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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 25/08/2021 15:54 (SGT) Date of Accident 24/08/2021 18:30 (SGT) Exact Location of Accident Seletar, Singapore Additional Location Information YISHUN DAM (SELETAR LINK) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number FBQ8365G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SAMSUDIN BIN MUSTHAFA NRIC No. SXXXX450C Email Address samsudin66sm@gmail.com Mobile Phone No (Phone) +65-98360540 Alternative Phone No +65-98360540

VEHICLE PARTICULARS

Manufacturer

Model CB400XA 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 Manual CC 399

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number MSD/VMS/20-513094-WTT Cover Note Number

DRIVER

Name of Driver SAMSUDIN BIN MUSTHAFA NRIC No. SXXXX450C

Date Of Birth 04/05/1966 Occupation Indoor Date Of Driving Pass 18/03/2008 Driving experience 13 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-98360540 Alt. Phone Number +65-98360540 Email Address samsudin66sm@gmail.com Address BLK 283 YISHUN AVE 6 #02-138 Address complement Postcode 760283 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **NIECE** Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Yishun North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008529999 Alt. Police Station Phone No (Fax) +65-68522299 Police Station Address 31 Yishun Central Singapore 768827 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN/TP REPORT 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**

SLV7029P

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIM CHIU HO
NRIC No	SXXXX500A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBR6769H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver DOVEN TANG WEI NAN NRIC No SXXXX366D Contact Number (Phone) +65-91691569 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	-
Gender	Female
Phone No	_
Address	-
Address Complement	_
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	FBQ8365G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

