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	en Nor YPI	599PJ.	, MC(		<u>( ).</u>	7	
Owner / Driver: (	1.0	1, 5		Tel: Cover Type: (		. ).	
Polley No: (	) Per	rlodi (		Tim		· )	
Confirmed by 1 (			Dates,			0%]	
Insured/Driver Liability: (	7) (%	Note-Est Status (W	O): N: 0-2	090; 1.2.0.0			
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SN0820C40009 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 07/12/2020 15:05 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (07/12/2020 15:05 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

07/12/2020 15:05 (SGT) 03/11/2020 07:25 (SGT) PIE. Singapore TOWARDS CHANGI AIRPORT Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBP809B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No

No MAZLI BIN SALAMIN SXXXX862D mazli28359@hotmail.com (Phone) +65-97723613 +65-97723613

#### VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?

Honda Cb150r

Private use

No - Claiming third party Motorcycle

#### INSURANCE COMPANY

Vehicle Category

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

MSIG ThirdPartyFireTheft MSD/VMS/20-409007-CA

DRIVER

Name of Driver NRIC No.

MAZLI BIN SALAMIN SXXXX862D

Date Of Driving Pass	14/02/1996
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Möbile 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	*
instructed company of other vehicle owned by briver	*
CENTRAL MERCHANISM OF THE ADMINISTRA	
GENERAL INFORMATION OF THE ACCIDENT	
*	
Type of Accident	Collision - Head to Rear
Weather Conditions Road Surface	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?	. "∀es
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)	PACC.
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the assidant second of to the well-2	ewing:
Was the accident reported to the police? Police Station Name	Yes
Police Station Phone No	Choa Chu Kang Neighbourhood Police Centre
Alt. Police Station Phone No	(Phone) +65-18007659999
Police Station Address	(Fax) +65-67644104
Was notice of intended Prosecution given?	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
If yes, against whom?	No
	· 현
CIRCUMSTANCES OF ACCIDENT	
CINCUMS ANCES 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
Contraction of the entire the transfer of the contract of the	130
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	YP5498J
Vehicle Manufacturer	11.04303
Vehicle Model	(E)
Vehicle Variant	16
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	gorimercial verific

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
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

MAZLI BIN SALAMIN

SERIUOS INJURIES FBP809B

Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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.
- 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)

Lunderstand, 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

1.11

(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (insulating their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driv & T	ver's Signature (If dr ime	p)		 y Reporting Centre 01/12/29 70
Sketch Plan	PIK	rowness	Cybrus	thepor	
		B			
A) FBP dogs		TÁ)			
B) YP 3498	5	( fa			

# ACCIDENT'STATEMENT

	ACCIDENT DATE: ( 03/ 11/ 1000)(D	D/MM/YYY), TIME: ( OT : 25 )(HH:MM)
	LOCATION: PIA TOMBERDS CHOR	MI HIMMON)
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: FBP 80	3 B
		TG.
	CJPOLICY NUMBER:	
		/ THIRD PARTY / THIRD PARTY FIRE &THEFT
	DIMAKE & MODEL: HOMON C	3 150
2		AN / LORRY / MOTOR CYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL (MOTORCYCLE)
20	h) PURPOSE OF USING AT ACCIDEN	TIME: ON THE WAN IN WORK
	I) ARE YOU CLAIMING UNDER YOUR	OWN INCIDANCE OFFICE
	IF NO. PLEASE STATE (THIRD PARTY	CLAIM ( DEBODERE CHIN)
	2. INSURED / POLICY HOLDER	CENTING CHET
	AINAME: MOZL: BUY S	MALE FEMALE
	b)NRIC/FIN/PASSPORT:	CONTAGE 9703613
	c)ADDRESS:	- Common financia
140		
M., A	* CONTINUE TO 3.d IF DRIVER ALSO	POUCY HOLDER .
HNO of passa	DRIVER .	DE TOTAL DE LA CONTRACTOR DE LA CONTRACT
Cliveluding du	alname:	(MALE / FEMALE)
(1)	OJAKIC/FIN/FASSPORI:	CONTACT:
-+1	c)ADDRESS:	
	1-DDATE OFFICE A	
- 9	*d)DATE OF BIRTH:	)(DD/MM/??YY) :
	6)OCCUPATION: (INDOOR / OUTDO	OOR)
	FIDATE OF DRIVING PASS	IE INCHESE COMPAND OFFICIAL
	<ol> <li>WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DR</li> </ol>	N/ED WITH THE LIBED.
	5. a) WEATHER CONDITION: (QLEAR / R	AINING (OTHERS
	DIROAD SURFACE: (DEY / WET / OTH	
T.	6. WAS ANYBODY INJURED (YES) NO!	
3.75	7. a) REPORTED TO POUCE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE	
4	D WILLIAM D. & DOOR COMMISSION OF	
# Ho of passing	or a) VEHICLE NUMBER: YP SYS	J MODEL: LOCKY
(Induding driv	Lr) b) DRIVER'S NAME:	
( )	C) NRIC/HN/PASSPORT:	CONTACT:
3357 <del>5333</del> 3560	9. THIRD PARTY VEHICLE	
A ho of passani	d) VEHICLE NUMBER:	MODEL:: "
(Including dri	6) DRIVER S NAME:	
1	f) NRIC/FIN/PASSPORT:	CONTACT::-
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email = MAZI128359 & Horman Con





