

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 08/01/2021 12:50 (SGT)
Date of Accident 30/12/2020 18:45 (SGT)
Exact Location of Accident MCE, Singapore
Additional Location Information TWDS FORD RD/KPE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK1513Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SHIEHK ABDUL HAKIM BIN JAAFAR
NRIC No SXXXX291G
Email Address shiekhabdulhakim@gmail.com
Mobile Phone No (Phone) +65-97896740
Alternative Phone No +65-97896740

VEHICLE PARTICULARS

Manufacturer Sym
Model Joyride 200i
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 -
Cover Note Number 72240740

DRIVER

Name of Driver SHIEHK ABDUL HAKIM BIN JAAFAR
NRIC No SXXXX291G
Date Of Birth 08/09/1965
Occupation Indoor

Date Of Driving Pass	02/07/1983
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97896740
Alt. Phone Number	+65-97896740
Email Address	shiekhabdulhakim@gmail.com
Address	BLK 537 BEDOK NORTH STREET 3
Address complement	#03-555
Postcode	460537
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210101/2035

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	SMG1641C
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	SHIEHK ABDUL HAKIM BIN JAAFAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN, ABRASION ON LEFT ELBOWS AND LEFT PALM
Injured person in which vehicle?	FBK1513Z
Were seat belts worn?	No
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
8/1/2021

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

Witnessed by Reporting Centre Personnel

Sketch Plan

MC6 TWO5 FORD RD/KPE

A- FBK1513Z

B- SMG1641C

Describe Circumstances of the Accident

Pls refer to the police report: T/20210101/2035

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 8/1/2021

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210101/2035

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20210101/2035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK1513Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72240740	18/04/2020	17/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHIEHK ABDUL HAKIM BIN JAAFAR	ID No.	S2188291G
Related Vehicle	FBK1513Z (Motorcycle)	Contact No.	97896740
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	30/12/2020	Date Discharge	01/01/2021
No. of Days granted Medical Leave	30	Degree of Injury	Slight

Brief Details.

On the 30 December 2020 at about 1845hrs, I was riding my motorcycle bearing the plate number FBK1513Z along Marina Coastal Expressway towards Fort Road. I was riding on the fourth lane and suddenly on vehicle bearing the plate number SMG1641C collided the rear of my motorcycle.

I then fell from my motorcycle and skidded towards the road shoulder on the left. I had back pain and abrasions on my left elbows and left palm. I was conveyed to Tan Tock Seng Hospital and was admitted from 30 December 2020 to 1 January 2021. I was given 30 days medical certificate. I wish to inform that I still have back pain.

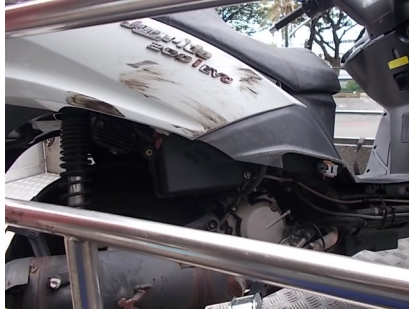
My motorcycle (FBK1513Z) was towed and had damage on the right side of the bike. My exhaust pipe, black oil tank and the right side of my motorcycle was damaged. The other vehicle (SMG1641C) had scratches on the left front side.

I was informed by the traffic police to lodge a traffic incident report.


































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T/20210101/2035

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1 of 3

Report No. T/20210101/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2021 13:57	Vide Report No.: G/20201230/0181	Station Diary No.: 28
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Informant's Particulars

Name of Informant: SHIEHK ABDUL HAKIM BIN JAAFAR			Address: APT BLK 537 BEDOK NORTH STREET 3 #03-555 SINGAPORE 460537		
ID Type / ID No.: NRIC NO / S2188291G			Contact No.: Home/Office: Mobile: 97896740		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 08/09/1965	Type of Informant: Rider		
Race: Arab			Language:		Institution / School Name:
Occupation: Ambulance driver			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/12/2020 18:45	Type of Location: EXPRESSWAY TUNNEL
Location: MARINA COASTAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1513Z	Motorcycle	SYM	JOYRIDE 200I EVO CVT	White	Seriously Damaged	0
SMG1641C	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210101/2035

