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SN0821B90002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 09/11/2021 15:57 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (09/11/2021 15:57 (SGT))

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.

 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 Date of Accident Exact Location of Accident Additional Location Information	09/11/2021 15:57 (SGT) 01/11/2021 12:30 (SGT) Tampines Ave 1, Singapore TOWARDS TAMPINES AVENUE 10 BEFORE TAMPINES AVENUE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX4146P
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address	No MUHAMMAD HAZIQ BIN SARIDIN SXXXX784H hazig07@hotmail.com

haziq07@hotmail.com

(Phone) +65-93896151

+65-93896151

399

VEHICLE PARTICULARS

Alternative Phone No

Mobile Phone No

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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	300

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	MSIG Insurance (Singapore) Pte. Ltd. ThirdParty No MSD/VMT/21-516667-WTT
Cover Note Number	-

DRIVER

Name of Driver MUHAMMAD HAZIQ BIN SARIDIN

URIO	
NRIC No	SXXXX784H
Date Of Birth	03/03/1997
Occupation	Indoor
Date Of Driving Pass	10/09/2018
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93896151
Alt. Phone Number	+65-93896151
Email Address	haziq07@hotmail.com
Address	BLK 706 PASIR RIS DRIVE 10 #02-159
Address complement	DER 700 FASIR RIS BRIVE 10 #02-139
Postcode	510706
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	res -
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verticle de la by briver	
Insurance Company of Other Vehicle Owned by Driver	
to the following of the	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry
	500 €
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-
	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH AND POLICE REPORT G/202111	102/7025 (TYPE OF COLLISION IS HEAD TO SIDE)
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
an include and advantage of the contract of th	140
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SJD8695C
Vehicle Manufacturer	-
Vehicle Model	57
Vehicle Variant	
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 Passanger (Including Driver)	-
No. Of Passenger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	MUHAMMAD HAZIQ BIN SARIDIN Male (Phone) +65-93896151
Address	
Address Complement	2
Post Code	
Approximate Age Years Old	•
Approximate Age Teals Old	•
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FX4146P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	- -
was this injured conveyed to nospital by ambulance?	Yes

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.
- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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

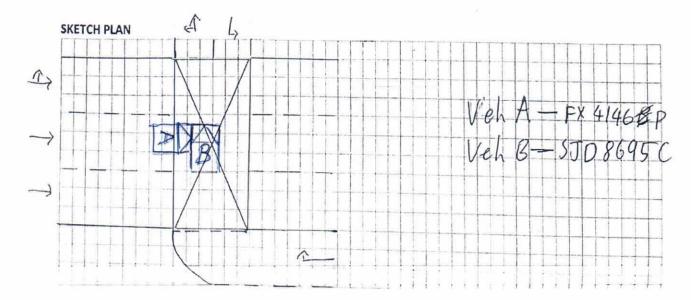
(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On the stated date and bim, I nos
builting along the sheled location on my whA.
At the junction despite the butter light buy
guen and in my fewow vehicle & found out
sudlenly. I could not chop intin and the
Sunt portion of my inhibe collided with the
left riche of which B. TP and ampulous afforded
to the scen and I was conjuged to ChiH du
to my injuries, received J days MC.
POLICK PHEPORT 9/2021/102/7025

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date

& Time:

Driver signature (If driver is not the policyholder) Date

& Time:





1 of 1

Report No. G/20211102/7025

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made	Vide Re	port No.		Station Diary No.
02/11/2021 11:57				
Name Of Informant	Address	ii		
MUHAMMAD HAZIQ BIN SARIDIN	706 PAS	SIR RIS DR	IVE 10 #02-159 S	INGAPORE 510706
ID Type / ID No.	Contact			
NRIC NO / S9706784H	Home/O	ffice:	Mobile:	
			93896151	
Nationality	Email A	ddress		
SINGAPORE CITIZEN	haziq07@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Bellman	Male	24	03/03/1997	Javanese
Institution/School Name	Languag	je		
	English			
Date/Time Of Incident	Location	Of Inciden	t	
01/11/2021 12:30 - 01/11/2021 13:00	TAMPIN	ES AVENU	JE 1	
Brief details.				

On the stated date and time i was travelling along the stated location. On my vehicle FX4146P. At the traffic light outside temasek poly wesf entrance, despite the traffic light being green and in my favour, Vehicle SJD8695C turned out suddenly attempting to enter temasek polytechnic west entrance, i could not react in time and the front portion of my vehicle collided with the left side of vehicle SJD8695C. I was riding straight, within lane 2 and was within the speed limits of that road. TP and ambulance was called down to the scene. I was badly injured and was conveyed from the scene of accident to Changi General Hospital and discharged the same day. I received medications and 5 days MC

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2021 11:57
Officer In-Charge Of Case:	Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 0 / 1 /2021 (dd/mm/yy) Time of Accident: 12 : 30 (24-HR-FORMAT)
Vehicle No.: Fx 4146P Vehicle Make & Model: Honda CB 400
Exact location of Accident: lampines and trunds tempines out before tempines are 8
Policyholder's Name / IC No.: MUHAMMAD HAZIR BIN SARIDIN
Driver's Name / IC No.: MUHAMMAD HAZIR BIN SARIDIN (As Above)
Driver's Contact No.: 93896 C Company Contact No (Company Veh Only):
Driver's Address: 706 Pasti Ris Drin 10 # 02-159
Email address: horzig 07 @hobmail.com Insurance Company: MS16
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
*Passanger Name: MUHAMMAO HAZIQ BIN SARION Gender: Male Female *Passanger Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera? Yes / No
Any Injuries: Yes / No (If YES) Injured Person' Name: MUHAMMA O & HAZIOBIW SARIDIW
Injuries Sustain: head, arm, chest, back, fort Injured Person in Which Vehicle: FX446P
Police Report filed: Yes / No (If YES) Which Police Station: On Live
The Other Party(s) Details:
1. Driver's Name / IC No:
Driver's Contact No:Insurance Company :
2. Driver's Name / IC No (If Any): Vehicle No:
Driver's Contact No:Insurance Company :
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G) 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Mulaysia), Road Transport (Amendment) Act 2019 (Malaysia)

The Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

The Motor Vehicles (Third Party Risks and Compensation) Act (CAP, 189 of the Revised Edition) (Republic of Singapore)

The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)

Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO :

MSD/VMT/21-516667-WTT A0633-001/W0881

SUM INSURED :

TPL

EXCESS

NIL

v mark and Registration Number of Vehicle

89706784H

FX4146P

HONDA CB400

399 c.c.

Name of Policyholder NUHANNAD HAZIQ BIN SARIDIN

 Effective date of the Commencement of Insurance for the purposes of the Act

0001AM 04/05/2021

4. Date of Expiry of Insurance

03/05/2022

Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. SAIFUL AIFAR BIN SARIDIN ONLY

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover 1. For hire or reward.

2. be for racing, pace-making, reliability trial or speed-testing.

 Use for the carriage of goods (other than samples) in connection with any trade or business.

4. Use for any purpose in connection with the Motor Trade.

 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Moto Vehicles (Third-Party Risks and Compensation) Act (Chapter, 189) and Part IV/of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Repl CN: 60952320

WTT INSURANCE AGENCIES PTE LTD

08/06/2021 (1)

For MSIG Insurance (Singapore) Pte. Ltd.