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

	A TRAFFIC		Tier Desembles	Station Diary No.:		
	te/Time Report Made: /11/2020 14:50		Vide Report No.:	59		
Informan	t's Particul	ars				
Name of I	nformant: N SALAMIN		Address: APT BLK 656 CHOA CHU KA SINGAPORE 680656	NG CRESCENT #05-23		
ID Type /	Type / ID No.: RIC NO / S1801862D		Contact No.: Home/Office: Mobile: 97723613			
Nationalit			Email:			
Sex: Male	Age: 53	Date of Birth: 23/03/1967	Type of Informant: Rider	10.1.1N		
Race: Malay		. 2	Language:	Institution / School Name:		
Occupati	on: sco Officer		Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 03/11/2020 07:25	Type of Location Straight Road
Location: PAN-ISLAND Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:
Clear		Dry		Traffic Volume:
Traffic Flow: One Way		Traffic Control: Not Controlled		Moderate
Type of Colli	sion: ving Vehicles - Head To Re	ar		Anyone conveyed by ambulance:

Details of V	ehicle Involve	d			Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	No or Passenger
FBP809B	Motorcycle	HONDA	CB150R MANUAL	Red	Slightly Damaged	0

Details of V	ehicle Insurance	1	T# ativo	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	
	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT20409007	28/01/2020	27/01/2021





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

2 of 3 Report No. T/20201113/2066

#### CONTINUATION OF REPORT

Details of Perso	n Involved		OUT CALLS	EMISSI ELL	100	
Any Pedestrian I						
	estrians Injured: NIL		Use of Pedestrian Crossing: NA			eing: NA
Rider		14YEODB	000 011	Cuconia	101055	sing. NA
Name	MAZLI BIN SALAMI	N		ID No	0	S1801862D
Related Vehicle	FBP809B (Motorcyc	FBP809B (Motorcycle)		Conta	ct No.	97723613
Hospital/Clinic	NATIONAL UNIVER	SITY HOS	SPITAL	Class Drivin Licend Expin	g	Class: 2B Date of Expiry: NIL
Date Treatment	03/11/2020		Date Di	scharge		/2020
No. of Days gran	ted Medical Leave	32		of Injury	Serio	11000000000

#### 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





3 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

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

ce Certificate to this report. If you don't have th

Signature Of Officer Recording The Report: J / Sgt 1 ABDUL KHALID BIN ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2020 14:50
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:



4 Shenton Way # 21-01, SGK Centre 2 Singapore 069807 Tel +65 5827 7888 Fax +65 6827 7800 insig.com.ng

# MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 30/01/2020

AGENCY: A0074-001-10001

COMMERCIAL AGENCY PTE LTD

INSURED:

NAME: MAZLI BIN SALAMIN

656 CHOA CHU KANG CRESCENT ADDRESS

> #05-23 SE 680656

CISCO OFFICER EUSINESS OR PROPESSION:

PERIOD OF INSURANCE FROM:

28/01/2020

27/01/2021 TO

12:01AM

FBP809B REGISTRATION NUMBER:

HONDA MAKE OF VEHICLE:

WATER OF WALLEY PARY

PREVAILING MARKET VALUE

CUBIC CAPACITY: 149

YEAR OF REGISTRATION: 2019

POLICY NO: MSD/VMS 20-409007-CA

DATE OF BIRTH: 23/03/1967 (52 yrs)

16/02/1996 (23 yrs)

97723613

NRIC NO: \$1801862D

DRIVING EXP:

CONTACT NO:

SEATING CAPACITY: 2

ALTHORISED DRIVERS:

THE INSURED ONLY

ENDORSEMENTS APPLICABLE 2C 2K 3Q M23 97 - INSURED

EXCESS: \$100 FIREATHEFT) \$60X ENDT 2K1

174.80 PREMIUM:

12.24 GST @ 7%

187.04 TOTAL:

NO CLAIM BONUS OF 20% IS ALLOWED GOOD DRIVER DISCOUNT OF 5% IS ALLOW!

MSIG Invariance (Singapore) Pto Lat.

Sanction Limitation and Exclusion Change

NAME OF EMPLOYER ANDIOR HIRE PURCHASE OWNER.

No linearity should be despited to promite down and to linearity shall be lightly in pay any obtain or promite any henself hem species to the releast that the provision of such cover, payment of each cause or provision of such cover, payment of each cause or provision of such cover, payment of each cause or provision of such covering to any sanction, probabilities for restriction under United Nations resolutions or the party or resolutions of the interpretable of the latest Resolution of Thatfall States of America.

