

## 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	01/07/2020 10:40
Date Of Accident	13/06/2020 12:25
Exact Location Of Accident	JUNC OF COMMONWEALTH AVE W & CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ5868S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED NAZRIN BIN MOHAMED SANI
NRIC No	SXXXXX726I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87488516
Alternative Phone No	OTHERS-87488516

### Vehicle Particulars

Manufacturer	YAMAHA
Model	XMAX 300
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	MSD/VMS/19-504890-WTT
Cover Note Number	

### Driver

Name of Driver	MOHAMED NAZRIN BIN MOHAMED SANI
NRIC No	SXXXXX726I
Date Of Birth	23/09/1993
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2016
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87488516
Fax Number	
Contact Number	OTHERS-87488516
Email Address	NOEMAIL

Address	BLK 367 CLEMENTI AVE 2 #03-521
Postcode	120367
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	SIDE SWIPE
Weather Conditions	RAINING
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	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7740000 - <b>FAX NO:</b> 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: D/20200618/7007

#### 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	SGX6225U
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	MOHAMED NAZRIN BIN MOHAMED SANI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBQ5868S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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6. The 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 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: 29/06/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

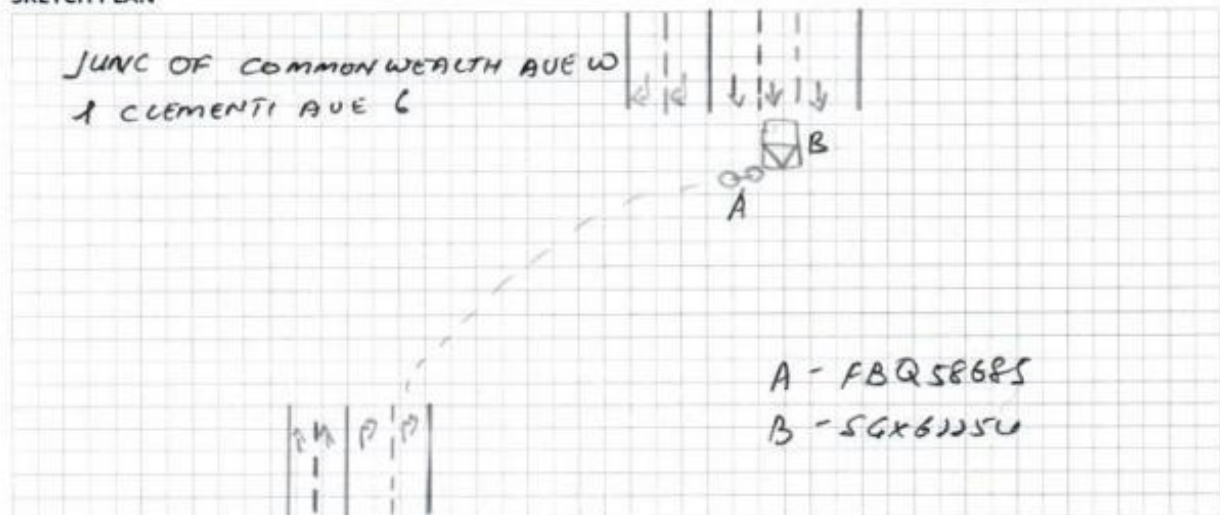
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/s refer to the police report: 0/202006818*

## DECLARATION

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

Policyholder's Signature

Date & Time: *21/06/2020*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



D/20200618/7007

1 of 3

## POLICE REPORT (NP299)

Report No. D/20200618/7007

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 18/06/2020 11:59	Vide Report No.	Station Diary No.
Name Of Informant MOHAMED NAZRIN BIN MOHAMED SANI	Address APT BLK 367 CLEMENTI AVENUE 2 #03-521 SINGAPORE 120367	
ID Type / ID No. NRIC NO / S9334726I	Contact No. Home/Office: Mobile: 87488516	
Nationality SINGAPORE CITIZEN	Email Address nazlucenzo581@gmail.com	
Occupation AVIATION REFILLER	Sex Male	Age 26
Institution/School Name	Date of Birth 23/09/1993	Race Malay
Date/Time Of Incident 13/06/2020 00:20	Language English	
	Location Of Incident APT BLK 367 CLEMENTI AVENUE 2 #03-521 SINGAPORE 120367	

### Brief details.

Report number : T/20200615/2058

On the above mentioned date and time, I had stopped at the traffic light junction of Commonwealth Ave West & Clementi Ave 6.

