

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 04/04/2020 11:49
 Date Of Accident 06/03/2020 22:20
 Exact Location Of Accident MIDDLE ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK6302H

Insured/Policyholder

Name Of Registered Owner MUHAMMAD BAZIL BIN MOHAMED IBRAHIM
 NRIC No SXXXX002J
 Email Address BAZZILIBRAHIM@GMAIL.COM
 Mobile Phone No (LOCAL) +65-98568547
 Alternative Phone No OTHERS-98568547

Vehicle Particulars

Manufacturer KTM
 Model RC200
 Exact Purpose for which vehicle was being used at time of accident COMMUTING
 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/19-406802/CA
 Cover Note Number

Driver

Name of Driver MUHAMMAD BAZIL BIN MOHAMED IBRAHIM
 NRIC No SXXXX002J
 Date Of Birth 19/05/1996
 Occupation INDOOR
 Date Of Driving Pass 24/05/2018
 Driving Experience 1 YEAR AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98568547
 Fax Number
 Contact Number OTHERS-98568547
 Email Address BAZZILIBRAHIM@GMAIL.COM

Address	BLK 155 YISHUN STREET 11 #03-90
Postcode	760155
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?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200311/7024

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	SMF8182U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWANG KOK YONG
NRIC/Passport Number	SXXXX778I
Contact Number	90219811
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD BAZIL BIN MOHAMED IBRAHIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK6302H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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.

Policyholder's Signature
Date & Time:

03-APRIL 2020

1657H

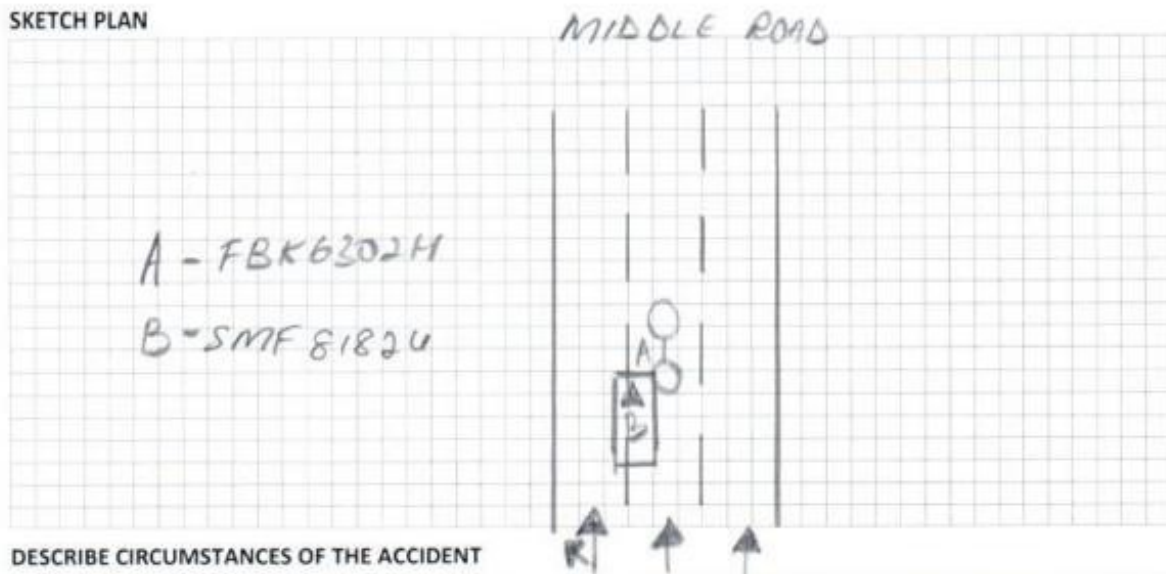
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

04/04/20

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20200311/7024

DECLARATION

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

Policyholder's Signature
Date & Time: 03. APRIL 2020 16:47hr

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

Reporting Centre Personnel's Signature
Name: 04/04/20
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200311/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200311/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD BAZIL BIN MOHAMED IBRAHIM	ID No.	S9618002J
Related Vehicle	FBK6302H (Motorcycle)	Contact No.	98568547
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/03/2020	Date Discharge	09/03/2020
No. of Days granted Medical Leave	20	Degree of Injury	Slight
Driver			
Name	KWANG KOK YONG	ID No.	S1811778I
Related Vehicle	SMF8182U (Car)	Contact No.	90219811
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 had just exited from Bugis Junction carpark through the Middle Road exit and was in line to make a discretionary u-turn at the junction (in between InterContinental Singapore and National Library). Before making the turn, I saw that the car in front of me was moving to make the discretionary right turn, so I checked for clearance of oncoming traffic. While checking for clearance, I saw that traffic was clear across all three oncoming lanes especially because I didn't see any oncoming headlights nor vehicles. I then proceeded to make the discretionary u-turn where I completed the turn slightly to left lane-marking of the second (middle) lane. The moment I had my bike upright from completing the turn, I felt the impact of getting hit from behind.

Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200311/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20200311/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2020 15:02	Video Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD BAZIL BIN MOHAMED IBRAHIM		Address: APT BLK 155 YISHUN STREET 11 #03-90 SINGAPORE 760155	
ID Type / ID No.: NRIC NO / S9618002J		Contact No.: Home/Office: Mobile: 98588547	
Nationality: SINGAPORE CITIZEN		Email: bazzilbrahim@gmail.com	
Sex: Male	Age: 23	Date of Birth: 19/05/1996	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Financial/Investment adviser		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/03/2020 22:20	Type of Location: X-Junction
Location: MIDDLE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBK6302H	Motorcycle	KTM	RC200	Black		0
SMF8182U	Car	HONDA	Shuttle	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBK6302H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19406802	23/11/2019	22/11/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200311/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No: T/20200311/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
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Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/03/2020	Date Discharge	09/03/2020
No. of Days granted Medical Leave	20	Degree of Injury	Slight
Driver			
Name	KWANG KOK YONG	ID No.	S1811778I
Related Vehicle	SMF8182U (Car)	Contact No.	90219811
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

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Police Report



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POLICE FORCE**

Police Station Of Origin:
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Tel No: 65470000



T/20200311/7024

3 of 3

Report No. T/20200311/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIS /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP158

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/03/2020 15:02

Classification Of Case: