





## 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	16/11/2020 19:09
Date Of Accident	14/11/2020 18:30
Exact Location Of Accident	FABER HEIGHTS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV1830C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SYAHRIN BIN MOHD NOH
NRIC No	SXXXX006C
Email Address	MD.SYAHRIN24@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90048902
Alternative Phone No	OFFICE-90048902

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZX150-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
Fleet Policy	NO
Policy Number	MSD/VMT/20-410887-CA
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYAHRIN BIN MOHD NOH
NRIC No	SXXXX006C
Date Of Birth	24/05/1996
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90048902
Fax Number	
Contact Number	OFFICE-90048902
Email Address	MD.SYAHRIN24@HOTMAIL.COM

Address	BLK 262 BOON LAY DRIVE #10-563
Postcode	640262
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	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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT NO: T/20201116/2077

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF6078A
Vehicle Make/Model/Colour	MAZDA CX-5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JENS STOLE
NRIC/Passport Number	SXXXX938G
Contact Number	86600980
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1




## SKETCH PLAN

### 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. 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:

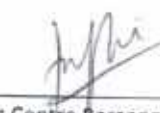
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

16/11/2020

12:51pm

Driver's Signature  
(If driver is not the policyholder)

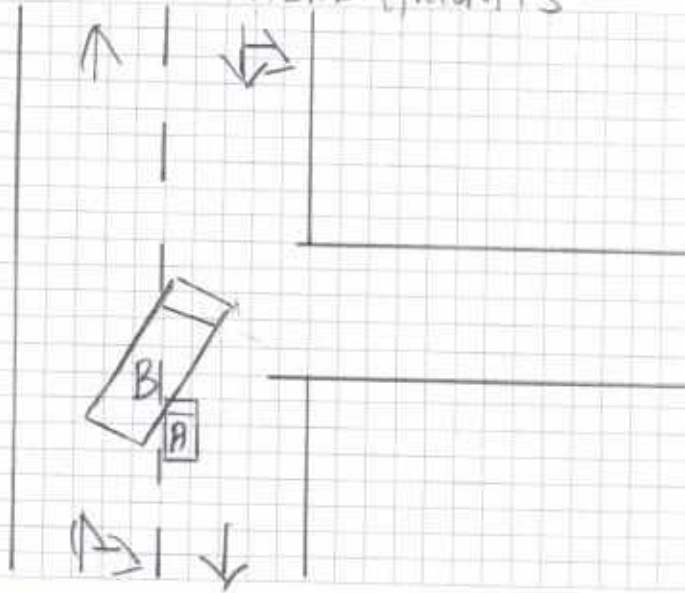
  
Reporting Centre Personnel's Signature  
Name:

# SKETCH PLAN

## T-JUNCTION OF FASTER HEIGHTS

A) FV 1830C

B) SKF 6078A



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a 2 way road with a broken white line. I wanted to overtake because usually people who lived there will stop their vehicle and parked their vehicle on the side road. As the vehicle was slowing down I wanted to overtake the vehicle but he suddenly make a right turn without signalling.

### DECLARATION

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

16/11/2020

12:51pm



## ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 11 / 2020 (DD/MM/YYYY), TIME: 18 : 30 (HH:MM)

LOCATION: Faber Heights

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV1830C  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: MSD/VMT/20-410817-CA  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Kawasaki ZX150RR  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Muhammad Syahrin Bin Mohd Noh (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 99618006C CONTACT: 9004 8902  
c) ADDRESS: Blk 262 Boon Lay Drive #10-563 S640262

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 24 / 03 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/09/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 88F JKF 6078A MODEL: Mazda CX-5  
b) DRIVER'S NAME: Jens Stole  
c) NRIC/FIN/PASSPORT: 927119386 CONTACT: 8660 0980

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: As Above MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)

(1)

\* No of passenger  
(Including driver)

(1)

\* No of passenger  
(Including driver)

