

## 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	06/10/2020 16:37
Date Of Accident	05/10/2020 20:20
Exact Location Of Accident	SLE TWDS WOODLANDS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4650J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HANAFEE BIN ABDUL RAHMAN
NRIC No	SXXXX544G
Email Address	AFEE42@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87484607
Alternative Phone No	OFFICE-87484607

### Vehicle Particulars

Manufacturer	YAMAHA
Model	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	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/19-405599-CA
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HANAFEE BIN ABDUL RAHMAN
NRIC No	SXXXX544G
Date Of Birth	04/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87484607
Fax Number	
Contact Number	OFFICE-87484607
Email Address	AFEE42@GMAIL.COM

Address	BLK 574B WOODLANDS DRIVE 16 #02-746
Postcode	732574
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	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?	NO
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	569784
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVENUE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20201006/7001

#### 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 Witness 1

Name	KWUAN WEI JIE
Phone Number	VEH GBK1357H
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ4484R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDMUND TAN CHYE TENG
NRIC/Passport Number	SXXXX712A

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD HANAFEE BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBQ4650J
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: 6/10/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

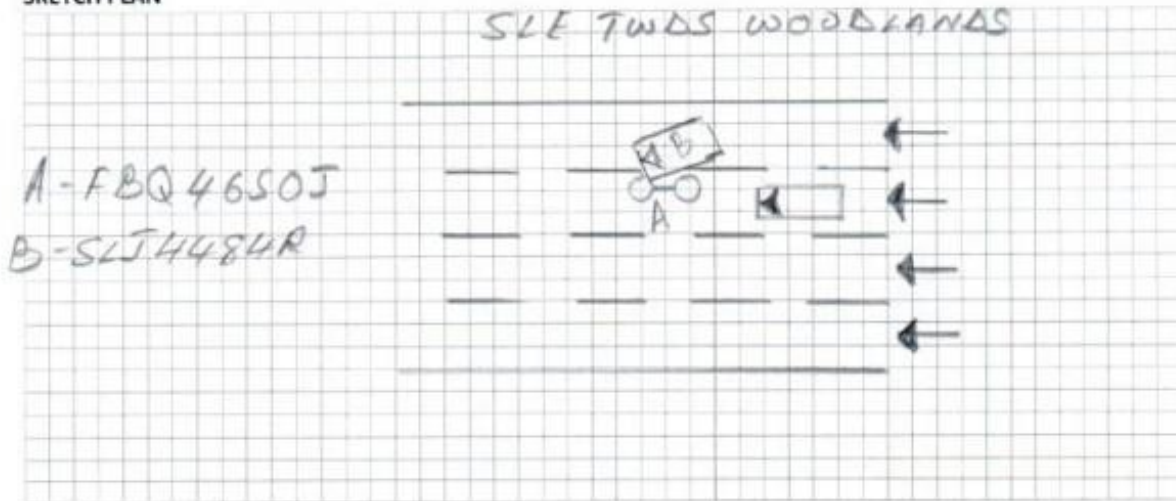
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/s refer to the police report: F/20201006/7001*

## DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time: *6/10/2020*

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

*[Signature]* *06/10/20*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



F/20201006/7001

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## POLICE REPORT (NP299)

Report No. F/20201006/7001

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 06/10/2020 00:42	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD HANAFEE BIN ABDUL RAHMAN	Address 574B WOODLANDS DRIVE 16 #02-746 SINGAPORE 732574	
ID Type / ID No. NRIC NO / S8601544G	Contact No. Home/Office: Mobile: 87484607	
Nationality SINGAPORE CITIZEN	Email Address AFEE42@GMAIL.COM	
Occupation Engineer	Sex Male	Age 34
Institution/School Name	Date of Birth 04/02/1986	Race Malay
Date/Time Of Incident 05/10/2020 20:20	Location Of Incident SELETAR EXPRESSWAY	

### Brief details.

On the above mentioned date and time, I was riding my bike FBQ 4650J along the 2nd lane from the right of SLE(BKE).

I was travelling straight in my lane when SLJ4484R which was travelling along the extreme right lane suddenly swerved into my lane from the right.

SLJ4484R directly hit against my right leg and right hip, where my sling bag was, and the impact resulted

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: 06/10/2020 00:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

## Individual Statement



**SINGAPORE  
POLICE FORCE**



F/20201006/7001

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20201006/7001

in my bike wobbling to the left.

I struggled to regain my balance and eventually managed to stay upright. I stopped at the road shoulder to exchange particulars with SLJ 4484R when the driver of Van GBK 1357H came over to me and informed me that he was willing to be my witness as he was travelling behind me and saw what happened clearly. He assured me that it was not my fault.

Initially I only felt pain on my right leg and hip areas. However, later that evening, I started feeling soreness over my neck, shoulder, back, right arm and multiple areas on my right leg as well.

I went to the nearest clinic, which is Intemedical Kovan, from where I was at that time, for treatment.

I was given 5 days MC for Mutiple injuries suffered due to the accident.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

06/10/2020 00:42

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

