

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 25/01/2021 17:02 (SGT)
Date of Accident 23/01/2021 11:00 (SGT)
Exact Location of Accident Sumang Link, Singapore
Additional Location Information TOWARDS PUNGGOL WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FU5133K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HAIKAL BIN YAHYA
NRIC No SXXXX094E
Email Address ahkhai29@gmail.com
Mobile Phone No (Phone) +65-87514828
Alternative Phone No +65-88944238

VEHICLE PARTICULARS

Manufacturer Kawasaki
Model KRRZX150
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 ThirdParty
Fleet Policy No
Policy Number MSD/VMT/20-417127-CA
Cover Note Number -

DRIVER

Name of Driver KHAIRUL HIDAYAT BIN HENDERI
NRIC No SXXXX653I
Date Of Birth 29/09/1994
Occupation Indoor

Date Of Driving Pass	22/07/2016
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88944238
Alt. Phone Number	-
Email Address	ahkhai29@gmail.com
Address	BLK 107 YISHUN RING ROAD #07-271
Address complement	-
Postcode	760107
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NUR HANISAH BINTE ZULKIFLI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210124/2018

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	SLA6562H
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LUA POH SENG
NRIC No	SXXXX653I
Contact Number	(Phone) +65-91143584
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

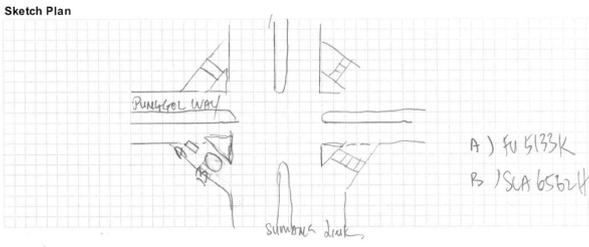
Name of injured person	NUR HANISAH BINTE ZULKIFLI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FU5133K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

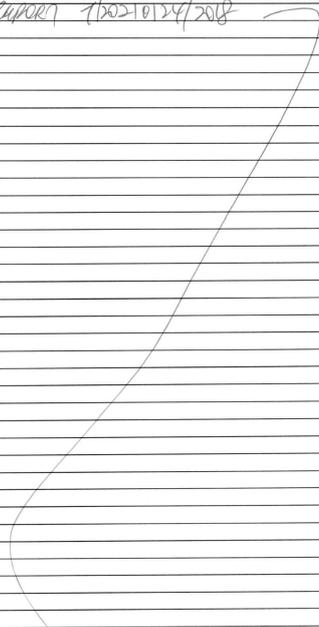
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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/postal 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
25/1/21 15:20 PM	25/1/21 15:20 PM	25/1/21



Describe Circumstances of the Accident

REFER TO POLICE REPORT 150210124/2018



Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

AG 25/12/15, London

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

[Signature] 25/12/2018

Witnessed by Reporting Centre
Personnel

















**SINGAPORE
POLICE FORCE**



T/20210124/2018

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Report No. T/20210124/2018

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2021 11:18	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: KHAIRUL HIDAYAT BIN HENDERI		Address: APT BLK 107 YISHUN RING ROAD #07-271 SINGAPORE 760107	
ID Type / ID No.:	NRIC NO / S94356531	Contact No.:	Home/Office: Mobile: 88942938
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 29/09/1994	Type of Informant: Rider
Race: Malay	Occupation: PSA		Language: Institution / School Name:
Driving Licence Information: Class: 2B,3,4		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2021 11:00	Type of Location: Filter lane
Location: SUMANG LINK				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		Traffic Volume:
Traffic Flow:	Traffic Control:	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
FU5133K	Motorcycle	KAWASAKI	KRRZX150	Black		1
SLA6562H	Car	HONDA	VEZEL 1.5X A	White		0

Details of Person Involved

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



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545025
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Report No. T/20210124/2018

CONTINUATION OF REPORT

Pillion			
Name	NUR HANISAH BINTE ZULKIFLI	ID No.	S9623558E
Related Vehicle	FU5133K (Motorcycle)	Contact No.	88464460
Hospital/Clinic	MINMED	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/01/2021	Date Discharge	23/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Rider			
Name	KHAIRUL HIDAYAT BIN HENDRI	ID No.	S9435653I
Related Vehicle	FU5133K (Motorcycle)	Contact No.	88942938
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 3, 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LUA POH SENG	ID No.	S8034053B
Related Vehicle	SLA6562H (Car)	Contact No.	91143584
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/01/2021 at about 1100hrs, I was riding my motorbike together with fiancée as my pillion along Sumang Link towards Punggol Way. Upon reaching Punggol Way, I stopped after the zebra crossing before the line to give way to oncoming vehicles. We were waiting to move off, however, the said car came from the back and hit onto my motorbike. My motorbike then surged forward. The said driver came out of his vehicle and we dismounted the motorbike. We exchanged particulars and left.

We contacted him and he asked my fiancée to go see a doctor and he will do private settlement. After seeing a doctor, he said that he will claim insurance instead.

I wish to state that I was not injured, however my fiancée had seen a doctor and was given 03 days MC. She had lower back aches and left ribcage also had some aching pain.



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2 Sengkang Square #01-02 SINGAPORE
545025
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Report No. T/20210124/2018

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20210124/2018

Police Station Of Origin:
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545025
Tel No: 1800-343 8999

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Report No. T/20210124/2018

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: F / Staff Sgt JOSHUA KWEK YONG CHEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2021 11:18
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP188	