

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	03/04/2020 14:16
Date Of Accident	02/04/2020 12:30
Exact Location Of Accident	TIONG BAHRU PLAZA CARPARK BASEMENT 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4591X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD MUHAIMIN BIN ABDUL RAOF MAGAD
NRIC No	SXXXX055A
Email Address	MUHAIMAINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88087021
Alternative Phone No	OTHERS-88087021

Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155-155CC
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	
Cover Note Number	72208910

Driver

Name of Driver	MUHAMMAD MUHAIMIN BIN ABDUL RAOF MAGAD
NRIC No	SXXXX055A
Date Of Birth	10/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88087021
Fax Number	
Contact Number	OTHERS-88087021
Email Address	MUHAIMAINE@GMAIL.COM

Address	BLK 91 HENDERSON ROAD #05-140
Postcode	150091
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO SKETCH PLAN

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	SJF4971X
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KENG PAU
NRIC/Passport Number	SXXXX644G
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD MUHAIMIN BIN ABDUL RAOF MAGAD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBQ4591X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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: 3/4/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200402/2022

DECLARATION

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

Policyholder's Signature
Date & Time: 03/09/20

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200402/7022

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

1 of 3

Report No. T/20200402/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2020 21:15	Vide Report No.: A/20200402/0058	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD MUHAIMIN BIN ABDUL RAOF MAGAD		Address: 91 HENDERSON ROAD #05-140 SINGAPORE 150091	
ID Type / ID No.: NRIC NO / S9412055A		Contact No.: Home/Office:	Mobile: 88087021
Nationality: SINGAPORE CITIZEN		Email: MUHAIMAINE@GMAIL.COM	
Sex: Male	Age: 26	Date of Birth: 10/03/1994	Type of Informant: Rider
Race: Arab		Language: English	Institution / School Name:
Occupation: Operations officer (except transport operations)		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/04/2020 12:30	Type of Location: Car Park
Location: TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4591X	Motorcycle	YAMAHA	nmax	Blue	Slightly Damaged	0
SJF4971X	Car	TOYOTA	ALTIS	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4591X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72208910	07/10/2019	06/10/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200402/7022

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

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Report No. T/20200402/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF4971X	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD MUHAIMIN BIN ABDUL RAOF MAGAD	ID No.	S9412055A	
Related Vehicle	FBQ4591X (Motorcycle)	Contact No.	88087021	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Date Treatment	02/04/2020	Date Discharge	02/04/2020	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	

Brief Details.

At the exit Tiong bahru plaza carpark, a driver had insufficient cashcard amount hence i passed him mine for him to exit first. After which driver lost control of car, banged the carpark gantry and then reversed which hit me.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200402/7022

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

3 of 3

Report No. T/20200402/7022

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 / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

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

Date/Time:
02/04/2020 21:15

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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