

# 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 ..... 18/12/2020 17:46 (SGT)  
Date of Accident ..... 23/11/2020 13:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG YISHUN AVENUE 6 JUNCTION OF YISHUN STREET 23  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FU8075A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD SAIFULLAH BIN SHAHUL HAMID  
NRIC No ..... SXXXX769E  
Email Address ..... tohmotorclaims@gmail.com  
Mobile Phone No ..... (Phone) +65-84251805  
Alternative Phone No ..... +65-84251805

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... RXZ  
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? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... MSD-VMT/20-50S452-WTT  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD SAIFULLAH BIN SHAHUL HAMID  
NRIC No ..... SXXXX769E  
Date Of Birth ..... 12/07/1995  
Occupation ..... Outdoor

Date Of Driving Pass ..... 03/04/2020  
Driving experience ..... 7 MONTHS  
Gender ..... Male  
Mobile Number ..... (Phone) +65-84251805  
Alt. Phone Number ..... +65-84251805  
Email Address ..... tohmotorclaims@gmail.com  
Address ..... BLK 162 YISHUN STREET 11 #09-270  
Address complement ..... -  
Postcode ..... 760162  
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 ..... Side Swipe  
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) ..... 2  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... MUHAMMAD RIFQI BIN MOHAMED RAMZAN  
Gender ..... Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
Police Station Name ..... Yishun North Neighbourhood Police Centre  
Police Station Phone No ..... (Phone) +65-18008529999  
Alt. Police Station Phone No ..... (Fax) +65-68522299  
Police Station Address ..... 31 Yishun Central Singapore 768827  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 ..... SJQ3497Y  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -

Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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 ..... MUHAMMAD SAIFULLAH BIN SHAHUL HAMID  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... FU8075A  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

#### INJURED 2

Name of injured person ..... MUHAMMAD RIFQI BIN MOHAMED RAMZAN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... FU8075A  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 be 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 "Insurer"), the Insurer's 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 Insurer's 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 Insurer 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.

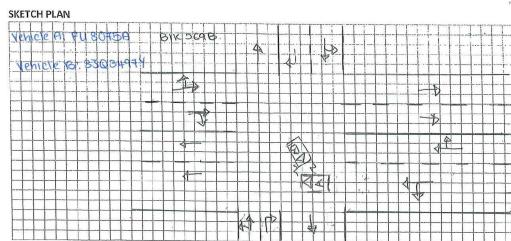
Policyholder's Signature  
Date & Time:Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

CITY AUTO PTE LTD  
Bk 8 Sin Ming Road  
#01-58&02/03, Sin Ming Ind Est  
Singapore 759543  
Tel: 6453 7235 Fax: 6453 7944  
(Claims Section)

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

GIAIMC SketchPlanForm\_V8

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**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the stated date and time, vehicle A was travelling along Yishun Avenue 6 Junction of Yishun Street 23 and the traffic light is green in favour. Suddenly, vehicle B collided onto vehicle A side portion at the take.

**DECLARATION**

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

Policyholder's Signature  
Date & Time:  
GARHNC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Receiving Centre Person's Signature  
Name: CITY AUTO PTE LTD  
NRIC/FIN No.: #01-586092-2 Sin Ming Road  
#01-586092-2 Sin Ming Ind Est  
Singapore 75643  
Tel: 6453 1234 Fax: 6453 7944  
(Claims Section)

IMAGES



IMAGES #2



● ● ○  
SHOT ON MI 10T PRO

IMAGES #3



● ● ○  
SHOT ON MI 10T PRO



● ● ○  
SHOT ON MI 10T PRO

IMAGES #5



● ● ○  
SHOT ON MI 10T PRO



● ● ○  
SHOT ON MI 10T PRO

IMAGES #7





● ● ○  
SHOT ON MI 10T PRO



Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 766627  
Tel No: 1800-8529999



T20201123/2149

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Report No. T20201123/2149

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:	Vida Report No.:	Station Diary No.:
23/11/2020 22:33	L20201123/0086	142

**Informant's Particulars**

Name of Informant:	Address:		
MUHAMMAD SAIFULLAH BIN SHAHUL HAMID	APT BLK 162 YISHUN STREET 11 #05-270 SINGAPORE 760162		
ID Type / ID No.:	Contact No.:		
NRIC No / S9590769E	Home/Office: Mobile: 84251805		
Nationality:	Email:		
SINGAPORE CITIZEN			
Sex: Male	Age: 25	Date of Birth: 12/07/1995	Type of Informant: Rider
Race: Indian	Language: English	Institution / School Name:	
Occupation: GRAB RIDER	Driving Licence Information: Class: 2B	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident:	Type of Location:
Location: YISHUN AVENUE 6				
Weather: Drizzling	Road Surface: Wet	Traffic Volume: Moderate		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working			
Type of Collision: Between Moving Vehicles - Head On		Anyone conveyed by ambulance: Yes		

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU8075A	Motorcycle	YAMAHA	RXZ	Purple	Seriously Damaged	1
SJQ3497Y	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
FU8075A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSTM20508452	07/04/2020	06/04/2021



Police Station Of Origin:  
Yishun North N.P.C.  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved:	No	Use of Pedestrian Crossing:	NA
No. of Pedestrians Injured:	NIL		
<b>Rider</b>			
Name	MUHAMMAD SAIFULLAH BIN SHAHUL HAMID	ID No.	S9590769E
Related Vehicle	FU8075A (Motorcycle)	Contact No.	84251805
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/11/2020	Date Discharge	23/11/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Rider</b>			
Name	MUHAMMAD RIFQI	ID No.	S9709957Z
Related Vehicle	FU8075A (Motorcycle)	Contact No.	97378196
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2020	Date Discharge	23/11/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 23/11/2020 at about 1345hrs., I was travelling along Yishun Avenue 5 towards Yishun Street 23. As I was approaching the junction, I noticed that the traffic light was already green in my favor. At the opposite side of the road, a car bearing number SJ0349TY seems to be wanting to turn right to Yishun Street 23. I had thought that he would have stopped for me as I was very near the junction however he had continued to turn thus colliding onto my motorcycle. As the impact of the collision hit me, both me and my pillion had fell. The driver of the said vehicle came out of his car however he did not render assistance to us. A few passer-by who witnessed the incident had assisted us and call for the police.

Both the ambulance and Traffic police came awhile later and both me and my pillion were conveyed to Khoo Teck Puat hospital and was treated for our injuries. I had sustained multiple abrasion on the right side of my body and my pillion also sustained multiple abrasion on his right side of the body as well. Both of us were given 7 days of medical leave. My motorcycle had multiple damages on the right side. I am not sure what is the cost of repair. The car only had the front part damaged.

This is not the first time such accident happened. I am lodging this report for Traffic Police to look into the matter. That is all.



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Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No. 1800-8529999



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Report No. T/20201123/2149

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report: I / Sgt 2 NUR RAUDHA BINTE SHEIKH ABDUL NAZIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2020 22:33
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:
Authentication Stamp NP168	SN 085 Signature: Singapore Police Force



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



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Report No. T20201123/2149

CONTINUATION OF REPORT