

## 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	30/10/2020 14:22
Date Of Accident	27/10/2020 18:20
Exact Location Of Accident	ALONG HOUGANG AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9810T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHD YUSOFF BIN HASHIM
NRIC No	SXXXX290B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90123497
Alternative Phone No	OTHERS-90123497

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16ST-153CC (M)
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	
Cover Note Number	72266420

### Driver

Name of Driver	MOHD YUSOFF BIN HASHIM
NRIC No	SXXXX290B
Date Of Birth	06/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1986
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90123497
Fax Number	
Contact Number	OTHERS-90123497
Email Address	NOEMAIL

Address	BLK 851 WOODLANDS STREET 83 #10-16
Postcode	730851
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 - MAJOR/MINOR RD
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	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

PLEASE REFER TO POLICE REPORT F/20201027/7057 AND T/20201028/7010

#### 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	YN4315X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHD YUSOFF BIN HASHIM
Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FBJ9810T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


## Accident Sketch Plan

### SKETCH PLAN

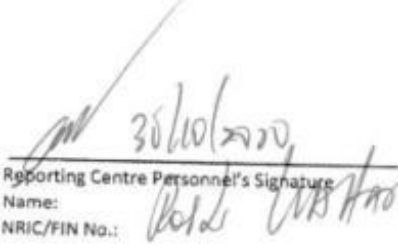
#### IMPORTANT NOTICE

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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.

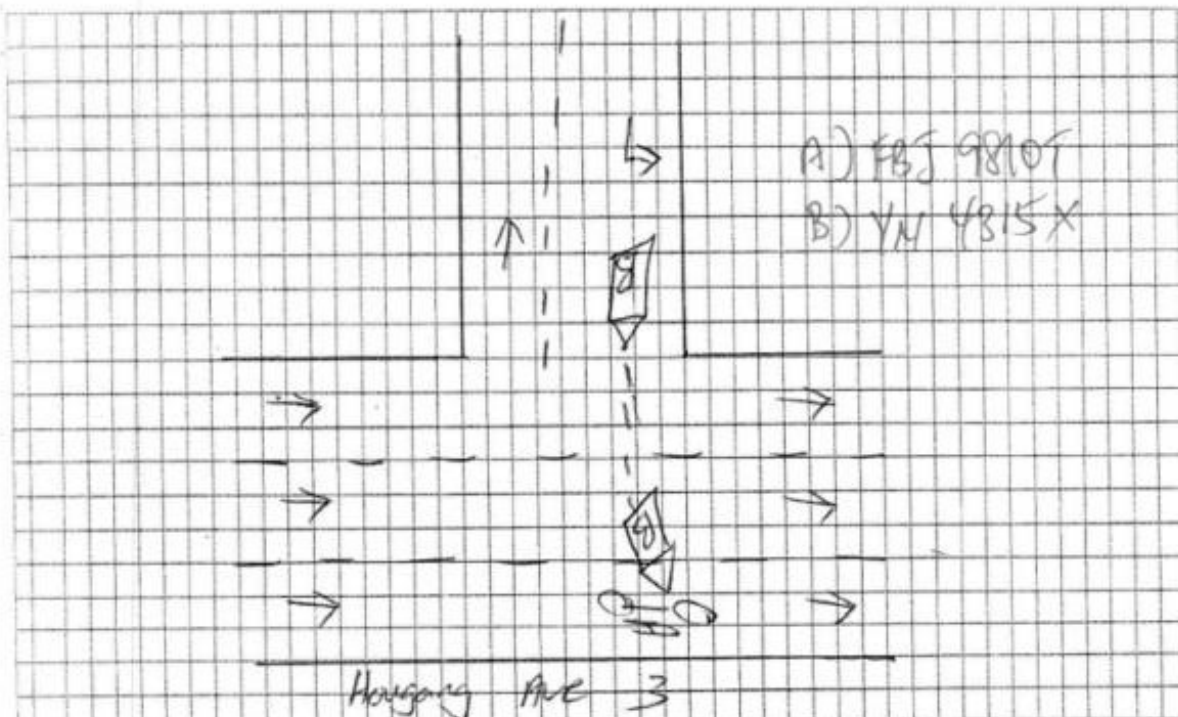
  
Policyholder's Signature Date  
& Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report F/20201027/7057 & T/20201028/7010

## DECLARATION

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

X/10  
Policyholder's Signature Date & Time:

