

## 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 15:21
Date Of Accident	16/11/2020 19:30
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX9888Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SYED MOHAMED BIN SAID OMAR
NRIC No	SXXXX375E
Email Address	SYDMOHD@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91153681
Alternative Phone No	OTHERS-91153681

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	X9 200-198CC EVO (A)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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/20-505946-WTT
Cover Note Number	

### Driver

Name of Driver	SYED MOHAMED BIN SAID OMAR
NRIC No	SXXXX375E
Date Of Birth	26/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/05/1988
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91153681
Fax Number	
Contact Number	OTHERS-91153681
Email Address	SYDMOHD@YAHOO.COM

Address	BLK 130B LORONG 1 TOA PAYOH #37-512
Postcode	312130
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201117/7029

#### 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	SMJ870Z
Vehicle Make/Model/Colour	HONDA FREED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NADYA UMAIRAH BINTE MOHAMMAD FAIRUZ
NRIC/Passport Number	SXXXX263H
Contact Number	93826402
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

**DETAILS OF INJURED PERSON 1**

Name SYED MOHAMED BIN SAID OMAR

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FX9888Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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#### 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: 1425

18/11/2020

Driver's Signature

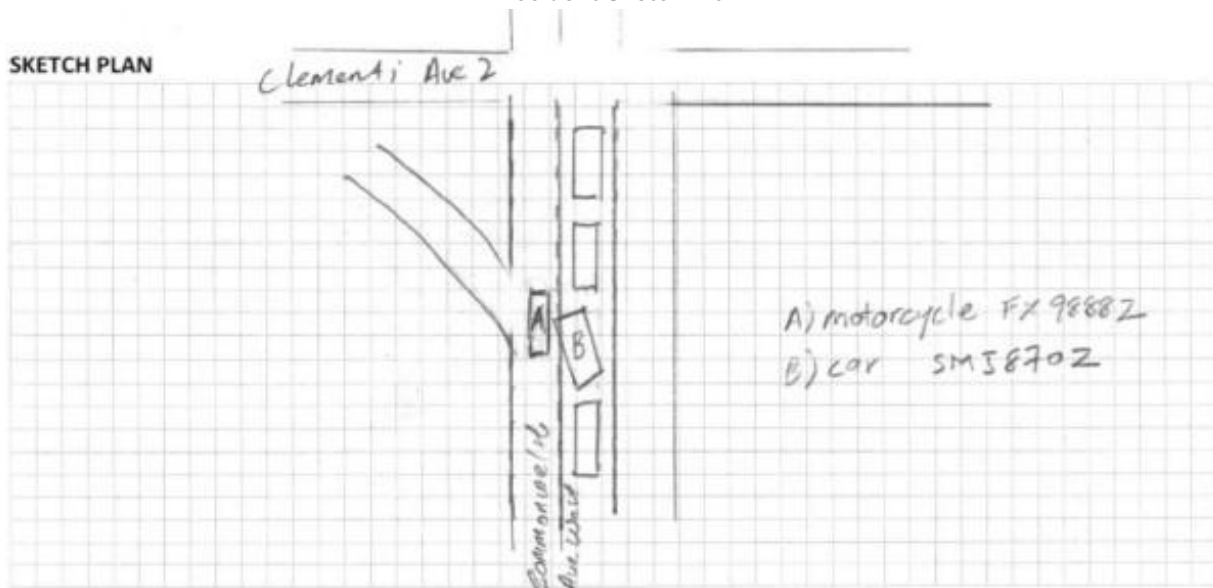
(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER to Police Report T/20201117/7029

[A large diagonal line is drawn across the remaining lines of the section, indicating no further details were provided.]

## DECLARATION

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

*[Signature]*

14.25  
18/11/2020

*[Signature]* 18/11/2020  
Ref. 1/10/11/13

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201117/7029

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

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Report No. T/20201117/7029

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2020 17:15	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: SYED MOHAMED BIN SAID OMAR			Address: 130B LORONG 1 TOA PAYOH #37-512 SINGAPORE 312130	
ID Type / ID No.: NRIC NO / S1755375E			Contact No.: Home/Office:	Mobile: 91153681
Nationality: SINGAPORE CITIZEN			Email: SYDMOHD@YAHOO.COM	
Sex: Male	Age: 53	Date of Birth: 26/12/1966	Type of Informant: Rider	
Race: Arab			Language: English	Institution / School Name:
Occupation: Company's Driver			Driving Licence Information: Class: 3A	Date of Expiry:

### General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2020 19:30	Type of Location: X-Junction
Location:  COMMONWEALTH AVENUE WEST				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FX9888Z	Motorcycle	PIAGGIO	X9 200 EVO A	Black		0
SMJ870Z	Car	HONDA	Honda Freed	Grey	Slightly Damaged	1

### Details of Vehicle Insurance

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



**SINGAPORE  
POLICE FORCE**



T/20201117/7029

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

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Report No. T/20201117/7029

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FX9888Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20505946	04/01/2020	03/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	SYED MOHAMED BIN SAID OMAR		ID No.	S1755375E
Related Vehicle	FX9888Z (Motorcycle)		Contact No.	91153681
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	16/11/2020		Date	17/11/2020
No. of Days granted Medical Leave	07		Degree of	Slight
Passenger				
Name	RENNE - MASHURIE BINTE MOHTAR		ID No.	S7444240D
Related Vehicle	SMJ870Z (Car)		Contact No.	94598039
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	NADYA UMAIRAH BINTE MOHAMMAD FAIRUZ		ID No.	S9819263H
Related Vehicle	SMJ870Z (Car)		Contact No.	93826402
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201117/7029

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

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Report No. T/20201117/7029

### CONTINUATION OF REPORT

#### Brief Details.

On 16/11/2020 at 0730pm, while I was riding along Commonwealth Avenue West Road towards Boon Lay Way slowing down from 25km/h to 20km/h approaching an X Junction at Clementi Ave 2 traffic light which shows red. Suddenly there was car (plate number: SMJ870Z, Grey Color, model: Honda Freed, Driver particular: Nadya Umairah Binte Mohammad Fairuz, S9819263H, Blk 331 Bukit Batok Street 33 #01-217 Hp: 93826402) which initially at a complete stop behind 2 cars (the car involved is the 3rd car before traffic light) made a sudden change lane as it turns to the left to switch to the third lane. I was on the utmost left lane and the lane is empty.

I was the only vehicle riding on the third lane and thus i continue to ride towards traffic light and as such the car side swipe me and hit my motorcycle and I fell to the ground. My motorcycle right side of the body is damaged(dented and cracked) and the car left front wheel and the bumper were dented.

At that moment when the accident occured, i am conscious and as such i rode back home. However, when i reached home about an hour later, I felt giddiness and felt sharp pain on my right shoulder and pain on my neck. My son, Syed Rashidee Bin Syed Mohamed Hp: 81812077, was at home and immediately brought me to Tan Tock Seng hospital.

I was warded for 1 day and was given 7 days of MC(hospitalisation leave) and to come back 2 weeks later for appointment with doctor. There is no one injured except for myself. The car has one passenger who is the mother to the driver, ( Renny - Mashurie Binte Mohtar S7444240D Blk 331 Bukit Batok Street 33 #01-217 Hp: 94598039.)



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POLICE FORCE**



T/20201117/7029

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Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20201117/7029

### 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:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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:  
17/11/2020 17:15

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





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