

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	07/12/2020 15:05 (SGT)
Date of Accident	03/11/2020 07:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP809B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAZLI BIN SALAMIN
NRIC No	SXXXX862D
Email Address	mazli28359@hotmail.com
Mobile Phone No	(Phone) +65-97723613
Alternative Phone No	+65-97723613

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
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

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MSD/VMS/20-409007-CA
Cover Note Number	-

DRIVER

Name of Driver	MAZLI BIN SALAMIN
NRIC No	SXXXX862D
Date Of Birth	23/03/1967
Occupation	Indoor

Date Of Driving Pass	14/02/1996
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97723613
Alt. Phone Number	+65-97723613
Email Address	mazli28359@hotmail.com
Address	BLK 656 #05-23
Address complement	CHOA CHU KANG CRESCENT
Postcode	680656
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material 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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201113/2066

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	YP5498J
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MAZLI BIN SALAMIN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIUOS INJURIES
Injured person in which vehicle? FBP809B
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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.
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.

Policyholder's Signature / Date & Time 09/12/2020 14:47	Driver's Signature (If driver is not the policyholder) / Date & Time 09/12/2020 14:47	Witnessed by Reporting Centre Personnel 09/12/2020
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Sketch Plan 91K 14000005 CHONGH1 DRP0001

Describe Circumstances of the Accident

REFR- 73 POLICE REPORT 7/20201112/2066

[A large, faint, diagonal line is drawn across the entire grid area.]

Declaration

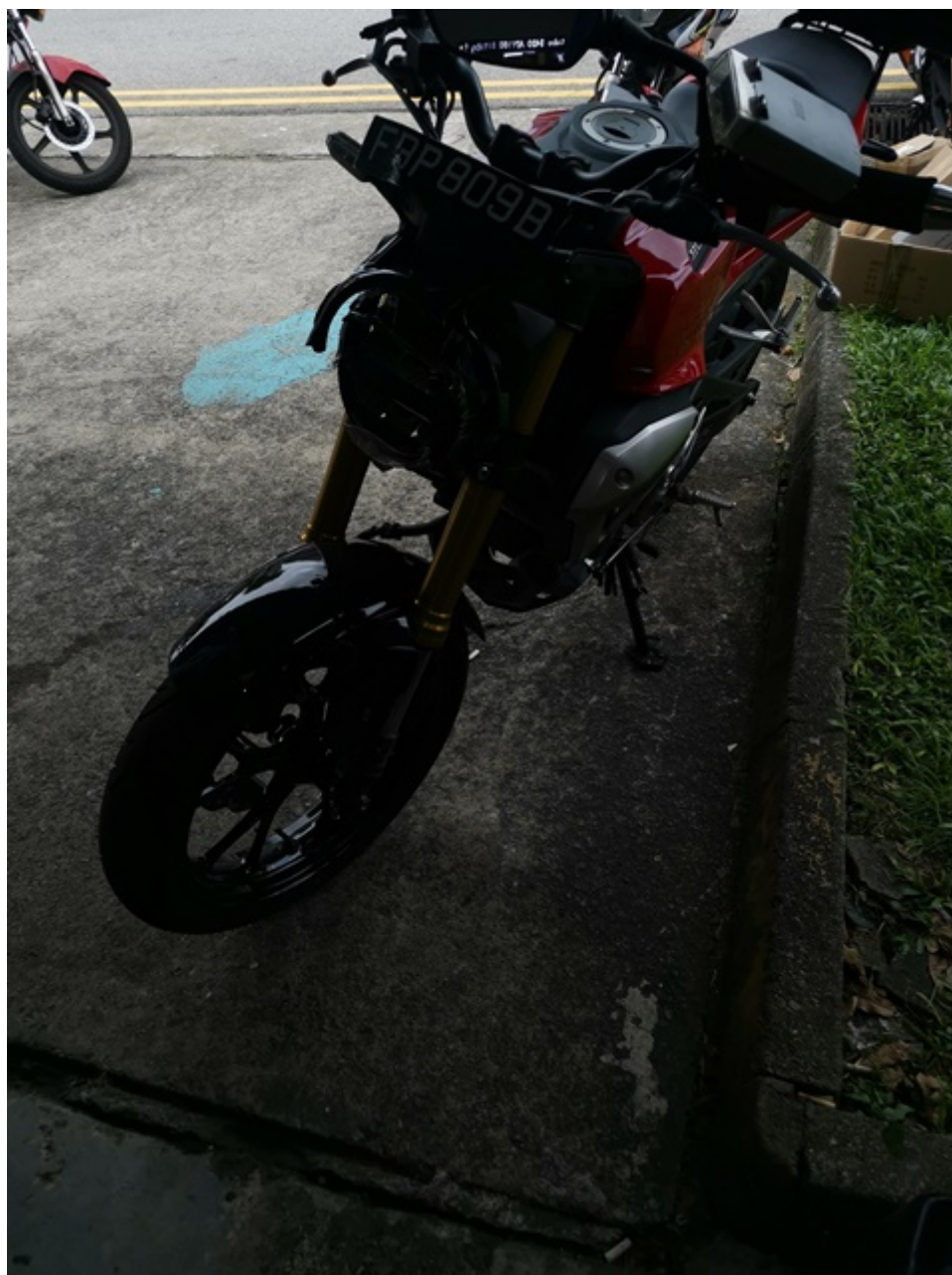
I/We declare the foregoing particulars are true in every respect.

☒ 04/12/2020 14:17
 Policyholder's Signature / Date & Time

☐ _____
 Driver's Signature (if driver is not the policyholder) / Date & Time

☒ 07/12/2020
 Witnessed by Reporting Centre Personnel





























**SINGAPORE
POLICE FORCE**



T/20201113/2066

1 of 3

Report No. T/20201113/2066

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2020 14:50 Vide Report No.: Station Diary No.: 59

Informant's Particulars

Name of Informant: MAZLI BIN SALAMIN		Address: APT BLK 656 CHOA CHU KANG CRESCENT #05-23 SINGAPORE 680656	
ID Type / ID No.: NRIC NO / S1801862D		Contact No.: Home/Office: Mobile: 97723613	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 23/03/1967	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Certis Cisco Officer		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/11/2020 07:25	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	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
FBP809B	Motorcycle	HONDA	CB150R MANUAL	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP809B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT20409007	28/01/2020	27/01/2021



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20 Choa Chu Kang Street 52 #01-02
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Tel No: 1800-7659999

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Report No. T/20201113/2066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MAZLI BIN SALAMIN	ID No.	S1801862D
Related Vehicle	FBP809B (Motorcycle)	Contact No.	97723613
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	03/11/2020	Date Discharge	04/11/2020
No. of Days granted Medical Leave	32	Degree of Injury	Serious

Brief Details.

On the above-mentioned date, time and location, I was riding on the outermost lane changing lane to the left lane. I checked my blind spot and confirmed that it is safe to change lane and further proceeded to do so which subsequently I collided towards the lorry as I did not realise of its presence. I wish to state that I was unable to get details of the lorry as I was conveyed by the ambulance due to my serious injury. I am lodging this report as instructed by the TP IO



SINGAPORE
POLICE FORCE



T/20201113/2066

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Report No. T/20201113/2066

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Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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 1 ABDUL KHALID BIN ALISignature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
13/11/2020 14:50

Classification Of Case: