

# 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 Submission ..... 28/10/2020 18:25 (SGT)  
Date of Accident ..... 27/10/2020 17:50 (SGT)  
Exact Location of Accident ..... 51 Chin Swee Rd, Singapore 160051  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBH8241C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED HALID  
NRIC No ..... SXXXX436E  
Email Address ..... LUTFIYAHHLID@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96824714  
Alternative Phone No ..... +65-96824714

### VEHICLE PARTICULARS

Manufacturer ..... Kawasaki  
Model ..... Z1000SX 1.0BIKE  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 999

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... MSD/VMT/20-512260-WTT  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED HALID  
NRIC No ..... SXXXX436E

Date Of Birth .....	04/03/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	29/09/2009
Driving experience .....	11 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96824714
Alt. Phone Number .....	+65-96824714
Email Address .....	LUTFIYAHHLTD@GMAIL.COM
Address .....	BLK 463 CRAWFORD LANE #12-09
Address complement .....	-
Postcode .....	190463
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002369999
Alt. Police Station Phone No .....	(Fax) +65-62204360
Police Station Address .....	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT T/20201028/2130

#### 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 .....	GBE9681A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-


Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-


**SKETCH PLAN****IMPORTANT NOTICE**


1. Please report correctly the details of the accident to speed up the claims process.
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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.
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5. Any false reporting may be referred to the Police for investigation.
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:

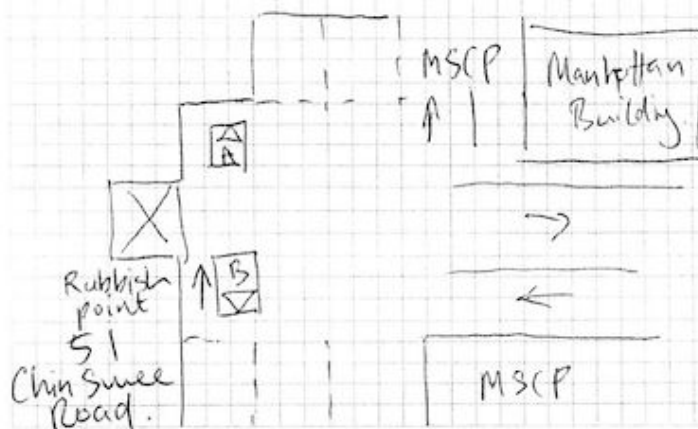
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



A) FBH 8241C

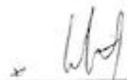
B) UNKNOWN


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

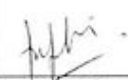
I park my bike near rubbish point near blk 51 Chin Swee Road. When I came back, I was approached by a witness saying a box lorry had reversed and hit onto my bike. The lorry driver left a note on my bike leaving his hp number and to call him.

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:

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

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

GLAMAC SketchPlanForm\_V2









































# SINGAPORE POLICE FORCE



T/20201028/2130

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

Case  
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Report No. T/20201028/2130

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2020 22:14		Vide Report No.:	Station Diary No.: 116
<b>Informant's Particulars</b>			
Name of Informant: MOHAMED HALID		Address: APT BLK 463 CRAWFORD LANE #12-09 SINGAPORE 190463	
ID Type / ID No.: NRIC NO / S8771436E		Contact No.: Home/Office: Mobile: 96824714	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 04/03/1987	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: MANAGER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/10/2020 17:30	Type of Location: Car Park
Location:  CHIN SWEE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8241C	Motorcycle	KAWASAKI	Z1000 M	Black	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8241C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19505133	19/11/2019	18/11/2020

Signature

Singapore Police Force



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999



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Report No. T/20201028/2130

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED HALID	ID No.	S8771436E
Related Vehicle	FBH8241C (Motorcycle)	Contact No.	96824714
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 27/10/20 at around 1730hrs, I parked my motorbike at the loading and unloading bay of 51 Chin Swee Rd. When I returned at about 1800hrs, I discovered the rear end of my motorbike was damaged. There was a note on my bike saying 'I'm sorry, call me 87751169'. I noticed there was a police camera at the location, but I did not call police at that time. I called the person who told me that he had reversed his van into my bike by accident. He agreed to do a private settlement.

I checked with the repair shop for the quotation which was SGD\$863. My friend helped me to call him but he didn't pick up the phone. As of now, he is still uncontactable. The insurance company requires the other party's vehicle number in order to claim 3rd party insurance hence I am lodging this report.

*[Signature]*  
Singapore Police Force





# SINGAPORE POLICE FORCE

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Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999



T/20201028/2130

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Report No. T/20201028/2130

## 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:

A /

Sgt 1 LOTUS TAN LER SZE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

28/10/2020 22:14

Classification Of Case:



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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA420094877 Vehicle Registration No: FBH 8241C  
 Name (as shown in NRIC): Mohammad Hani NRIC/FIN/Passport No: XXXXX4364  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96824714  
 Email Address: \_\_\_\_\_  
 Date of Accident: 27/10/2020 Time of Accident: 17:50  
 Place of Accident: BK 51 Urban SWADE ROAD  
 Insurance Company: MSIG

#### (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:

To Report T/P Vehicle Number GBE 9681A  
To Indian Police Report 7/2020/1028/2130  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
 Date: 26/07/2021

Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_