

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
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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 PLAN

IMPORTANT NOTICE

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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) Any 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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 4281 Fax: 6453 7944
(Claims Section)

Policyholder's Signature
Date & Time:

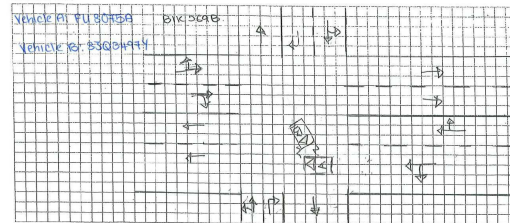
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/ACC Sketch Plan Form_V3

1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, vehicle A was travelling along Yishun Avenue
to Junction of Yishun Avenue 23 and the traffic light is green in favor.
Suddenly, Vehicle B collided onto vehicle A side portion at the bike.

DECLARATION

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

Policyholder's Signature

Date & Time:

GIAMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/IN No.:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1254 Fax: 6453 7944
(Claims Section)



















**SINGAPORE
POLICE FORCE**



T/20201123/2149

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

1 of 4
Report No. T/20201123/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2020 22:33	Vide Report No.: L/20201123/0086	Station Diary No.: 142
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Informant's Particulars

Name of Informant: MUHAMMAD SAIFULLAH BIN SHAHUL HAMID			Address: APT BLK 162 YISHUN STREET 11 #08-270 SINGAPORE 760162		
ID Type / ID No.: NRIC NO / S9590769E			Contact No.: Home/Office: Mobile: 84251805		
Nationality: SINGAPORE CITIZEN			Email:		
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: 23/11/2020 13:45	Type of Location: X-Junction
Location: YISHUN AVENUE 6				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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	Expiry Date
FU8075A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20508452	07/04/2020	06/04/2021



**SINGAPORE
POLICE FORCE**



17202011232149

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8528999

2 of 4
Report No. T/202011232149

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
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
Rider			
Name	MUHAMMAD RIFQI	ID No.	S8709957Z
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 6 towards Yishun Street 31. As I was approaching the traffic junction, I realized that the traffic light was already green in my favor. At the opposite side of the road, a car bearing number SJC3497Y 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 unto 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.



SINGAPORE
POLICE FORCE



T202011232149

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

4 of 4

Report No. T202011232149

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:
L /
Sgt 2 NUR RAUDHA BINTE SHEIKH ABDUL
NAZIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476176

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/11/2020 22:33

Classification Of Case:





SINGAPORE
POLICE FORCE



T20201123/2149

3 of 4

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

Report No. T20201123/2149

CONTINUATION OF REPORT