

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 25/05/2021 18:02 (SGT)
Date of Accident 16/05/2021 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS CHANGI BEFORE BEDOK EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBC5660Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ROSLI BIN AHAMAD
NRIC No SXXXX783H
Email Address ROLIBUKITINDAH@GMAIL.COM
Mobile Phone No (Phone) +65-82854687
Alternative Phone No +65-82854687

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T135
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 135

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number MSD/VMT/20-418178-CA
Cover Note Number -

DRIVER

Name of Driver ROSLI BIN AHAMAD
NRIC No SXXXX783H

Date Of Birth	06/04/1966
Occupation	Outdoor
Date Of Driving Pass	07/09/1990
Driving experience	30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82854687
Alt. Phone Number	+65-82854687
Email Address	ROLIBUKITINDAH@GMAIL.COM
Address	APT BLK 4 JALAN BATU #04-141
Address complement	-
Postcode	S431004
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 - 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?	Yes
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.

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	SHC4779A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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	ROSLI BIN AHAMAD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	7 DAYS HOSPITALISATION LEAVE.
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 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

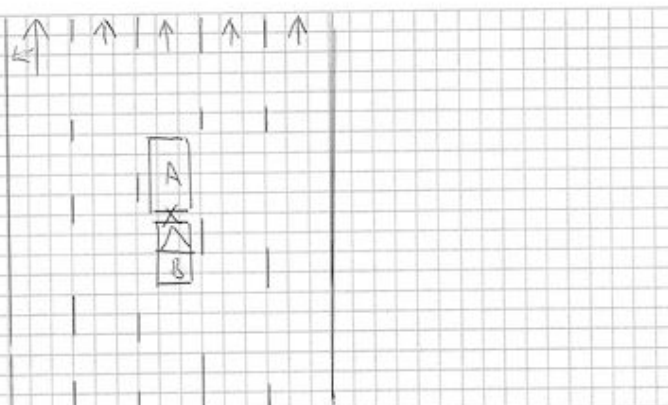

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: FBC 566Y

Vehicle B: SHC 4779A



Describe Circumstances of the Accident

Refer to Police Report

Describe Circumstances of the Accident

Refer to 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

































**SINGAPORE
POLICE FORCE**



T/20210516/7019

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20210516/70

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2021 22:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ROSLI BIN AHAMAD	Address: 4 JALAN BATU #04-141 SINGAPORE 431004		
ID Type / ID No.: NRIC NO / S1769783H	Contact No.:	Mobile: 82854687	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: rolibukitindah@gmail.com	
Sex: Male	Age: 55	Date of Birth: 06/04/1966	Type of Informant: Rider
Race: Malay	Language: English	Institution / School Name:	
Occupation: Delivery roo	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/05/2021 04:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBC5660Y	Motorcycle	YAMAHA	T135	Blue	Seriously Damaged	0
SHC4779A	Car	TOYOTA	Prius	Red	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT



T/20210516/7019

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Report No. T/20210516/7019

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC5660Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20418178	20/12/2020	19/12/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ROSLI BIN AHAMAD		ID No. S1769783H
Related Vehicle	FBC5660Y (Motorcycle)		Contact No. 82854687
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	16/05/2021		Date 16/05/2021
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated date and time, I vehicle plate number FBC5660Y was riding my bike from pie to Tampines.

I was traveling straight on lane 3 suddenly I felt a huge impact on my rear portion of my bike and flew off from the bike around few hundred meters away.

After that some passerby came down and assist me and I notice a taxis plate number SHC4779A collided onto my bike.

After awhile traffic police and ambulance attend then I was convey to the Changi general hospital.

Doctor given me 7 days mc cause I suffer multiple injury all over my face and both leg, both hand, stomach, neck and back.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin;
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210516/7019

3 of 3

Report No. T/20210516/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
CHONG GUAN FATT
Contact No.: 65476083

Authentication Stamp
NP168


Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
16/05/2021 22:34

Classification Of Case:

Changi General Hospital
SingHealth

ORIGINAL **MEDICAL CERTIFICATE** **SSU202190087**

Name ROSLI BIN AHAMAD		NPOC No. S1769783H
This is to certify that the above-named is unfit for duty for a period of inclusive: <u>7</u> days from <u>16-May-2021</u> to <u>22-May-2021</u>		
Type of medical leave granted:		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: <u>16-May-2021</u>	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chg: Time In <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (If applicable)
Comments:		
Hospital/Clinic Observational Medicine Changi General Hospital	Ward No. CGH-SSU Date 16-May-2021	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  MA CHRISTINA PACHO ARROYO . 18956H

Simel Street 3 Singapore 529889 | Tel: (65) 6788 8833 | Fax: (65) 6788 0933 | www.cgh.com.sg | Reg No 198904226R