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

30/10/2020  
Reporting Centre Personnel's Signature  
Name: Keldi  
NRIC/FIN No.: 10110103

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



F/20201027/7057

1 of 2

## POLICE REPORT (NP299)

Report No. F/20201027/7057

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 27/10/2020 22:23	Vide Report No.	Station Diary No.
Name Of Informant MOHD YUSOFF BIN HASHIM	Address 851 WOODLANDS STREET 83 #10-16 SINGAPORE 730851	
ID Type / ID No. NRIC NO / S1593290B	Contact No. Home/Office:	Mobile: 90123497
Nationality SINGAPORE CITIZEN	Email Address YUSOFFNH@GMAIL.COM	
Occupation Auxiliary police officer	Sex Male	Age 56
Institution/School Name	Date of Birth 06/11/1963	Race Malay
Date/Time Of Incident 27/10/2020 18:20 - 27/10/2020 18:50	Location Of Incident Hougang Avenue 8 toward Avenue 2 near Blk 248	

### Brief details.

while I was travelling at 50-55km/h along Hougang Avenue 8 towards Avenue 2, I was on Lane 1 and it was a clear road. Lanes 2 and 3 had heavy traffic. When I was approaching the T-junction yellow box, the lorry dashed to make a left turn into Lane 1 without checking their blind spot. This resulted in the lorry hitting the front of my motorbike. I hit on the emergency brake and my motorbike jerked then swerved, which resulted in my fall where I sustained right leg and lip injuries. Afterwards, I was sent to Sengkang General Hospital where I received treatment.

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: 27/10/2020 22:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



F/20201027/7057

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201027/7057

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Vaiyapuri Sentilkuma		
ID Type	FIN NO	ID No	G7431996W
Gender	Male	Age	36
Race	Indian	Language	English
Complexion	Dark	Build	Slim
Height About	171cm	Attire Last Worn	tshirt
Hair Colour	Black	Hair Style	Short-Straight
Relation To Informant	a stranger		
<b>Victim</b>			
Person Name	MOHD YUSOFF BIN HASHIM		
ID Type	NRIC NO	ID No	S1593290B
Gender	Male	Age	56
Race	Malay	Language	English
Occupation	Auxiliary police officer	Address	851 WOODLANDS STREET 83 #10-16 SINGAPORE 730851
Mobile No	90123497	Is Informant A Victim?	Yes
Person Name	MOHD YUSOFF BIN HASHIM (Informant)		

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:

27/10/2020 22:23

Classification Of Case:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201028/7010

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

1 of 3

Report No. T/20201028/7010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2020 13:16	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MOHD YUSOFF BIN HASHIM			Address: 851 WOODLANDS STREET 83 #10-16 SINGAPORE 730851		
ID Type / ID No.: NRIC NO / S1593290B			Contact No.: Home/Office: Mobile: 90123497		
Nationality: SINGAPORE CITIZEN			Email: yusoffnh@gmail.com		
Sex: Male	Age: 56	Date of Birth: 06/11/1963	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: AUXILIARY POLICE OFFICER			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2020 18:20	Type of Location: Straight Road
Location:  HOUGANG AVENUE 3				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: Yes			

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Cond/No.	No of
FBJ9810T	Motorcycle	YAMAHA	FZ16ST MANUAL	Black		0
YN4315X	Lorry					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201028/7010

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

2 of 3

Report No. T/20201028/7010

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBJ9810T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72266420	25/08/2020	24/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD YUSOFF BIN HASHIM		ID No. S1593290B
Related Vehicle	FBJ9810T (Motorcycle)		Contact No. 90123497
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	04	Degree of	Serious

### Brief Details.

I was travelling along Hougang Ave 8 before tampines road on lane 1 and it was a clear road ahead of me while lane 2 and 3 had heavy traffic. When I was approaching the T-Junction Yellow Box, the lorry out from the carpark into lane 1 assuming lane 1 was clear. This resulted in the lorry hitting the front of my motorbike. I hit on the emergency brakes but to no avail. I fell and sustained injuries on my right leg and facial injuries as well. I was conveyed to senkang hospital to receive treatment by the ambulance and was given 4 days MC.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201028/7010

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

3 of 3

Report No. T/20201028/7010

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

Authentication Stamp  
NP168

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

Date/Time:  
28/10/2020 13:16

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

