

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	26/06/2020 16:59
Date Of Accident	24/06/2020 07:40
Exact Location Of Accident	JUNCTION OF YISHUN AVENUE 5 AND SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3322A
Insured/Policyholder	
Name Of Registered Owner	HUSSEIN BIN SIKIN
NRIC No	SXXXX309C
Email Address	HUSSEINSIKIN2004@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96161040
Alternative Phone No	OTHERS-96161040

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150-150CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/20-508123-WTT
Cover Note Number	

Driver

Name of Driver	HUSSEIN BIN SIKIN
NRIC No	SXXXX309C
Date Of Birth	12/01/1963
Occupation	INDOOR
Date Of Driving Pass	08/12/1986
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96161040
Fax Number	
Contact Number	OTHERS-96161040
EEmail Address	HUSSEINSIKIN2004@YAHOO.COM.SG

Address	BLK 225 CHOA CHU KANG CENTRAL #08-203
Postcode	680225
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	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200624/2060

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	UNKNOWN
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	HUSSEIN BIN SIKIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ3322A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

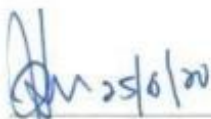
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8. Consent under the Personal Data Protection Act (PDPA)

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:

0445PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

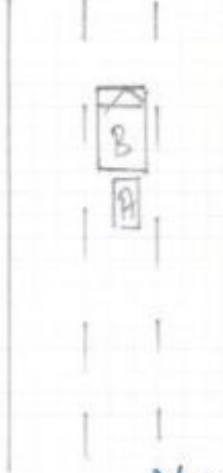
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Stouffville Road



- A) Icy 3322 A
- B) UNKNOWN CAR

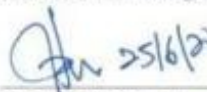
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yishum Ave S

REFER TO POLICE REPORT 7/20200624/2060

DECLARATION

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


 Policyholder's Signature
 Date & Time: 04/15/20

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


 Reporting Centre Person's Signature
 Name: [Signature]
 NRC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200624/2060

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200624/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2020 15:43	Vide Report No.:	Station Diary No.: 77
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Informant's Particulars

Name of Informant: HUSSEIN BIN SIKIN			Address: APT BLK 225 CHOA CHU KANG CENTRAL #08-203 SINGAPORE 680225		
ID Type / ID No.: NRIC NO / S1600309C			Contact No.: Home/Office: Mobile: 96161040		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 12/01/1963	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Electronics engineering technician (general)			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2020 07:40	Type of Location: X-Junction
Location: Along Road 1 YISHUN AVENUE 5 SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
FBJ3322A	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ3322A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60902300	21/03/2020	20/03/2021

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200624/2060

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200624/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HUSSEIN BIN SIKIN	ID No.	S1600309C
Related Vehicle	FBJ3322A (Motorcycle)	Contact No.	96161040
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/06/2020	Date Discharge	24/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 24/06/2020 at 0730hrs, while I was riding my motorcycle (FBJ3322A) between Sembawang Road and Yishun Avenue 5, when suddenly a car in front of me suddenly stop because the traffic light suddenly changed colour. Hence I had no time to react and collided with said car and I fell off my motorcycle, which caused me to be in a daze. There were other drivers who saw the incident and attended to me and ask me not to get up until the ambulance arrived. After 10 minutes had passed an ambulance came, they checked my injury and told me that I had to be conveyed to the hospital and at the same time Traffic police came. They told me to just go to the hospital and they will get the particulars of the other party. I was conveyed to Khoo Teck Phuat Hospital where they treated my injuries and gave me 5 days of MC. TP also seized my vehicle because I was conveyed to the hospital. I had no time to check the damage on my vehicle.

I am making this report for recording purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200624/2060

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20200624/2060

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:

J/

Sgt 2 MUHAMMAD 'AQIB BIN SHUKOR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/06/2020 15:43

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MIA420054799 Vehicle Registration No: FBJ 3222A
Name (as shown in NRIC): HUSSEIN BIN SKIM NRIC/FIN/Passport No: SXXX 309C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 9661040
Email Address: _____
Date of Accident: 24/06/2020 Time of Accident: 16:58 07:45
Place of Accident: Interchange of Yishun Ave 5 / SIMBANDHAR Road
Insurance Company: M&L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER TO FBJ 3222A

Policyholder / Driver's Signature: _____
Date: _____

19/08/2020
Reporting Centre Personnel's Signature: _____
Name: Koh Jit
NRIC/FIN No.: M400017735
Date: _____