5,300 25/8/21 Policyholder's Signature / Date &

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time 1520 | Art & Time

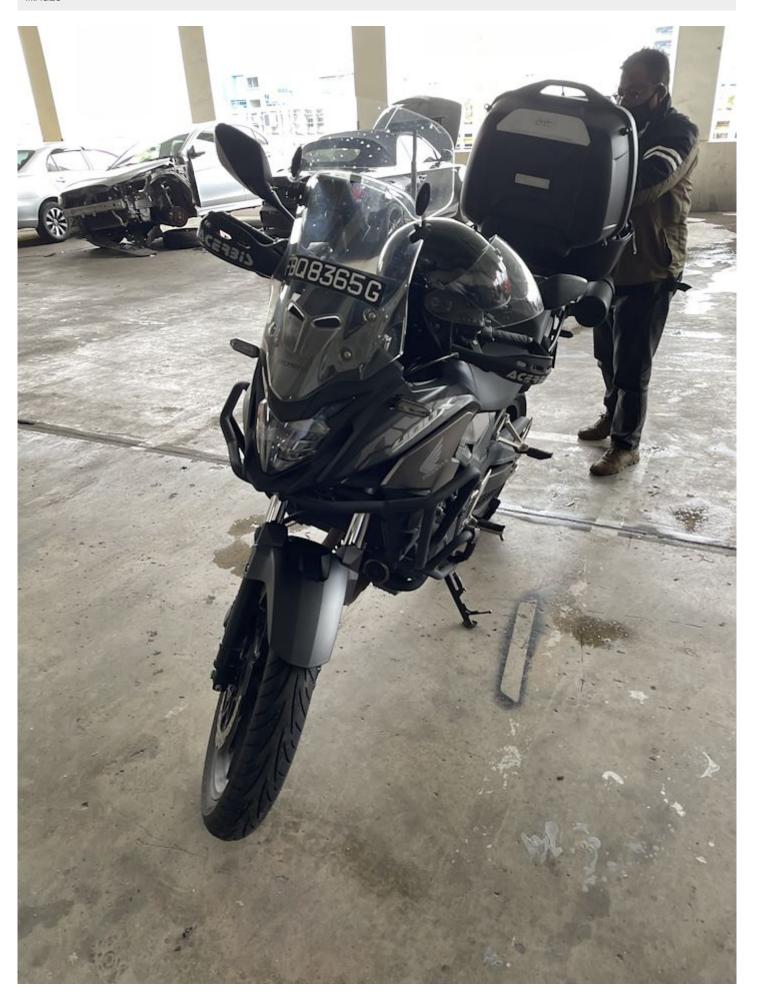
Witnessed by Reporting Centre Personnel

Sketch Plan

A% FBQ8365G7
B% SLV 7029 P
C% FBR 6769H

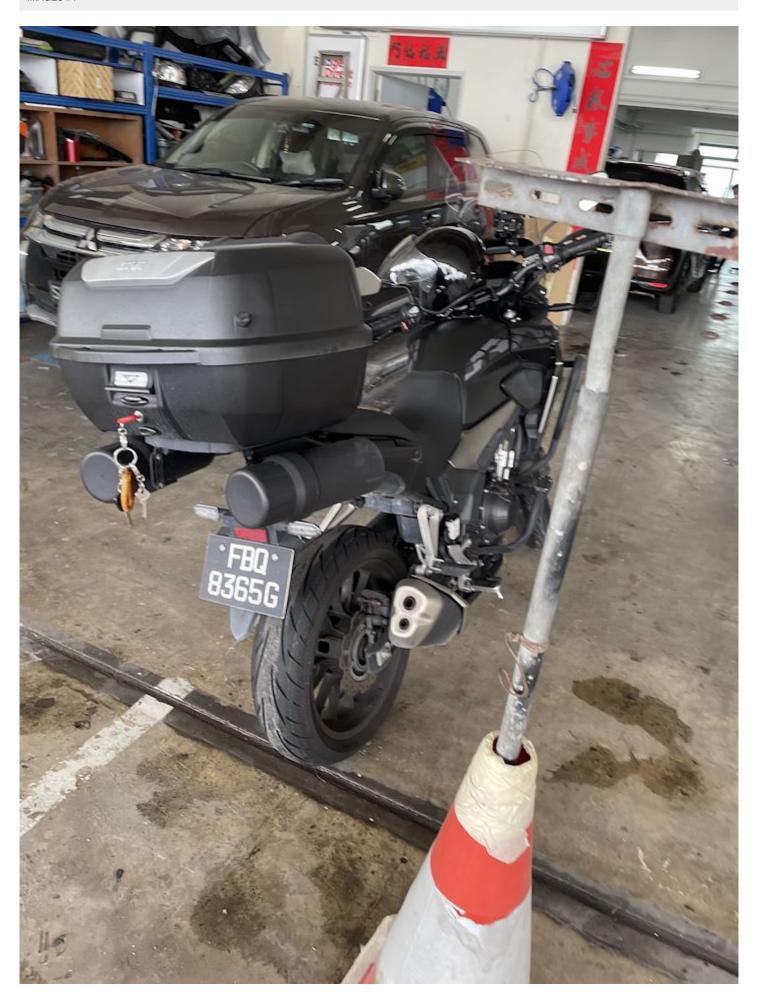
Vishin Dan

Reter	to 1	P	report	
		_		
		_		
	150550			
	172477			
		_		
		-		
		_		
		_		
		_		
laration				
			1 10 SANGONG	
declare the for	egoing particu	lars a	e true in every respect.	6 01E . 10
				A STATE OF THE STA
				() () () () () () () () () ()
Synolder's Signa 1520 hrs	lian la	14/2		THE SALES
Jonn	14/016	9/=	river's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
yholder's Signa	iture / Date &	8	Time	Personnel





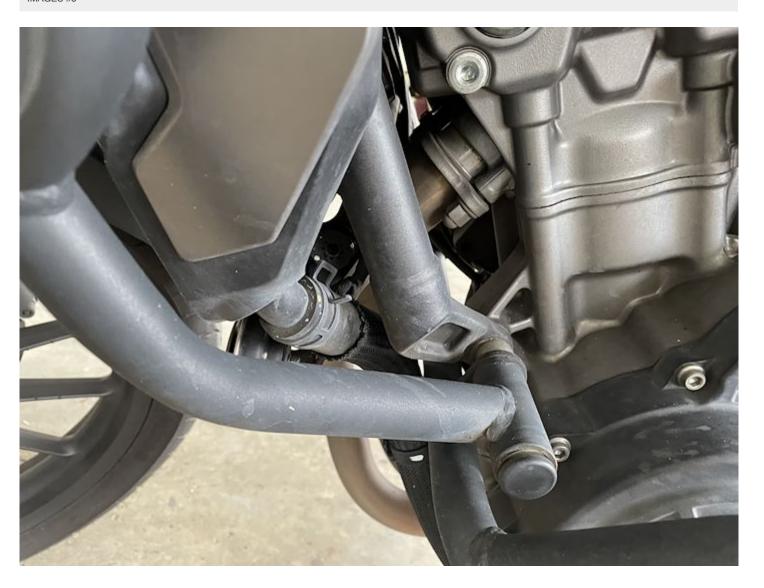
















1 of 4 Report No. T/20210824/2115

Police Station Of Origin. Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

151 8	
Vide Report No.: F/20210824/0154	Station Diary No.:
	Vide Report No.: F/20210824/0154

