

# 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 ..... 18/02/2021 11:47 (SGT)  
Date of Accident ..... 17/02/2021 10:55 (SGT)  
Exact Location of Accident ..... Choa Chu Kang, Singapore  
Additional Location Information ..... CHOA CHU KANG STREET 54  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBL6265B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHD FARID BIN JOHAN  
NRIC No ..... SXXXX291I  
Email Address ..... REPSOL6265@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-92277592  
Alternative Phone No ..... +65-92277592

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cbf190wh  
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/21-420556-CA  
Cover Note Number ..... 04/01/2021-03/01/2022

### DRIVER

Name of Driver ..... MOHD FARID BIN JOHAN  
NRIC No ..... SXXXX291I  
Date Of Birth ..... 16/09/1972  
Occupation ..... Indoor

Date Of Driving Pass .....	19/05/1995
Driving experience .....	25 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92277592
Alt. Phone Number .....	+65-92277592
Email Address .....	REPSOL6265@GMAIL.COM
Address .....	BLK 689B CHOA CHU KANG DRIVE #08-310
Address complement .....	-
Postcode .....	682689
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? .....	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 .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICEREPORT: T/20210218/2009.

#### 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 .....	GBJ2124L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	-
Contact Number .....	-

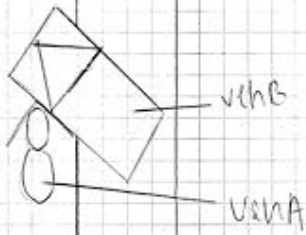
Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOHD FARID BIN JOHAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRASIONS ON RT ELBOW
Injured person in which vehicle? .....	FBL6265B
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN



Refer to Police Report:  
7/20240213/2009

vehA: FBL 6266B  
vehB: 615J 2124 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

2

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:































**SINGAPORE  
POLICE FORCE**



T/20210218/2009

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20210218/2009

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:

J /

Sgt 1 Lim Jing Yi

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/02/2021 08:22

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG - IVAN

Contact No. 65474885

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE





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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

2 of 3

Report No. T/20210218/2009

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD FARID BIN JOHAN	ID No.	S7271291I
Related Vehicle	FBL6265B (Motorcycle)	Contact No.	92277592
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 17/02/2021 at 1055hrs, I was riding on the left most lane along Choa Chu Kang Street 54. All of sudden, a grey van bearing GBJ2124L from the right lane cut into my lane and make a left turn towards Block 771 Choa Chu Kang Street 54. I then hit onto the front left of the van. There was scratches and dent on the van. My bike bearing FBL6265B front right mirror was broken. Police attended to me and took a statement from me.



**SINGAPORE  
POLICE FORCE**



T/20210218/2009

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20210218/2009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/02/2021 08:22		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: MOHD FARID BIN JOHAN			Address: APT BLK 689B CHOA CHU KANG DRIVE #08-310 SINGAPORE 682689		
ID Type / ID No.: NRIC NO / S7271291I			Contact No.: Home/Office: Mobile: 92277592		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 48	Date of Birth: 16/09/1972	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/02/2021 10:55	Type of Location: T-Junction
Location:  CHOA CHU KANG STREET 54				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6265B	Motorcycle	HONDA	CBF190WH	Orange	Slightly Damaged	0
GBJ2124L	Van				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL6265B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT21420556	04/01/2021	03/01/2022