

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
1. 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	14/05/2021 17:58 (SGT)
Date of Accident	12/05/2021 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3912R
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL RAUF BIN ABDULLAH
NRIC No	SXXXX852D
Email Address	ABDULRAUF_1995@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91451943
Alternative Phone No	+65-91451943

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
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
Transmission	Auto
CC	153

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MSD/VMT/20-509307-WTT
Cover Note Number	-

#### DRIVER

Name of Driver	ABDUL RAUF BIN ABDULLAH
NRIC No	SXXXX852D

Driving Pass  
experience

Mobile Number

A. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

25/08/1995

Outdoor

26/03/2015

6 YEARS AND 2 MONTHS

Male

(Phone) +65-91451943

+65-91451943

ABDULRAUF\_1995@HOTMAIL.COM

BLK 407 PASIR RIS DRIVE 6 #05-453

-

S510407

Yes

-

No

-

-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Head to Rear

Clear

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

Traffic Police

Police Station Phone No

(Phone) +65-65470000

Alt. Police Station Phone No

(Fax) +65-65474900

Police Station Address

10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given?

No

If yes, against whom?

-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT 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

GBF4735G

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

Commercial vehicle

Vehicle Category

driver  
 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	ABDUL RAUF BIN ABDULLAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MEDICAL LEAVE.
Injured person in which vehicle?	FBP3912R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### 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 willful 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. The 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.
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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = FBP 3912 R.

B = GBE 4733 G.

SUN ROAD

TPE



PLAN 22

**Describe Circumstances of the Accident**

Refer to police report.

**Declaration**


(We declare the foregoing particulars are true in every respect)

Policy holder's Signature / Date & Time


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




Witnessed by Reporting Centre Personnel

 **SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**ABDUL RAUF BIN  
ABDULLAH**



  
A12017

NRIC No  
**S9529852D**

Found in the possession of any person, this card is requested to be handed over to the nearest Police Station or any other authority. Any person finding this card is requested to forward it to the nearest Police Station or any other authority. Delay in Central Mailbox, Base or any Police Station.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



**S9529852D**

**ABDUL RAUF BIN ABDULLAH**

Date of Birth: **25 Aug 1995**  
Valid Until: **26 Mar 2015**

 002410003B



