

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 19/01/2021 16:44 (SGT)
Date of Accident 19/01/2021 11:55 (SGT)
Exact Location of Accident Bukit Merah Lane 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE6588G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner STEVE ARIFianto BIN ABDULLAH
NRIC No SXXXX551C
Email Address sona10@live.com
Mobile Phone No (Phone) +65-91665285
Alternative Phone No +65-97312995

VEHICLE PARTICULARS

Manufacturer Piaggio
Model GILERA
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
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/20-51021-WTT
Cover Note Number -

DRIVER

Name of Driver MAS SUPIAH BIN SHAMSUDIN
NRIC No SXXXX164B
Date Of Birth 24/11/1984
Occupation Outdoor

Date Of Driving Pass	18/12/2008
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97312995
Alt. Phone Number	-
Email Address	sona10@live.com
Address	BLK 339C KANG CHING ROAD #06-340
Address complement	-
Postcode	613339
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	No
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFK9328S
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MATTHEW ROY HO JIANEN
NRIC No	SXXXX314Z

Contact Number	(Phone) +65-96899328
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS



INJURED 1

Name of injured person	MAS SUPIAH BIN SHAMSUDIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBE6588G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

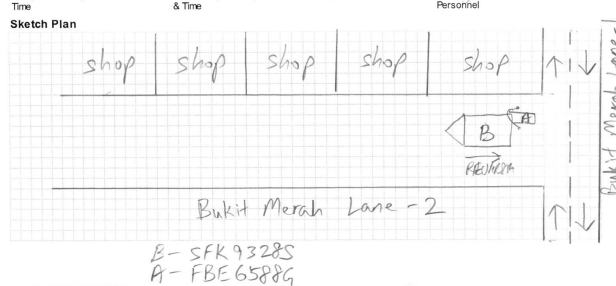
SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
 19. 01/21 12:35pm	 19/01/2021	

