

# 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 ..... 14/04/2021 15:50 (SGT)  
Date of Accident ..... 10/04/2021 16:35 (SGT)  
Exact Location of Accident ..... Bukit Batok, Singapore  
Additional Location Information ..... BUKIT BATOK STREET 11 INTO CAR PARK OF BLK 152  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBE6396T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KASYFUL ADZIM BIN MOHAMAD FOAAD  
NRIC No ..... S9927729G  
Email Address ..... KASY@ASIA.COM  
Mobile Phone No ..... (Phone) +65-88306309  
Alternative Phone No ..... +65-88306309

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... RXZ  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 133

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... MSD/VMT/21-514896-WTT  
Cover Note Number ..... 03/02/2021-02/02/2022

### DRIVER

Name of Driver ..... KASYFUL ADZIM BIN MOHAMAD FOAAD  
NRIC No ..... S9927729G

Date Of Birth .....	18/08/1999
Occupation .....	Outdoor
Date Of Driving Pass .....	30/10/2018
Driving experience .....	2 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88306309
Alt. Phone Number .....	+65-88306309
Email Address .....	KASY@ASIA.COM
Address .....	BLK 75 JURON EAST STREET 13 #09-04
Address complement .....	-
Postcode .....	609652
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? .....	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 .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210410/2148.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

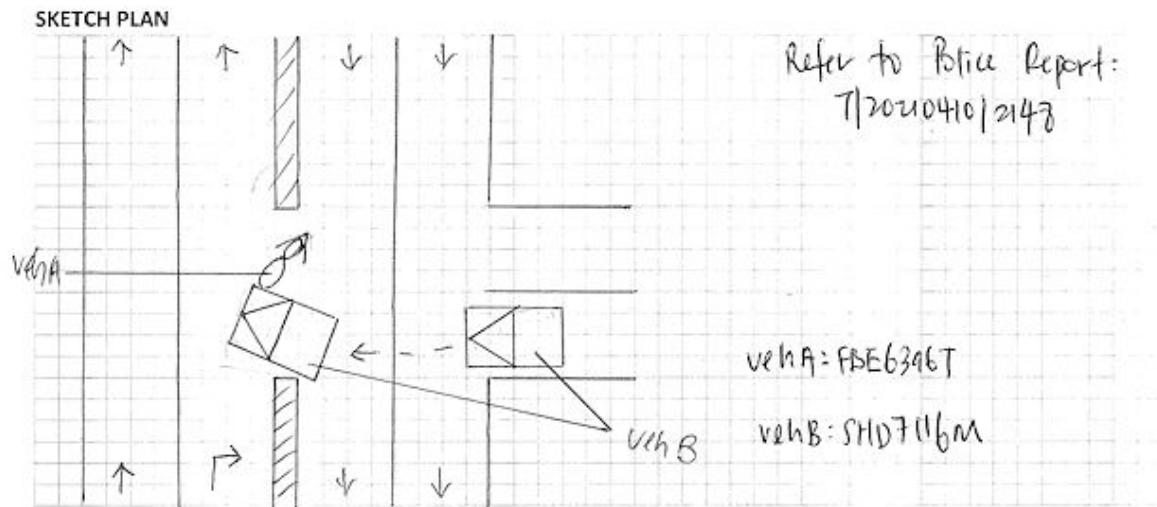
Vehicle Registration Number .....	SHD7116M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

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 .....	KASYRUL ADZIM BIN MOHAMD FOAAD
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	RIGHT KNEE ABRASION & RT HAND & RT LEG CONTUSION.
Injured person in which vehicle? .....	FBE6396T
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No



**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.:

**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 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. 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 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.:





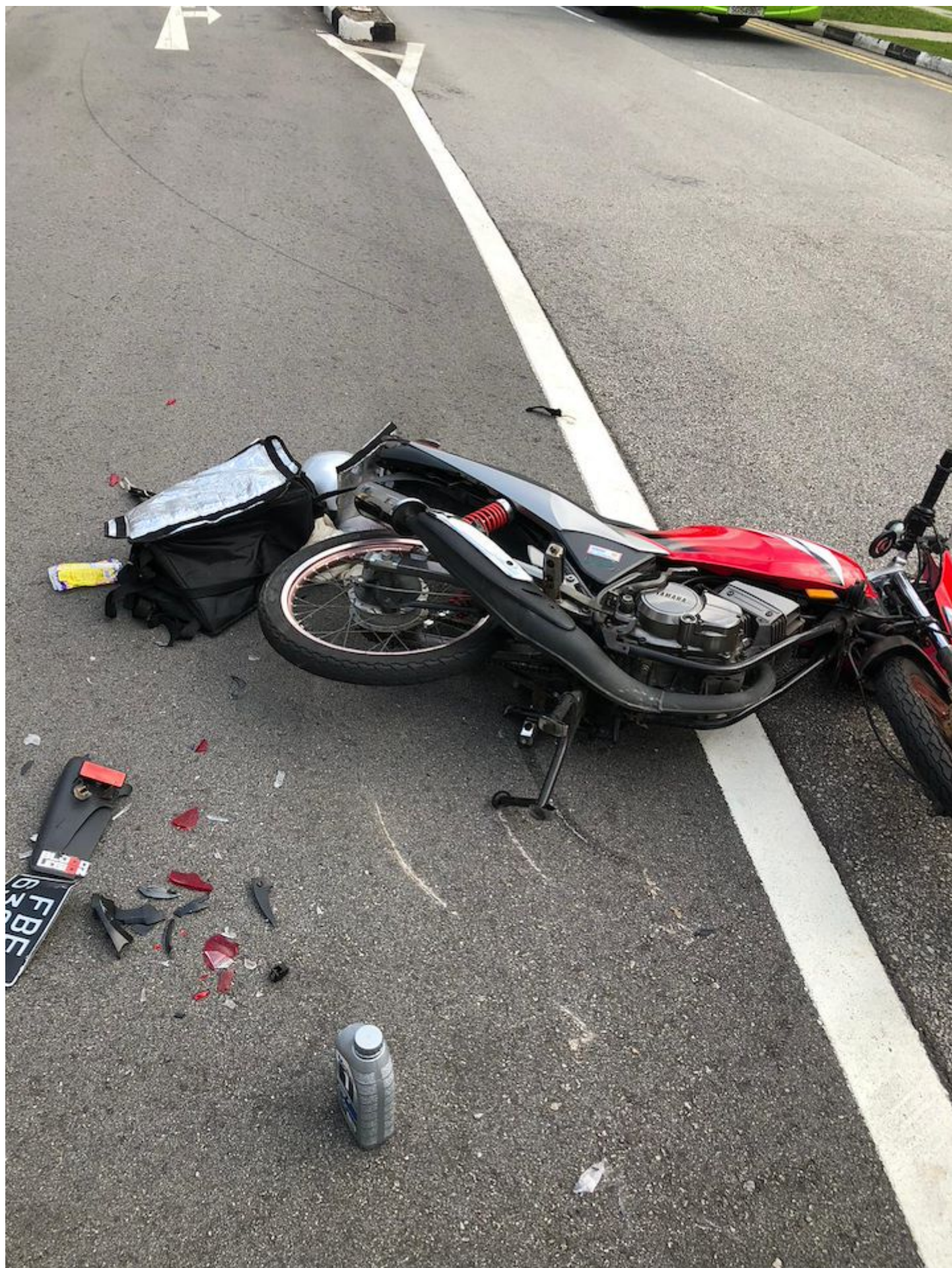




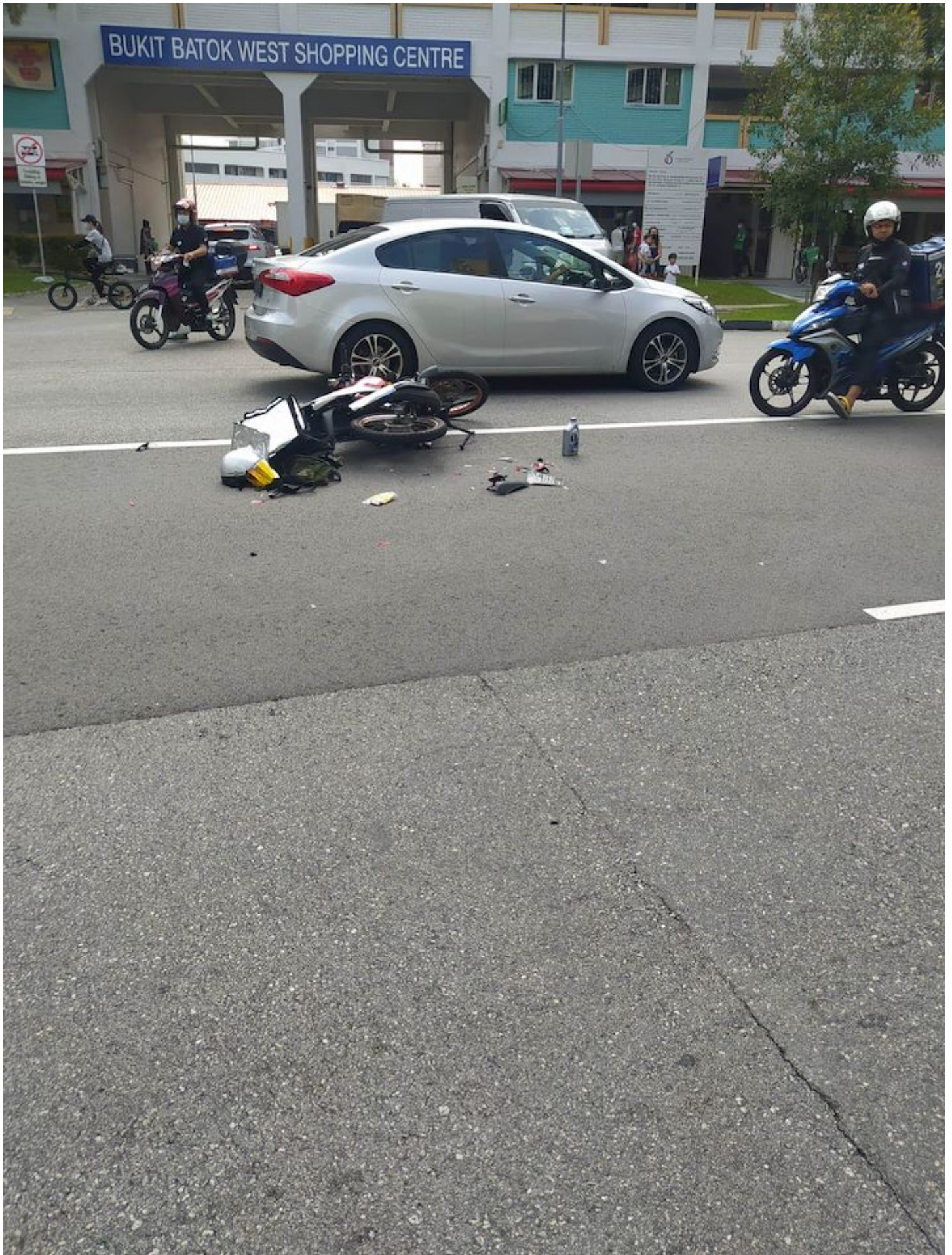




































































**SINGAPORE  
POLICE FORCE**



T/20210410/2148

2 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20210410/2148

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KASYFUL ADZIM BIN MOHAMAD FOAAD	ID No.	S9927729G
Related Vehicle	NIL	Contact No.	88306309
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	10/04/2021	Date Discharge	10/04/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 10/04/2021 at about 1636hrs at the main road along Bukit Batok St 11, I was riding my Yamaha RXZ bearing registration number FBE6396T along a straight road and made a stop before making a right turn into the carpark of Blk 152 Bukit Batok St 11 whilst waiting for the traffic from the opposite direction to clear. A Comfort Delgro taxi bearing registration number SHD7116M was exiting from the above mentioned carpark was turning right and hit onto the right rear of my bike which resulted in me and my bike falling. He then stopped at the roadside and went out of the car to check on his taxi. I then made a call to 999 for assistance. I requested the taxi drivers for his particulars in which he refused to and told me to retrieve from Comfort Delgro instead.

The following is the damage sustained for my motorcycle:

- 1) Dismantled plate number
- 2) Left handle balancer cracked
- 3) Muttguard cracked
- 4) Exhaust pipe cracked
- 5) Rider footrest bent

The in-car camera footage had captured the whole incident and the driver had provided me the footage. Driver was namely Chew Wei Jian, H/P: 83829866. Ambulance was at scene however I refused to be conveyed to the hospital. I went to the doctor to seek medical assistance at Ng Teng Fong Hospital and was given 4 days MC. I was advised by the Traffic Police to lodge a police report regarding the accident.



**SINGAPORE  
POLICE FORCE**

