100/- in cash. I accepted and he gave me his contact number + 65 9695 3669. We then parted ways.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 1 SHAMEERUDIN BIN TAJUDDIN	Noin Noin
Signature Of Interpreter: Not applicable	Date/Time: 22/03/2020 14:00
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / SI SHAHRUL-IMRAN BIN SULAIMI Contact No.: 64849999	Classification Of Case:
Authentication Stamp	
24	





2-42

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200322/2054

On the 20/03/2020, I went down to a workshop along Upper Paya Lebar' Champion Motors' and was informed that due to the damages on my front mudguard, front left coverset, handlebar alignment and brake disc issues, it could cost me about \$400/-. I then called the guy and told him that \$100/- was not enough to cover the cost of my repairs and told him that it was going to cost \$400/-. He then told me that he would bear all the cost over the phonecall that we had. Suddenly he started twisting his words saying that he should not be bearing all the cost and told me to claim from my insurance company. I then told him that I would pass him back his cash and just go through my insurance company to make the claim.

On the 21/03/2020 I went down to a workshop 'Motor Stop' at kaki Bukit Road recommended by a friend who does accident claims. But earlier in the morning, the driver of the vehicle gave me a call again and said that he would want to do a private settlement. As he already told me to make an insurance claim, I told him I did so and wanted to pass back his money and asked him for a place to meet for me to pass him back his cash. He gave me an address, 'Blk 159 Ang Mo Kio' and told me that once I have arrived was told to give him a call. My wife gave him a call when we arrived and he told that he was not at that location as he already left and he cut the call.

I then called him back and told him that whether he wanted his money or not and he started hurling vulgarities at me insulting me 'Fuck You', ' Ninabuei Chibai', ' Your Mother fucker'.

I am lodging this report to disclaim liability that I do not intend to keep his \$100/- and also lodging for police assistance as he insulted me and also my mother.

Signature Of Officer Red F / Sgt 1 SHAMEERUDI	CV /	Signature Of Informant:
Signature Of Interpreter Not applicable		Date/Time: 22/03/2020 14:00
Officer In-Charge Of Car F / Ang Mo Kio North N. SI SHAHRUL-IMRAN BI Contact No.: 64849999	se: P.C / N SULAIMI	Classification Of Case:
Authentication Stamp	Singapore Police S	SN OSS OFFE





