

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	09/11/2021 15:57 (SGT)
Date of Accident	01/11/2021 12:30 (SGT)
Exact Location of Accident	Tampines Ave 1, Singapore
Additional Location Information	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?	No
Name Of Registered Owner	MUHAMMAD HAZIQ BIN SARIDIN
NRIC No	SXXXX784H
Email Address	haziq07@hotmail.com
Mobile Phone No	(Phone) +65-93896151
Alternative Phone No	+65-93896151

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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	399

INSURANCE COMPANY

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

DRIVER

Name of Driver	MUHAMMAD HAZIQ BIN SARIDIN
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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	-
Postcode	510706
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 on collision
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 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?	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/20211102/7025 (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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD8695C
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	MUHAMMAD HAZIQ BIN SARIDIN
Gender	Male
Phone No	(Phone) +65-93896151
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FX4146P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

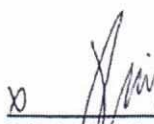
SKETCH PLAN

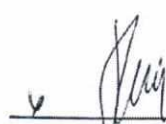
IMPORTANT NOTICE

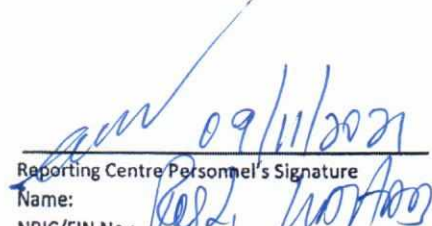
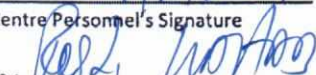
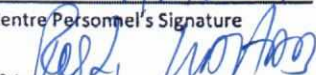
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

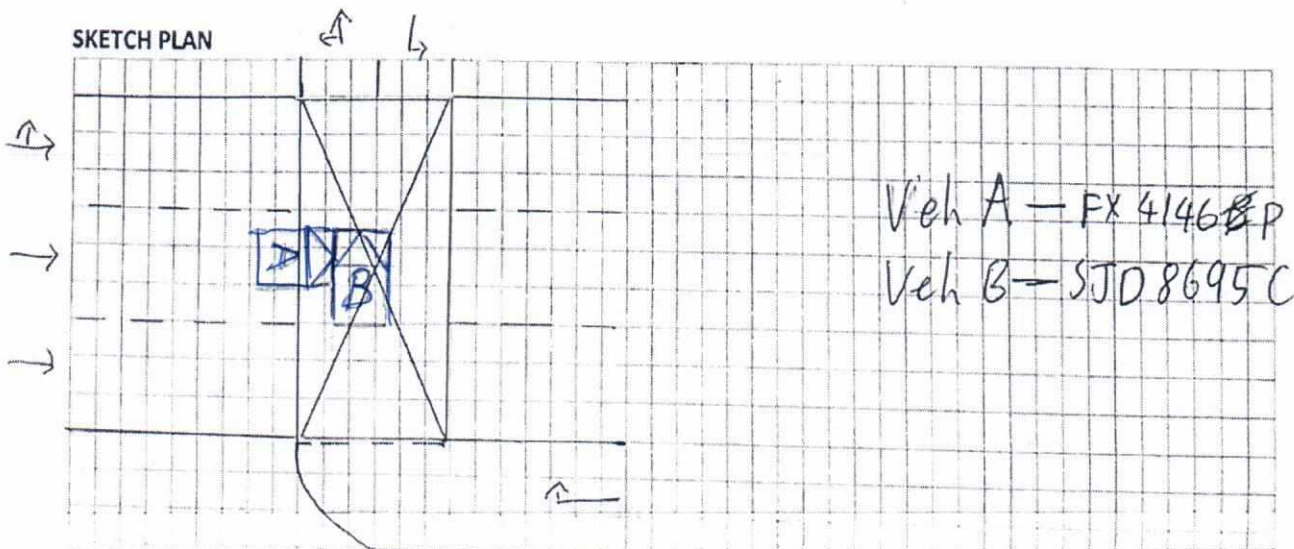
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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' 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:


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling along the stated location on my vehicle. At the junction, despite the traffic light being green and in my lane, vehicle B turned out suddenly. I could not stop in time and the front portion of my vehicle collided with the left side of vehicle B. TP and ambulance attended to the scene and I was conveyed to CHH due to my injuries, received 5 days MC.

POLICE REPORT G/20211102/7025

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.:



POLICE REPORT (NP299)

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

Report No. G/20211102/7025

Date/Time Report Made 02/11/2021 11:57	Vide Report No.	Station Diary No.		
Name Of Informant MUHAMMAD HAZIQ BIN SARIDIN	Address 706 PASIR RIS DRIVE 10 #02-159 SINGAPORE 510706			
ID Type / ID No. NRIC NO / S9706784H	Contact No. Home/Office:	Mobile: 93896151		
Nationality SINGAPORE CITIZEN	Email Address haziq07@hotmail.com			
Occupation Bellman	Sex Male	Age 24	Date of Birth 03/03/1997	Race Javanese
Institution/School Name	Language English			
Date/Time Of Incident 01/11/2021 12:30 - 01/11/2021 13:00	Location Of Incident TAMPINES AVENUE 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: Not applicable	Signature Of Informant: 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:

*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: 01 / 11 / 2021 (dd/mm/yy)

Time of Accident: 12 : 30 (24-HR-FORMAT)

Vehicle No.: FX4146P

Vehicle Make & Model: Honda CB 400

Exact location of Accident: Tempines and towards tempines and before tempines ave 8

Policyholder's Name / IC No.: MUHAMMAD HAZIQ BIN SARIOW

Driver's Name / IC No.: MUHAMMAD HAZIQ BIN SARIOW (As Above) ☐

Driver's Contact No.: 93896151 Company Contact No (Company Veh Only): _____

Driver's Address: 706 Pasir Ris Drive 10 # 02-159

Email address: haziq07@hotmail.com Insurance Company: MSIG

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):** 1

***Passanger Name:** MUHAMMAD HAZIQ BIN SARIOW
Name: _____

Gender: Male / Female *Passanger
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's Name: MUHAMMAD B. HAZIQ BIN SARIOW

Injuries Sustain: head, arm, chest, back, left Injured Person in Which Vehicle: FX4146P

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Online

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SJD8695C

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**

W 734975
 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 (Malaysia), 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 : NSD/VMT/21-516667-WTT A0633-001/W0881

SUM INSURED : TPL

EXCESS : NIL

S9706784H

1. In mark and Registration Number of Vehicle FX4146P

HONDA CB400

399 c.c.

2. Name of Policyholder MUHAMMAD HAZIQ BIN SARIDIN

3. 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

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. SAIFUL AZFAR 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. for racing, pace-making, reliability trial or speed-testing.

3. 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 Motor 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 (T)

Underwriting Agent

WTT CREDITING

For MSIG Insurance (Singapore) Pte. Ltd.