I was on Commonwealth Ave West and wanted to make a right turn to Clementi Ave 6.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2020 11:59
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



# Individual Statement



**SINGAPORE  
POLICE FORCE**



D/20200618/7007

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200618/7007

The Traffic was heavy and the right turn arrow was red.

When the green arrow finally appeared, I looked up and saw that several vehicles had stopped and lined up at the stop line at the opposite side of Commonwealth Ave West. I then proceeded to Turn Right towards Clementi Ave 6.

Suddenly, I was hit by SGX6225U on my left portion.

I fell and fainted. The next moment i realised i was inside the ambulance and was brought to Ng Teng Fong Hospital.

Subjects Involved			
Victim			
Person Name	MOHAMED NAZRIN BIN MOHAMED SANI		
ID Type	NRIC NO	ID No	S9334726I
Gender	Male	Age	26
Race	Malay	Language	English
Occupation	AVIATION REFILLER	Address Type	
Address	APT BLK 367 CLEMENTI AVENUE 2 #03-521 SINGAPORE 120367	Mobile No	87488516
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

18/06/2020 11:59

Classification Of Case:

Authentication Stamp

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



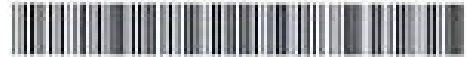
Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



D/20200615/7007

1 of 3

## POLICE REPORT (NP299)

Report No. D/20200618/7007

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-7740000

Date/Time Report Made 18/06/2020 11:59	Video Report No.	Station Diary No.
Name Of Informant MOHAMED NAZRIN BIN MOHAMED SANI	Address APT BLK 367 CLEMENTI AVENUE 2 #03-521 SINGAPORE 120367	
ID Type / ID No. NRIC NO / S93347261	Contact No. Home/Office:	Mobile: 87488516
Nationality SINGAPORE CITIZEN	Email Address nazlucenzo581@gmail.com	
Occupation AVIATION REFILLER	Sex Male	Age 28
Institution/School Name	Date of Birth 23/09/1993	Race Malay
Date/Time Of Incident 13/06/2020 00:20	Location Of Incident APT BLK 367 CLEMENTI AVENUE 2 #03-521 SINGAPORE 120367	

### Brief details.

Report number : T/20200815/2058

On the above mentioned date and time, I had stopped at the traffic light junction of Commonwealth Ave West & Clementi Ave 6.

I was on Commonwealth Ave West and wanted to make a right turn to Clementi Ave 6.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2020 11:59
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# Police Report



**SINGAPORE  
POLICE FORCE**



D/20200818/7007

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POLICE REPORT (NP298)

CONTINUATION OF REPORT

Report No. D/20200818/7007

The Traffic was heavy and the right turn arrow was red.

When the green arrow finally appeared, I looked up and saw that several vehicles had stopped and lined up at the stop line at the opposite side of Commonwealth Ave West. I then proceeded to Turn Right towards Clementi Ave 6.

Suddenly, I was hit by SGX6225U on my left portion.

I fell and fainted. The next moment i realised i was inside the ambulance and was brought to Ng Teng Fong Hospital.

Subjects Involved			
Victim			
Person Name	MOHAMED NAZRIN BIN MOHAMED SANI		
ID Type	NRIC NO	ID No	S8334726I
Gender	Male	Age	28
Race	Malay	Language	English
Occupation	AVIATION REFILLER	Address Type	
Address	APT BLK 387 CLEMENTI AVENUE 2 #03-521 SINGAPORE 120367	Mobile No	87488518
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

18/06/2020 11:58

Classification Of Case:

Authentication Stamp



## Police Report



**SINGAPORE  
POLICE FORCE**



D/20200818/7007

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200818/7007

Person Name	MOHAMED NAZRIN BIN MOHAMED SANI (Informant)
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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2020 11:59
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	