



## 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	26/01/2021 14:31 (SGT)
Date of Accident	26/01/2021 08:57 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HORNE ROAD & FRENCH ROAD JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7619T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED IRFAN ALI
NRIC No	SXXXX371Z
Email Address	mohirfan15@gmail.com
Mobile Phone No	(Phone) +65-97524793
Alternative Phone No	+65-97524793

#### VEHICLE PARTICULARS

Manufacturer	Sym
Model	SYM / JOYRIDE 200I EVO CVT
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	MSD/VMS/20-508533-WTT
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMED IRFAN ALI
NRIC No	SXXXX371Z
Date Of Birth	15/04/1985
Occupation	Indoor



Date Of Driving Pass	03/03/2005
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97524793
Alt. Phone Number	+65-97524793
Email Address	mohirfan15@gmail.com
Address	BLK 12 NORTH BRIDGE ROAD #09-3960
Address complement	-
Postcode	190012
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?	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

REFER ATTACHED;

#### 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	SGL8079A
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / CAMRY 2.5 AUTO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR HOON
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

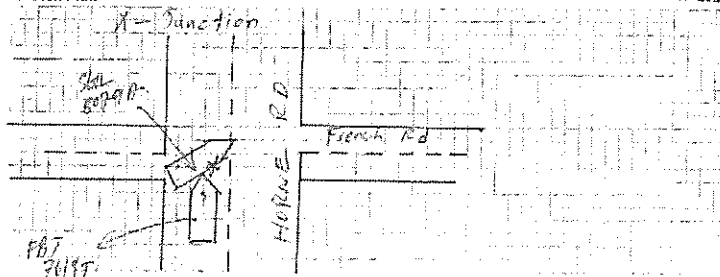
**SKETCH PLAN**

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- 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 courier 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 the 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 based outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time: 26/01/21	 Driver's Signature (if driver is not the policyholder) / Date & Time:	IDAC KAKI BUKIT (YAC) 25 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416097 Fax: 67492305 Email: cakkb@vicom.com.sg Witnessed by: Reporting Centre Personal: 26 JAN 2021
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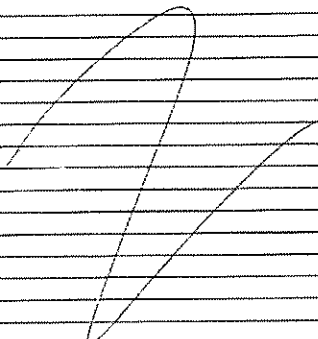
**Sketch Plan**



**Describe Circumstances of the Accident**


26/01/21 Morning I was FBTPH197 was travelling from Landed Street to Macao Road while I was passing by Macao Road and Beach Road junction. Car plate number was keeping left to turn left into Beach Road. Since the car was turning left, I overlooked the car on the right. Suddenly the car switched the indicator light to right and turned towards to the right junction into Beach Road. By the time I brake to stop he was already fully blocking my way. He braked and hit my front wheel and skid and fell 1 metre away. No injury was sustained.


The left portion, front portion and behind portion sustained alot of scratches. Also my left bottom side fender broke off.



**Declaration**

We declare the foregoing particulars are true in every respect.

 26/01/21  
Policyholder's Signature / Date & Time

 26/01/21  
Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416897 Fax: 67492305  
Email: vac@vicom.com.sg

Witnessed by Reporting Centre Personnel

26 JAN 2021