

## 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	18/11/2020 15:58
Date Of Accident	17/11/2020 18:50
Exact Location Of Accident	ALONG TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC6866P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMED NUR'ILYAS BIN MOHD JASMAN
NRIC No	SXXXX683Z
Email Address	YOSOHYAS96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98794329
Alternative Phone No	OTHERS-98794329

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC SPARK
Exact Purpose for which vehicle was being used at time of accident	GOING TO BUY DINNER
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/19-504819-WTT
Cover Note Number	

### Driver

Name of Driver	MOHAMMED NUR'ILYAS BIN MOHD JASMAN
NRIC No	SXXXX683Z
Date Of Birth	03/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2015
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98794329
Fax Number	
Contact Number	OTHERS-98794329
Email Address	YOSOHYAS96@GMAIL.COM

Address	BLK 93 HENDERSON ROAD #02-236
Postcode	150093
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 - U-TURN
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?	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	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <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 T/20201118/2000

#### 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	SFJ2825A
Vehicle Make/Model/Colour	CITROEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH PEI JUN GLADYS
NRIC/Passport Number	SXXXX183I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name MOHAMMED NUR'ILYAS BIN MOHD JASMAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBC6866P

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.

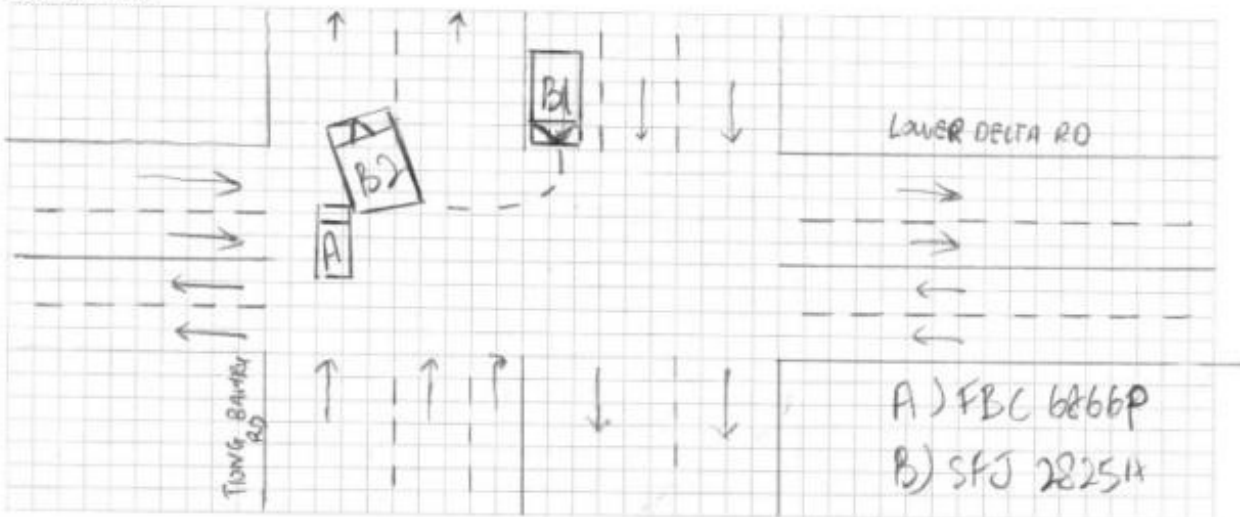
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time: 18/11/20  
1553 HRS

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: 18/11/2020

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20201118/2000

## DECLARATION

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

18/4/20  
1553 HRS

18/4/2020  
Keshi

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201118/2000

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 4

Report No. T/20201118/2000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2020 00:06	Vide Report No.:	Station Diary No.: 1
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### Informant's Particulars

Name of Informant: MOHAMMED NUR'ILYAS BIN MOHD JASMAN			Address: APT BLK 93 HENDERSON ROAD #02-236 SINGAPORE 150093		
ID Type / ID No.: NRIC NO / S9639683Z			Contact No.: Home/Office: Mobile: 98794329		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 03/11/1996	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: PRIME MOVER			Driving Licence Information: Class: 2B Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2020 18:50	Type of Location: X-Junction
Location:  TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
FBC6866P	Motorcycle	YAMAHA	T135	Red	Seriously Damaged	0
SFJ2825A	Car	CITROEN		Red	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC6866P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19504819	05/11/2019	04/12/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201118/2000

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 4

Report No. T/20201118/2000

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMED NUR'ILYAS BIN MOHD JASMAN	ID No.	S9639683Z
Related Vehicle	FBC6866P (Motorcycle)	Contact No.	98794329
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	17/11/2020	Date Discharge	17/11/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	GOH PEI JUN GLADYS	ID No.	S8707183I
Related Vehicle	SFJ2825A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 17/11/2020 at about 6.50pm I was riding my motorbike (FBC6866P) and I was travelling along Tiong Bahru Rd lane 2 towards the direction of Tiong Bahru Plaza.

While I was moving straight crossing the junction of Tiong Bahru Rd and Lower Delta Rd I collided to a car (SFJ2825A) which was trying to do a U-turn.

I fell to the ground and I stand up by myself, some passerby helped me to move my motorbike to the side. I exchanged particulars with the driver.

A male Indian driver who informed that he was driving behind me and he may be able to provide his in-car camera as evidence, his contact number is 90250584.

I went to SGH to seek medical treatment and was given 4 days MC, I felt pain on my right wrist, abrasion on my left hand and left leg and a swollen lip.

I had a further medical appointment to check on my right wrist at SGH.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20201118/2000

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3 of 4

Report No. T/20201118/2000

**CONTINUATION OF REPORT**

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201118/2000

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159682  
Tel No: 1800-3779999

4 of 4

Report No. T/20201118/2000

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:  
D /  
Sgt 1 ONG JING WEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/11/2020 00:06

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476404

Classification Of Case:

Authentication Stamp  
NP168



SN 45

SIGNATURE



Singapore  
General Hospital  
SingHealth

Department of Emergency Medicine  
Outram Road  
Singapore 169608  
Tel : (65) 6321 4103  
Fax : (65) 6326 0924  
Reg No: 198703907Z

ORIGINAL

## MEDICAL CERTIFICATE

EMD2020363696

Name MOHAMMED NURILYAS BIN MOHD, JASMAN		NRIC No. S9639683Z
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>17-Nov-2020</u> to <u>20-Nov-2020</u>		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 17-Nov-2020	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  SYED ZAIN HAIDER , 61513G

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