T/20210410/2148

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No. T/20210410/2148

**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:

D /

Sgt 2 NUR ILLFA BATRISYA BINTE YUSNI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/04/2021 23:40

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ABDUL RAHIM BIN SALIM

Contact No.: 65476437

Classification Of Case:

Authentication Stamp  
NP168SINGAPORE  
POLICE FORCE

SN 34

SIGNATURE


**SINGAPORE  
POLICE FORCE**


T/20210410/2148

1 of 3

Report No. T/20210410/2148

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/04/2021 23:40	Vide Report No.:	Station Diary No.: 93
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: KASYFUL ADZIM BIN MOHAMAD FOAAD			Address: BLK 75 JURONG EAST STREET 13 #09-04 SINGAPORE 609652	
ID Type / ID No.: NRIC NO / S9927729G			Contact No.:	Mobile: 88306309
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 21	Date of Birth: 18/08/1999	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2021 16:35	Type of Location: Straight Road
Location:  BUKIT BATOK STREET 11				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

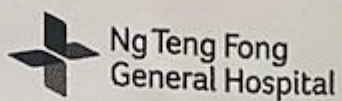
**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6396T	Motorcycle	YAMAHA	RXZ	Red	Seriously Damaged	1
SHD7116M	Taxi		Comfort delgro	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE6396T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60942360	03/02/2021	02/02/2022





Ng Teng Fong  
General Hospital

MEDICAL CERTIFICATE (Ref:1121338226)

ORIGINAL

NAME: KASYFUL ADZIM BIN MOHAMAD FOAAD

NRIC: S9927729G

Type of Medical Leave granted: Outpatient Sick Leave

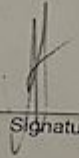
The above named is unfit for duty for 4 day(s) from 10/04/2021 to 13/04/2021 Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 10/04/2021 19:01 to 10/04/2021 22:06.

10/04/2021  
Date

Dr. Guili ZHU (61355Z)  
Issued by

  
Signature

Location: NTFGH EMERGENCY