

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 24/02/2021 17:56 (SGT)
Date of Accident 23/02/2021 13:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information SIGLAP ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP7798C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD HAMBALI BIN JAAFAR
NRIC No S9137736E
Email Address MDHAMBALI.JAAFAR@GMAIL.COM
Mobile Phone No (Phone) +65-91540591
Alternative Phone No (Office) +65-91540591

VEHICLE PARTICULARS

Manufacturer Yamaha
Model GDR55A
Variant -
Exact purpose for which vehicle was being used at time of accident -
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 60915770
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD HAMBALI BIN JAAFAR
NRIC No S9137736E
Date Of Birth 21/10/1991
Occupation Outdoor

Date Of Driving Pass	16/02/2011
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-91540591
Alt. Phone Number	(Office) +65-91540591
Email Address	MDHAMBALI.JAAFAR@GMAIL.COM
Address	BLK 134 POTONG PASIR AVENUE 3 #03-172
Address complement	-
Postcode	350134
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	Collided into Motorcyclist
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SHA3644Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	GUOK NAN ENG
Contact Number	(Phone) +65-90693571

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 MUHAMMAD HAMBALI BIN JAAFAR
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

SKETCH PLANIMPORTANT 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' 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/are 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.



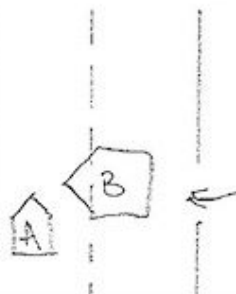
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A → FRP2798C
B → SHA3644Y



24-02-21;17:09 ;KAN FOOK SING MOTOR WORKSHOP

;+65 6481 8683

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Describe Circumstances of the Accident

Please see police report

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

Witnessed by Reporting Centre Personnel













24-02-21;17:09 ;KAN FOOK SING MOTOR WORKSHOP

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**SINGAPORE
POLICE FORCE**



T/20210224/2060

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20210224/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2021 14:01		Vide Report No.:		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: MUHAMMAD HAMBALI BIN JAAFAR			Address: APT BLK 134 POTONG PASIR AVENUE 3 #03-172 SINGAPORE 350134		
ID Type / ID No.: NRIC NO / S9137736E			Contact No.: Home/Office: Mobile: 91540591		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 21/10/1991	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: PSA			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: 23/02/2021 13:40	Type of Location: Straight Road
Location: SIGLAP ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP7798C	Motorcycle	YAMAHA	GDR155A (AEROX)	Red	Totally Damaged	0 <i>155cc</i>
SHA3644Y	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

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**SINGAPORE
POLICE FORCE**



T/20210224/2060

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20210224/2060

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBP7798C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60915770	25/06/2020	24/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HAMBALI BIN JAAFAR	ID No.	S9137736E
Related Vehicle	FBP7798C (Motorcycle)	Contact No.	91540591
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/02/2021	Date Discharge	23/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	GUOK NAN ENG	ID No.	S1409056H
Related Vehicle	SHA3644Y (Car)	Contact No.	90693571
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 the above mentioned date, time and location as I was riding my bike plate number FBP7798C with my pet cat carried in bag at the side location a Taxi Plate number SHA3644Y coming from the right side of the road which was connected to my lane came cutting in and collided to my vehicle causing damages on the Courgette, brake pump handle, front lights broken, rims and tyre got scratches. I and the taxi driver managed to exchange particulars. I was also injured and went to Changi General Hospital and was given 3 days of Medical leave due to contusion of right elbow.

I am lodging this report for insurance claim.

24-02-21;17:09 ;KAN FOOK SING MOTOR WORKSHOP

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**SINGAPORE
POLICE FORCE**



T/20210224/2060

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Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20210224/2060

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 1 HARIDAS S/O MANOGERAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476451

Signature Of Informant:

Date/Time:

24/02/2021 14:01

Classification Of Case:

SINGAPORE
Authentication Stamp
NP168

SIGNATURE