

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 12/12/2020 16:22 (SGT)
Date of Accident 11/12/2020 10:30 (SGT)
Exact Location of Accident Lor 22 Geylang, Singapore
Additional Location Information LOR 22 GEYLANG TRAFFIC LIGHT JUNC
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG4257P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED IKBAL BIN MOHAMED YUSOFF
NRIC No SXXXX682E
Email Address m.ikbal6@gmail.com
Mobile Phone No (Phone) +65-91058541
Alternative Phone No +65-91058541

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz16st
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 - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number MSD/VMT/20-506743-WTT
Cover Note Number -

DRIVER

Name of Driver MOHAMED IKBAL BIN MOHAMED YUSOFF
NRIC No SXXXX682E
Date Of Birth 06/11/1987
Occupation Outdoor

Date Of Driving Pass	08/02/2013
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91058541
Alt. Phone Number	+65-91058541
Email Address	m.ikbal6@gmail.com
Address	BLK 561A JURONG WEST STREET42
Address complement	#12-1145
Postcode	641561
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SMP6419D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO TECK LIM HAROLD
NRIC No	SXXXX592G
Contact Number	(Phone) +65-96883074
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

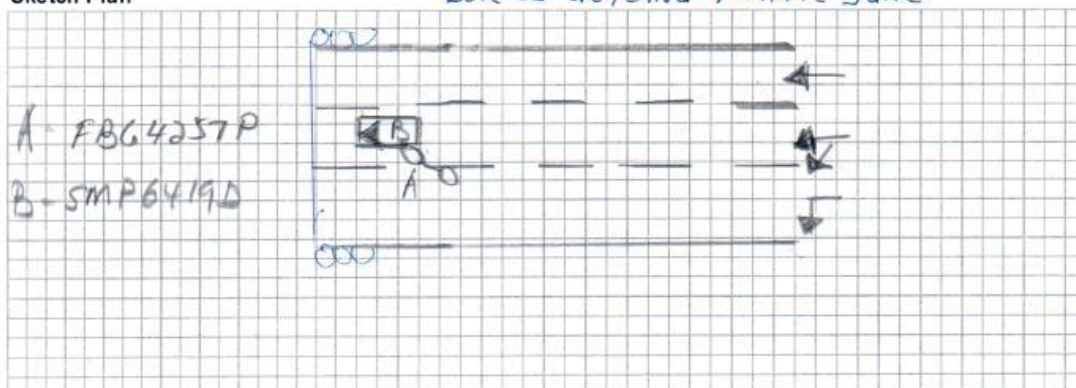
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

 11/12/2020/1621 Policyholder's Signature / Date & Time	 12/12/20 Driver's Signature (If driver is not the policyholder) / Date & Time	 12/12/20 Witnessed by Reporting Centre Personnel
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Sketch Plan

LOR 22 GEYLANG TRAFFIC JUNC




Describe Circumstances of the Accident

While traveling 3rd lane, signal left to go straight along for 22 geylang
Infront of me the car turn left at the junction and I hit the
car left side of passenger side. I fall from bike from right side.
Both party no injury. Exchange particulars and details.

Declaration

We declare the foregoing particulars are true in every respect.

 11/12/2020/1621

Policyholder's Signature / Date &
Time

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

 12/12/20

Witnessed by Reporting Centre
Personnel

