			1720210024/0154	76
hiforma	ent's Partic	ulars		
SAMSU	f Informant DIN BIN M		Address: APT BLK 283 YISHUN AVEN 760283	NUE 6 #02-138 SINGAPORE
ID Type / ID No.: NRIC NO / S1760450C Nationality: SINGAPORE CITIZEN		50C	Contact No.: Home/Office:	Makila noonee
		EN	Email:	Mobile: 98360540
Sex: Male	, igc. Date of Birth		Type of Informant:	
Race: Indian Occupation: FACILITY SUPERVISOR			Language:	Institution / School Name:
		ISOR	Driving Licence Information: Class: 2B,2A	Date of Expiry:

outletal intor	mation of the Accident			The second second		THE PERSON NAMED IN	
Type of Accident:	Injury Conveyed By Ambulance		Drink Drive:	Date/Time of Accident:		Type of Location Straight Road	
Location:			No	24/08/2021 18:	30		
SELETAR WI	EST LINK						
Weather: Clear		Road Dry	Surface:		Roa	d Speed Limit:	
Traffic Flow:		Traffic	Control:		Traff	fic Volume:	
One Way Type of Collisi		Not Co	ontrolled		Heav		

Туре	Make	Model	Coles			
Motorcycle		10 100000000000000000000000000000000000	Color	Condition	No of Passenger	
wotorcycle	HONDA	CB400XA	Black	Slightly	1	
FBR6769H Motorcycle				Damaged	6	
			Black	Seriously	0	
Car	MAZDA			Damaged		
Cai	WAZDA		Black		Slightly 1	1
	Motorcycle Motorcycle Car	Motorcycle	Motorcycle	Motorcycle HONDA CB400XA Black Motorcycle Black	Motorcycle HONDA CB400XA Black Slightly Damaged Black Seriously Damaged Car MAZDA	

Details of V	ehicle Insurance			
'enicle No.	Insurance Company	la a		
-	, and any	Insurance No	Effective	Expiry Date



2 of 4

Report No. T/20210824/2115

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ8365G	MSIG INSURANCE (SINGAPORE) PTE, LTD.	MSDSMT20513094	26/12/2020	25/12/2021

Details of Perso	n Involved			
Any Pedestrian Ir	nvolved: No			
No. of Pedestrian		Use of Pe	destrian Ci	rossing: NA
Rider			STATE OF THE PARTY OF	
Name	SAMSUDIN BIN MUSTHAFA		ID No.	S1760450C
Related Vehicle	FBQ8365G (Motorcycle)	Contact I	No. 98360540	
Hospital/Clinic	NIL	DINN 28	Class of Driving Licence of Expiry D	Date of Expiry: NIL &
Date Treatment	NIL	Date Disc		IIL
	ted Medical Leave NIL	Degree of		IIL
Rider	1112	1203.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name	DOVEN TANG WEI NAN		ID No.	S9235366D
Related Vehicle	FBR6769H (Motorcycle)		Contact	No. 91691569
Hospital/Clinic	NIL	uni series	Class of Driving Licence Expiry D	Date of Expiry: NIL &
Date Treatment	NIL	Date Disc		IIL JAMA COL
	ted Medical Leave NIL	Degree of		IIL STUBER SHOW
Driver	The state of the s			100
Name	SIM CHIU HO		ID No.	S1171500A
Related Vehicle	SLV7029P (Car)		Contact	No. NIL
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	Date of Expiry: NIL &
Date Treatment	NIL	Date Disc	1	JIL '
	ted Medical Leave NIL	Degree o		JIL TO A STREET





3 of 4

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

Report No. T/20210824/2115

CONTINUATION OF REPORT

On 24/3/21 at about 1830hrs, I was riding my motorcycle FBQ8365G, a black Honda, along Seletar West Link towards Yishun Dam. My niece, Adlina Wong HP: 92375037 was a pillion on my bike at this time. I was travelling in lane 1 at this time and a car travelling immediately to my left in lane 2, a black Mazda car SLV7029P suddenly changed lane towards my bike without signaling. The car's right side collided into my bike's left side and I tried to regain control of my bike but eventually fell onto my left. My niece and myself had our left legs pinned down by my bike at this time. Another bike FBR6769H a black Yamaha also toppled behind my bike. The bike's rider, Doven Tang Wei Nan HP: 91691569 came to help me shift my bike so that my niece and I can move away. Several other passers-by also came to help us out. I later called for police. Doven informed that he ended up right behind me as he tried to avoid the car but still ended up falling. My motorcycle suffered minor scratches on the left side, and the car suffered some scratches and damages to his right side view mirror.

All parties involved stayed at scene till ambulance and police came to scene. Ambulance conveyed my niece to KTPH as she pain on her body and leg. She is currently still at KTPH. I was later given a case card by TP and advised to lodge a traffic accident report reference F/20210824/0154, in-charge case TP 10 Jeff Tel: 65476311. To my knowledge, Doven also went to seek medical attention.

This is the first time such an incident happened to me. I do not personally know the other persons involved. To my knowledge, no government property was damaged and no foreign vehicles were involved. I noticed that the car SLV7029P had an in-car camera. Another bike rider also sent me a video footage of when I had just fallen as he was travelling a short distance behind me when the incident happened.