Sketch Plan



E-SFK 9328S
A-FBE 6588G

Describe Circumstances of the Accident

REFR TO POLICE REPORT 7/00210119/2045

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 19.01.21 - 2.35 PM

Witnessed by Reporting Centre Personnel



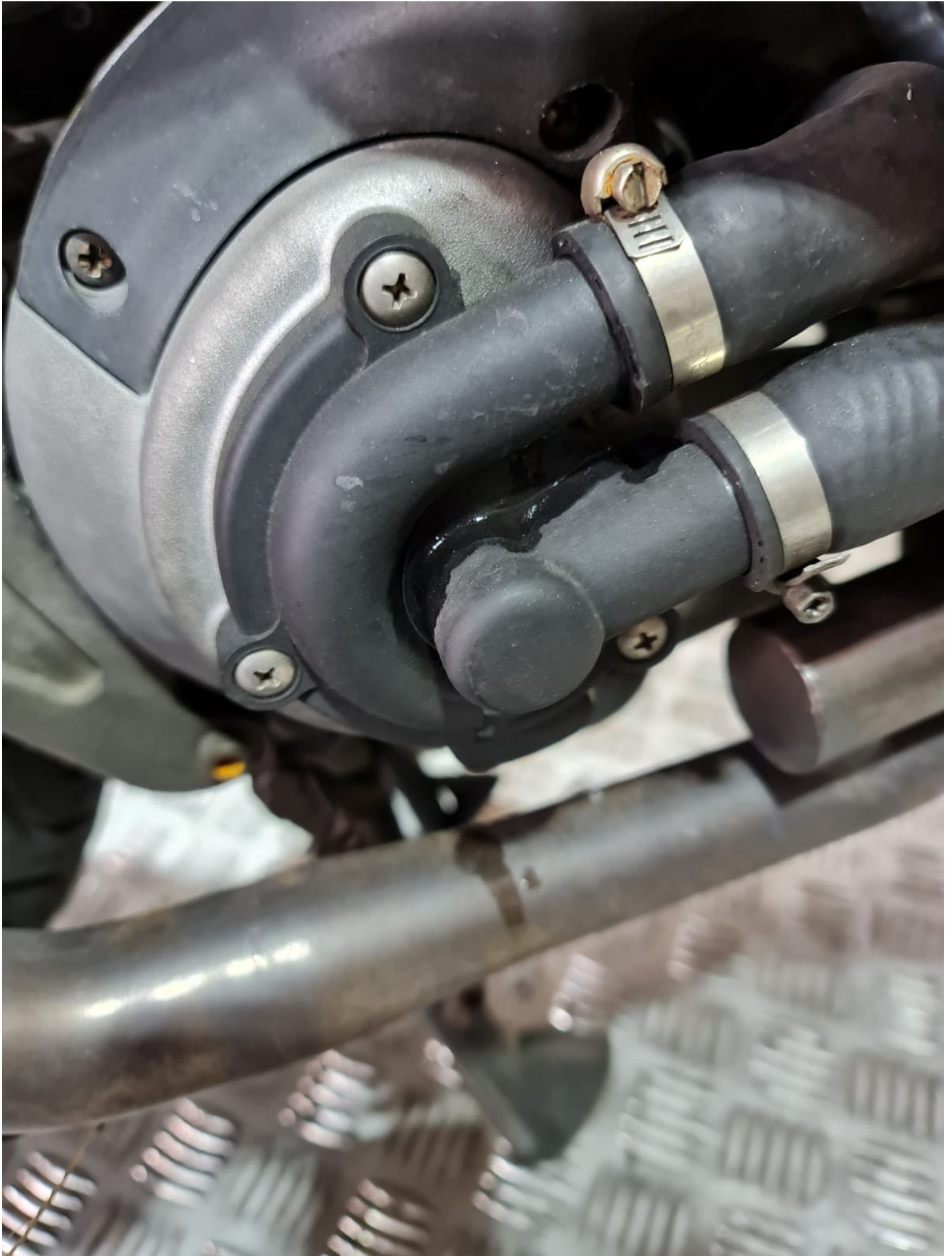










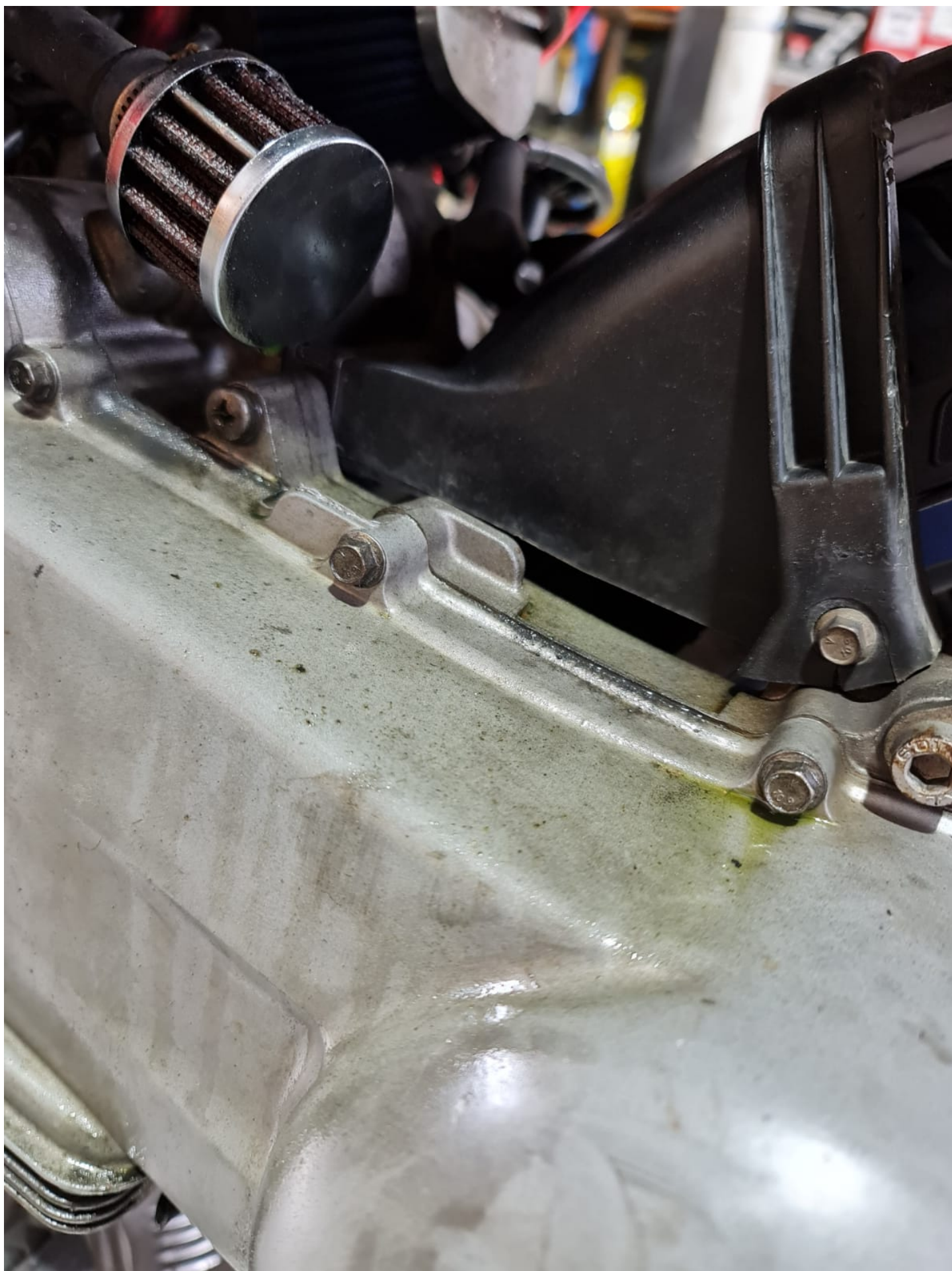
















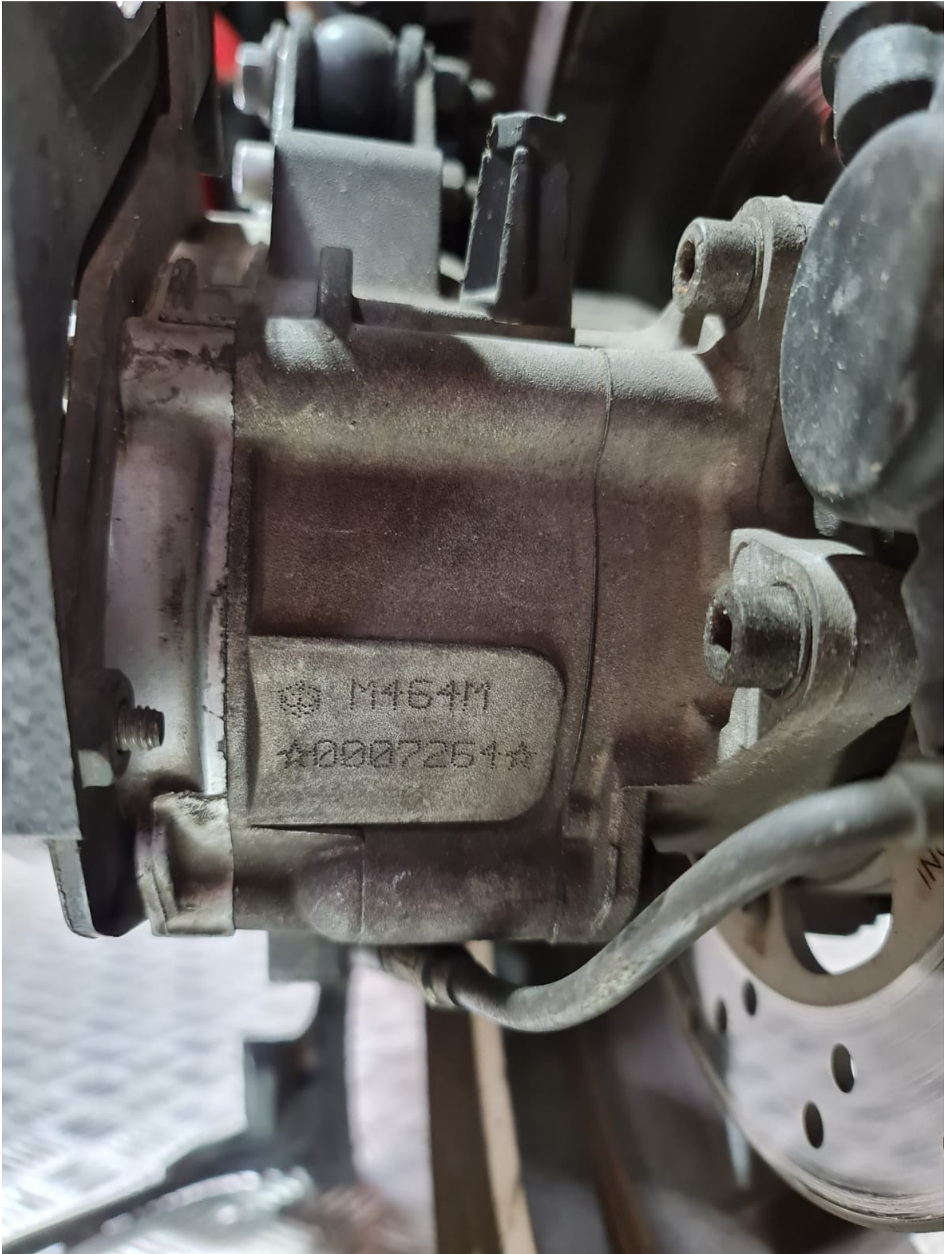






















SINGAPORE
POLICE FORCE



T/20210119/2045

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3
Report No. T/20210119/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2021 13:47	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: MAS SUPIAH BIN SHAMSUDIN	Address: APT BLK 339C KANG CHING ROAD #06-340 SINGAPORE 613339
ID Type / ID No.: NRIC NO / S8442164B	Contact No.: Home/Office: Mobile: 97312559
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 36 Date of Birth: 24/11/1984	Type of Informant: Rider
Race: Indian	Language: Institution / School Name:
Occupation: DELIVERYMAN	Driving Licence Information: Class: 2B Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2021 11:50	Type of Location: Straight Road
