

# 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 .....	20/09/2021 15:04 (SGT)
Date of Accident .....	18/09/2021 19:30 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	TWDS SLE AFT CAIRNHILL RD EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBB8347M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMMAD SYAFIQ BIN MOHAMAD SHAROM
NRIC No .....	SXXXX895E
Email Address .....	kingslayer227@gmail.com
Mobile Phone No .....	(Phone) +65-91078915
Alternative Phone No .....	+65-91078915

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Cb400
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Motorcycle
Transmission .....	Manual
CC .....	400

### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	MSD/VMT/21-517000-WTT
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MOHAMMAD SYAFIQ BIN MOHAMAD SHAROM
NRIC No .....	SXXXX895E

Date Of Birth .....	11/10/1998
Occupation .....	Outdoor
Date Of Driving Pass .....	27/07/2020
Driving experience .....	1 YEAR AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91078915
Alt. Phone Number .....	+65-91078915
Email Address .....	kingslayer227@gmail.com
Address .....	BLK 535 HOUGANG ST 52
Address complement .....	#03-16
Postcode .....	530535
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SLJ3593R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TOH XIAOXIANG
NRIC No .....	SXXXX722C
Contact Number .....	(Phone) +65-87558023
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

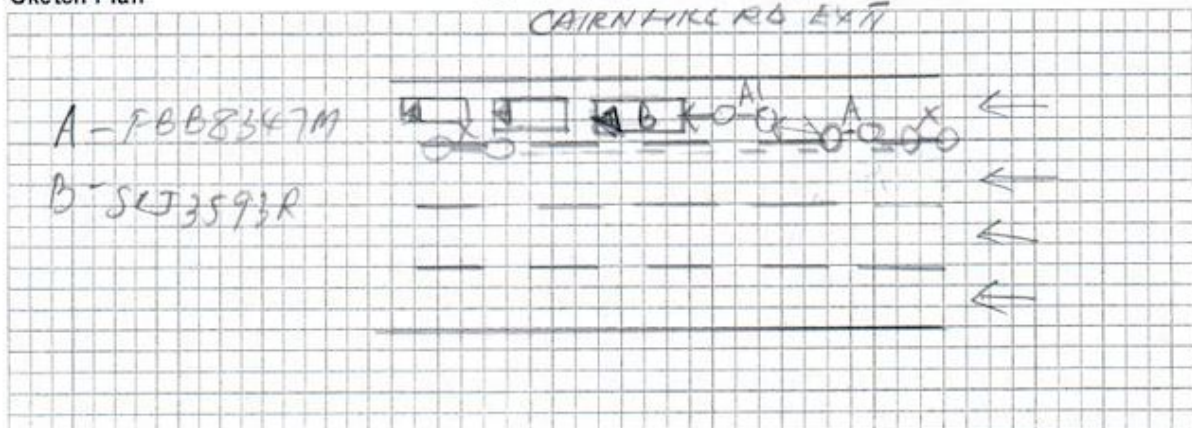
**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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.

h 20/9/2021  
Policyholder's Signature / Date & Time

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

sfym 20/09/21  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

Im travelling toward CTE towards SLE and it around 7:30pm  
 when the incident happen there's was a TP tailgating me and when  
 I was doing my lane split so I give way to the TP and go to  
 lane 1 and suddenly the car ebrake when they saw the tp theres  
 where I hit the bumper of the car.

**Declaration**

We declare the foregoing particulars are true in every respect.

Li 20/09/2021  
 Policyholder's Signature / Date & Time

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

sym 20/09/21  
 Witnessed by Reporting Centre Personnel



































ANNEX E

## NOTICE OF COMPLIANCE

This is to confirm that MOHAMMAD SYAFIQ BIN MOHAMAD SHAROM (HP: 91078915) NRIC no. S9832895E, has reported to the Police on a non-injury traffic accident which occurred along CTE towards SLE after Cairnhill Road exit on 18/09/2021 at about 1930hrs involving the following vehicles: FB8347M (Informant's vehicle) & SLJ3593R belonging to TOH XIAOXIANG S8736722C HP: 87558023.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276.

MD SYAFIQ BIN MD SHAROM

Date: 18/09/2021

S/D: 110

Police Post/Unit: Hougang NPC

Name of Issuing Officer:  
SSSGT Md Helmi

Original - to be issued to informant  
Duplicate - to be retained at police post or unit