

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	22/06/2020 15:52
Date Of Accident	02/04/2020 15:40
Exact Location Of Accident	ALONG HENDERSON ROAD OPPOSITE 211 HENDERSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH800S
Insured/Policyholder	
Name Of Registered Owner	MOHAMED NOOR BIN MOHAMED HANIFA
NRIC No	SXXXX158H
Email Address	NOOREEASHA0727@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88307389
Alternative Phone No	OTHERS-88307389

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KR150K-148CC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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
Fleet Policy	NO
Policy Number	MSD/VMT/19-406878-CA
Cover Note Number	

Driver

Name of Driver	MOHAMED NOOR BIN MOHAMED HANIFA
NRIC No	SXXXX158H
Date Of Birth	27/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88307389
Fax Number	
Contact Number	OTHERS-88307389
EEmail Address	NOOREEASHA0727@GMAIL.COM

Address	BLK 916 JURONG WEST STREET 91 #10-164
Postcode	640916
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
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?	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 - 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 POLICE REPORT T/20200403/2034

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	SLM9633D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

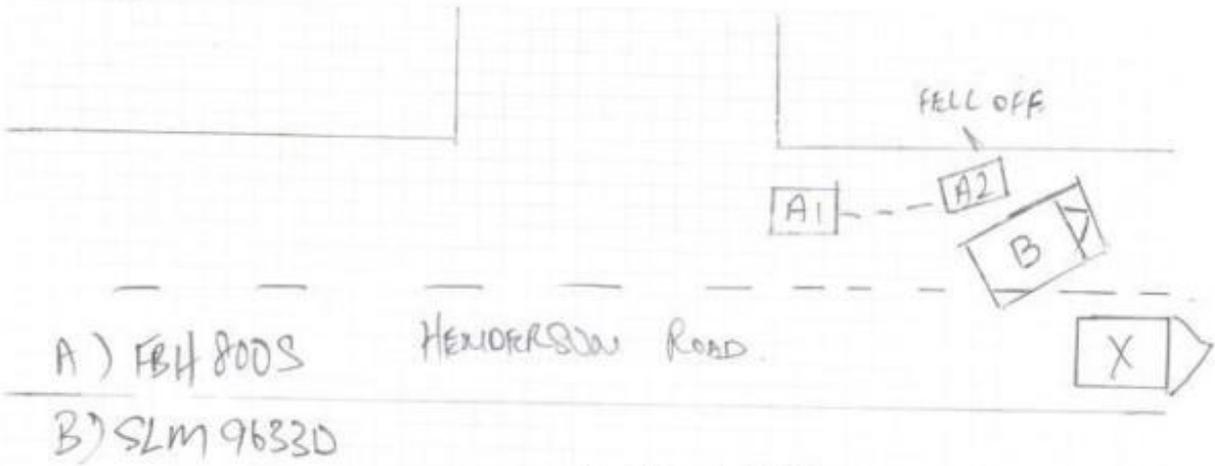
DETAILS OF INJURED PERSON 1

Name	MOHAMED NOOR BIN MOHAMED HANIFA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH800S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

BUKIT MERAH JAMBUHONG



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

211 HENRIKSSON BLDG

REFER TO POLICE 7/20200603/2034

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 22/06/20 1425

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

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200403/2034

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

2 of 3
Report No. T/20200403/2034

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.
I WAS TRAVELING ALONG HENDERSON ROAD ON THE LEFT OF 2 LANES WHEN I AVOIDED THE FIRST VEHICLE THAT ENCROACHED INTO MY LANE WITHOUT SIGNALING I OVERTOOK THE VEHICLE WHEN SUDDENLY ANOTHER VEHICLE CAME INTO MY LANE CAUSING ME TO APPLIED EMERGENCY BRAKES AND FELL FORWARD SUBSEQUETNLY I WAS CONVEYED TO SGH. I DO NOT HAVE THE VEHICLE PLATE OF THE CAR INFRONT AS I WAS CONVEYED TO THE HOSPITAL.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200403/2034

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

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Report No. T/20200403/2034

CONTINUATION OF REPORT

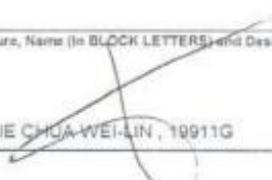
Sketch Plan

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: TP / BERNARD KOH REN JUN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2020 13:24
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case: 
Authentication Stamp NP168	