Location: BUKIT MERAH LANE 3				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6588G	Motorcycle				Slightly Damaged	0
SFK9328S	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				

SINGAPORE
POLICE FORCE

T/20210119/2045

Police Station Of Origin:
Queenstown N.P.C.
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-47199992 of 3
Report No. T/20210119/2045

CONTINUATION OF REPORT

Rider			
Name	MAS SUPIAH BIN SHAMSUDIN	ID No.	S8442164B
Related Vehicle	FBE6588G (Motorcycle)	Contact No.	97312559
Hospital/Clinic	FONG CLINIC	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	19/01/2021	Date Discharge	19/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 19/01/2021 at about 1150hrs, I was travelling inside Bukit Merah Lane, inside the industrial motors area with my motorbike FBE6588G. I was behind a vehicle SFK9328S which had just passed the entrance gantry. Subsequently, it was my turn and I had entered the gantry shortly after. I noticed that there were no other vehicles in front of the car. After I had passed the gantry, subsequently the mentioned vehicle had suddenly reversed and I was not able to do anything to avoid it as it happened very suddenly. Due to that, the mentioned vehicle's rear bumper had hit onto the front of my motorbike and had caused me and my motorbike to fall. The driver had then went out of the vehicle and assisted me. We had then agreed to settle the matter through insurance and I had went to seek medical attention at Fong Clinic and I was given 3 Days MC from 19/01/2021 till 21/01/21. I had suffered swollen left leg due to the fall on the left hand side.

SINGAPORE
POLICE FORCE

T/20210119/2045

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-47199993 of 3
Report No. T/20210119/2045

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:
D /
Sgt 2 MOHAMAD FARHAN BIN MOHAMED

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
19/01/2021 13:47Officer In Charge Of Case:
TP / AEIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Classification Of Case:

Authentication Stamp
NP168