( )

email = md.syahrin24@hotmail.com

VIDEO



# SINGAPORE POLICE FORCE



T/20201116/2077

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20201116/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2020 15:57		Vide Report No.:		Station Diary No.: 136	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SYAHRIN BIN MOHD NOH			Address: APT BLK 262 BOON LAY DRIVE #10-563 SINGAPORE 640262		
ID Type / ID No.: NRIC NO / S9618006C			Contact No.: Home/Office: Mobile: 90048902		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 24/05/1996	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2020 18:30	Type of Location: T-Junction
Location: 15/11 JALAN LEMPENG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV1830C	Motorcycle	KAWASAKI	KRR-ZX150	Silver	Slightly Damaged	0
SKF6078A	Car	MAZDA	CX-5 2.0 AT STANDARD PLUS 2WD I3	Red	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------





**SINGAPORE  
POLICE FORCE**



T/20201116/2077

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No. T/20201116/2077

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV1830C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20410887	12/03/2020	11/03/2021

**Brief Details.**

On 14/11/2020 at about 1830hrs, I was riding a motorcycle bearing plate number FV1830C along Faber High vicinity. Thus, there was an upcoming T junction and there was a vehicle bearing plate number SKF6078A (V1) in front of me. There was an upcoming right turn however SKF6078A (V1) did not signal to turn right. I decided to overtake, but SKF6078A (V1) suddenly made a right turn. I was unable to brake and stop in time and hit onto SKF6078A (V1) side car. I fell off my bike and SKF6078A (V1) decided to stop in front of me. We exchanged particulars. SKF6078A (V1) is namely Jens Stolte HP:8660 0980. I then went to one of the houses nearby and requested for a footage as there was a car nearby. The person's HP is 94306052. After which, I decided to go to a private clinic and received 3 days mc.



**SINGAPORE  
POLICE FORCE**



T/20201116/2077

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20201116/2077

**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 SHAKIR ZUFAYRI BIN  
AZMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/11/2020 15:57

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

Signature:

**Singapore Police Force**

SN 126



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
msig.com.sg

## MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 16/03/2020

AGENCY: A0074-001-10900  
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/20-410887-CA

**INSURED:**

NAME: MUHAMMAD SYAHRIN BIN MOHD NOH  
ADDRESS: 262 BOON LAY DR  
#10-563  
SE 640262

NRIC NO: S9618006C  
DATE OF BIRTH: 24/05/1996 (23 yrs)  
DRIVING EXP: 17/09/2018 (1 yr)  
CONTACT NO: 90048902

BUSINESS OR PROFESSION: STUDENT

PERIOD OF INSURANCE FROM: 12/03/2020 12:01AM TO 11/03/2021

REGISTRATION NUMBER: FV1830C

CUBIC CAPACITY: 148

MAKE OF VEHICLE: KAWASAKI

YEAR OF REGISTRATION: 2002

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P 97 - INSURED

EXCESS:

PREMIUM: 330.00

GST @ 7% 23.10

TOTAL: 353.10

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER:

NO CLAIM BONUS OF 0% IS ALLOWED

REPLACING POLICY NO: MSD/VMT/20-410887-CA

MSIG Insurance (Singapore) Pte. Ltd.

**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers



**Silver Cross  
Medical**

**SILVER CROSS MEDICAL**

COMPANY REGISTRATION NO: 199900040G  
GST REGISTRATION NO: 199900040G  
502 JURONG WEST AVENUE 1 #01-803,  
SINGAPORE 640502  
TEL 68992141 / FAX 68992642

**MEDICAL  
CERTIFICATE**

**NAME:** MUHAMMAD SYAHRIN BIN MOHD NOH  
**IDENTIFICATION:** S9618006C  
**VISIT DATE:** 16-11-2020

This is to certify that **MUHAMMAD SYAHRIN BIN MOHD NOH (S9618006C)** is UNFIT FOR DUTY for **3** day(s) from **16-11-2020** to **18-11-2020** inclusive.

**Dr Foo Siang-Sern Nicholas**  
MBBS (Singapore)  
GDFM  
MOR No. 08897H

**DR. FOO SIANG SERN NICHOLAS**  
**(M08897H)**  
DOCTOR

Not Valid for Absence from Court Attendance  
This certificate is electronically generated, no signature is required.

Ref No.: 202032115298  
Printed By: scjwca1 (16-11-2020)