ORIGINAL MEDICAL CERTIFICATE EMD2020114271

Name MOHAMED NOOR BIN MOHAMED, HANIFA		NRIC No. S9527158H
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>02-Apr-2020</u> to <u>06-Apr-2020</u> inclusive		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____	<input type="checkbox"/> Maternity Leave,	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave,	Operated on: _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> <small>No medical leave is necessary.</small>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 02-Apr-2020	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  TALLIE CHUA WEI LIN, 19911G

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



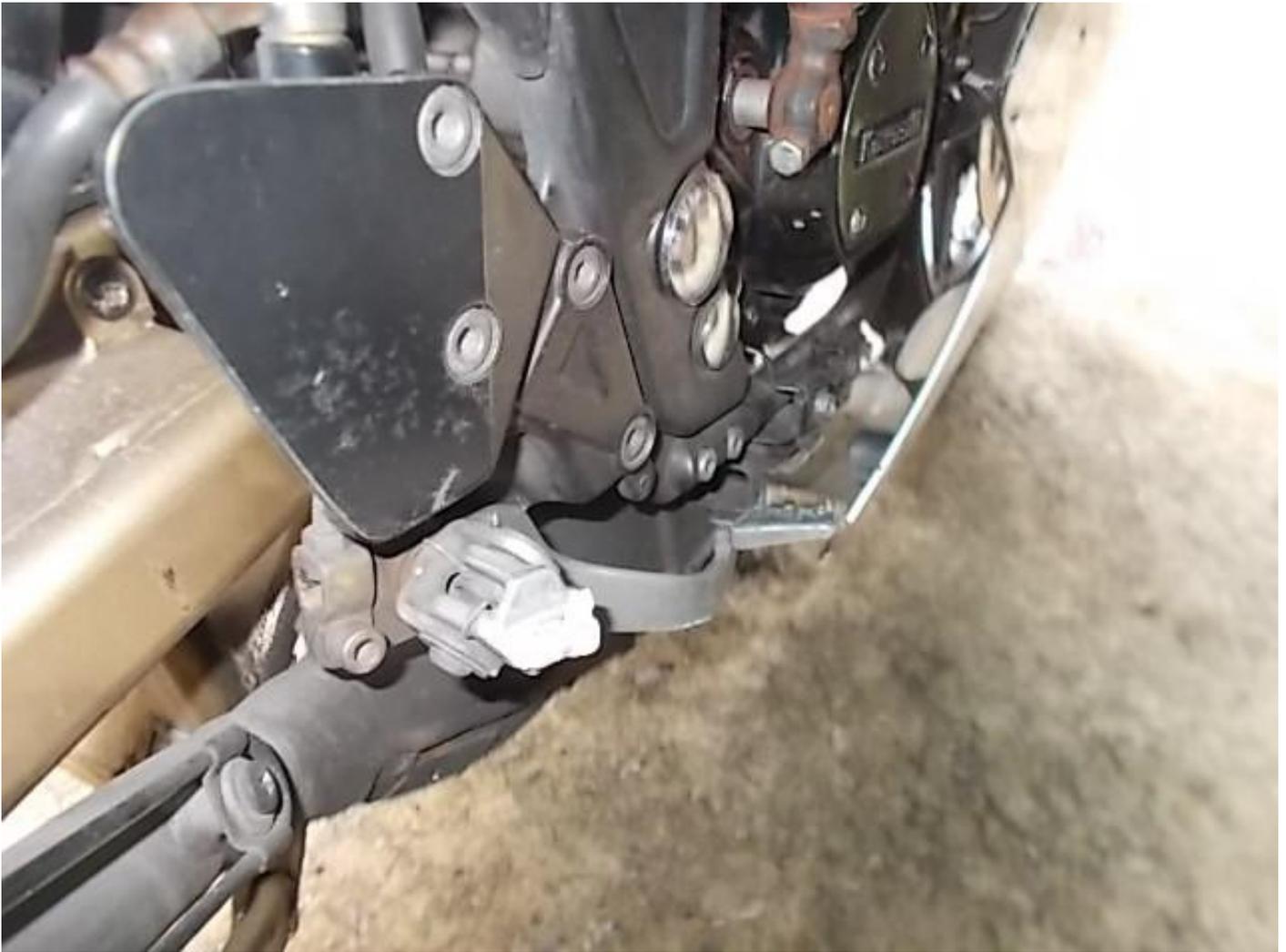
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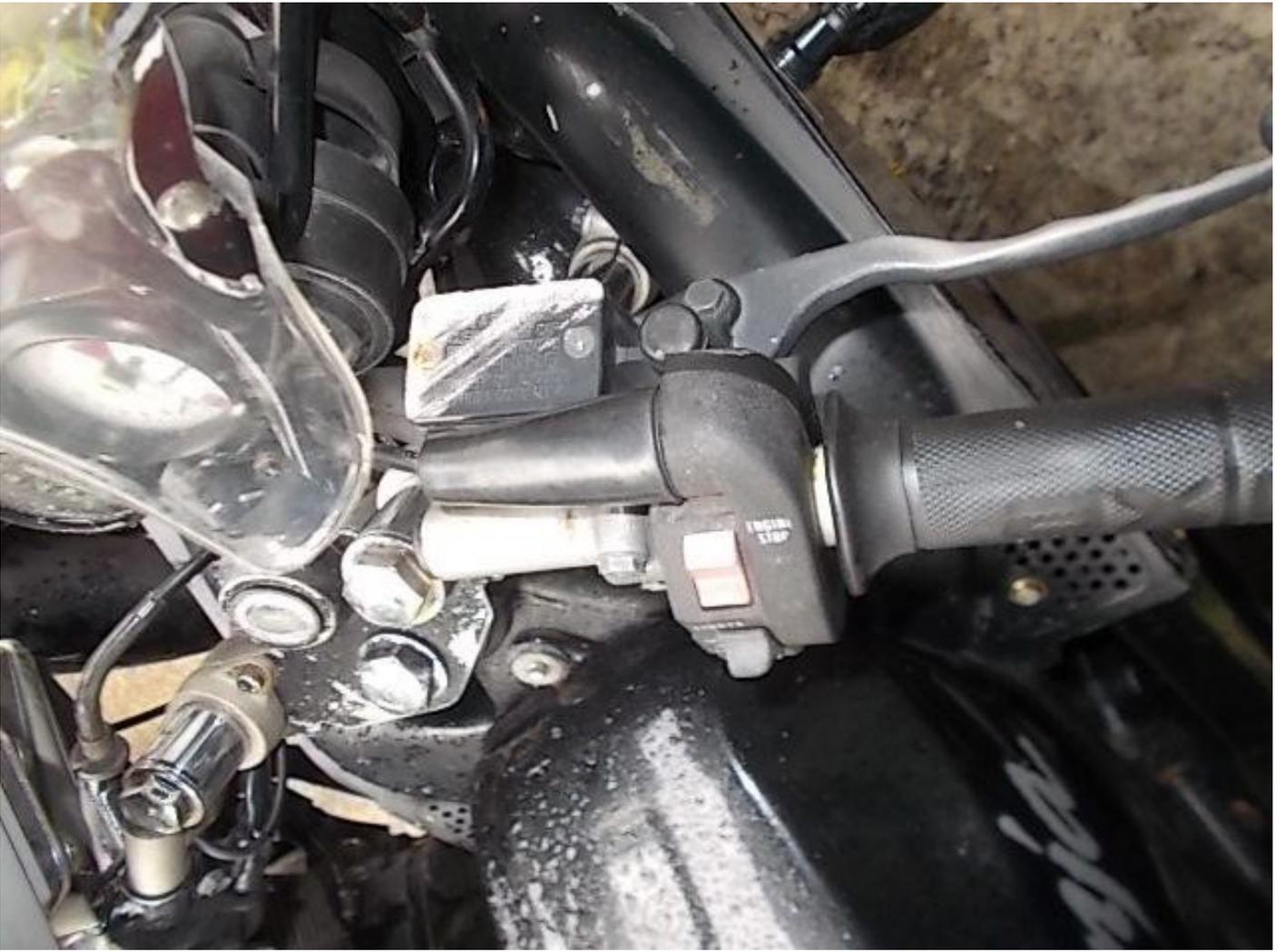
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