

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 16:27
Date Of Accident	25/10/2019 15:45
Exact Location Of Accident	TPE TWDS PIE B4 ELIAS RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6964Y
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD SHAZUWANI BIN ALISAHARUDIN
NRIC No	SXXXX778C
Email Address	SYAZWANI_81@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86002968
Alternative Phone No	HOME-86002968

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	72146920

Driver

Name of Driver	MUHAMMAD SHAZUWANI BIN ALISAHARUDIN
NRIC No	SXXXX778C
Date Of Birth	06/12/1995
Occupation	INDOOR
Date Of Driving Pass	02/10/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86002968
Fax Number	
Contact Number	HOME-86002968
Email Address	SYAZWANI_81@HOTMAIL.COM

Address	BLK 466 TAMPINES ST 44 #04-40
Postcode	520466
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	NO COLLISION
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	1
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 ATTACHED STATEMENT.

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	SGQ1640Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	MUHAMMAD SHAZUWANI BIN ALISAHARUDIN
Approximate Age	
Injuries Sustain	ABRASION AND SHOULDER
Injured person in which vehicle?	FBK6964Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 04/04/20

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

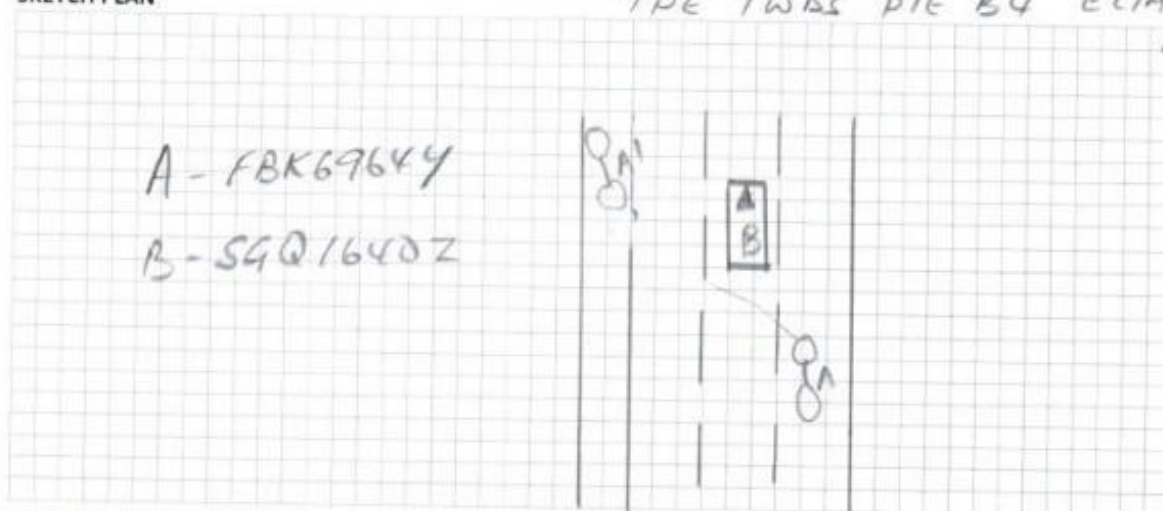
Name:

NRIC/FIN No.:

Individual Statement

SKETCH PLAN

TPE T W A S P I E B Y E L I A S R O
E X I T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING BEYOND THE SPEED LIMIT THEN I
CHANGE BACK TO SECOND LANE. WHEN ABOUT TO CHANGE
TO SECOND LANE, I JAMMED BRAKE MY MOTORCYCLE AND
SELF-SKIDDED ON THE LEFT SIDE OF THE ROAD AS
MY VISION IS THE CAR INFRONT JAMMED BRAKE. ME
AND MOTORCYCLE WAS STATIONARY AT THE ROAD SHOULDER.
I'M CONFIDENT THAT MY VEHICLE DIDN'T MAKE ANY
IMPACT TO CAR.

DECLARATION

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

Policyholder's Signature

Date & Time: 04/04/20

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Other



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408883
Tel: +65 6547 0000
Fax: +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/00092/2019
Date : 5 December 2019

MUHAMMAD SHAZUWANI BIN ALISAHARUDIN
APT BLK 466 TAMPINES STREET 44
#04-40
SINGAPORE 520466

STERN WARNING

1. Investigations against you, MUHAMMAD SHAZUWANI BIN ALISAHARUDIN, S9544776C, into the following offence(s):

ALLEGED OFFENCE(S)				
S/No	Offence	Legislation	Date & time committed	Place
1	Careless Driving	Rule 29 of the Road Traffic Rules	25/10/2019 at about 1548 hrs	TPE (PIE) 4.5 KM

have been completed.

2. After careful consideration of the facts of the case as disclosed by investigations, you are warned to refrain from any criminal conduct. If you commit any offence in future, the same leniency may not be shown towards you.

MOHAMMED FADZLY, INSP
for HEAD INVESTIGATION
TRAFFIC POLICE

05.12.2019
Date



**SINGAPORE
POLICE FORCE**

Trafico Police
10 Ubi Avenue 3
Singapore 408688
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

NOTE

A. This stern warning is issued to you because while an assessment that you have committed the offence(s) listed in paragraph 1 above has been made, a decision has been taken not to prosecute you in court for the offence(s).

B. This stern warning:

- i. does not amount to a conviction for an offence or a finding of guilt by a court of law;
- ii. does not mean that you now have a criminal record of the offence(s) listed in paragraph 1;¹
- iii. will not be raised by the Prosecution as a criminal record against you in any future court matters for purposes of enhancing a sentence; and
- iv. does not affect any of your legal rights, interests, or liabilities.

¹ As defined in the Registration of Criminals Act (Cap 263, 1985 Rev Ed).