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Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHIEHK ABDUL HAKIM BIN JAAFAR	ID No.	S2188291G
Related Vehicle	FBK1513Z (Motorcycle)	Contact No.	97896740
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T/20210101/2035

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3 of 3

Report No. T/20210101/2035

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:

G /

Sgt 3 JOANNE OH HUI MIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Contact No.: 65476224

Signature Of Informant:


Date/Time:

01/01/2021 13:57

Classification Of Case:

Authentication Stamp

NP168

	TAN TOCK SENG HOSPITAL 11 Jalan Tan Tock Seng, Singapore 308433 Tel: (65) 6256 6011																
HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY																	
SHIEHK ABDUL HAKIM BIN JAAFAR S2188291G 55Y 3M M Others 1220672755Z 30-Dec-2020 01-Jan-2021																	
ADMISSION DETAILS																	
Admission Date: 30-Dec-2020 Ward: WARD 12C Patient Type: Inpatient Attending Dr: OH YOONG LEONG JACOB (11546J)	DOB: 08-Sep-1965 Room: ROOM 07 Patient Class: Class B2 Medical Service Code: Orthopaedic Surgery																
DISCHARGE DETAILS																	
Discharge Date/Time: 01-Jan-2021 14:16 Discharge Status: Patient discharged	Condition at Discharge: Improved - Condition better than at time of admission																
DIAGNOSIS																	
TRAUMA																	
PROCEDURE																	
Not Applicable																	
DRUG ALLERGY DATA																	
Adverse Drug Reaction / Drug Allergy No drug allergy																	
Medical Alert No medical alert The drug allergy data is accurate as at 01-Jan-2021 11:07																	
CLINICAL SUMMARY																	
Follow up Not Applicable																	
Discharge Medication The discharge medication data is accurate as at 31-Dec-2020 14:17																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Route</th> <th style="text-align: left;">Medication Name</th> <th style="text-align: left;">Dosage Regimen</th> <th style="text-align: left;">Instructions</th> </tr> </thead> <tbody> <tr> <td>PO</td> <td>Paracetamol Tab</td> <td>1 g every 6 hourly when necessary 2 weeks</td> <td>Pain.</td> </tr> <tr> <td>PO</td> <td>Etoricoxib Tab</td> <td>90 mg every morning when necessary 1 week</td> <td>Pain.</td> </tr> <tr> <td>PO</td> <td>Famotidine Tab</td> <td>20 mg every morning 1 week</td> <td></td> </tr> </tbody> </table>	Route	Medication Name	Dosage Regimen	Instructions	PO	Paracetamol Tab	1 g every 6 hourly when necessary 2 weeks	Pain.	PO	Etoricoxib Tab	90 mg every morning when necessary 1 week	Pain.	PO	Famotidine Tab	20 mg every morning 1 week		
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PO	Etoricoxib Tab	90 mg every morning when necessary 1 week	Pain.														
PO	Famotidine Tab	20 mg every morning 1 week															
Medical Certificate No Medical Certificate issued																	
Future Appointment Not Applicable																	
Planned Orders By : NAH MING FOO KENNETH(P1825G) Date : 01-Jan-2021 11:07																	
<small>This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.</small>																	
<small>Printed by: NAH MING FOO KENNETH (P1825G) Printed Date/Time: 01-Jan-2021 11:10</small>																	



Tan Tock Seng
HOSPITAL

MEDICAL CERTIFICATE	ORIGINAL	TTSH21000094
NAME: SHIEHK ABDUL HAKIM BIN JAAFAR		NRIC: S2188291G

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 30 day(s) from 30-Dec-2020 to 28-Jan-2021 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 30-Dec-2020 19:51 to 01-Jan-2021 11:09

01-Jan-2021

Date

NAH MING FOO KENNETH
(P1825G)

Issued by

W12D

Location

Signature