

## 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 ..... 22/11/2021 18:20 (SGT)  
Date of Accident ..... 03/11/2021 07:33 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... OLD TAMPINES ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBN410C

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD EIRFAN BIN KAZALI  
NRIC No ..... SXXXX719D  
Email Address ..... eiirfann.fletcher@gmail.com  
Mobile Phone No ..... (Phone) +65-94791002  
Alternative Phone No ..... +65-94791002

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... YZF-R155  
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 ..... 155

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... MSD/VMS/21-514113-WTT  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MUHAMMAD EIRFAN BIN KAZALI  
NRIC No ..... SXXXX719D

Date Of Birth .....	02/02/1995
Occupation .....	Outdoor
Date Of Driving Pass .....	20/03/2017
Driving experience .....	4 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94791002
Alt. Phone Number .....	+65-94791002
Email Address .....	eiirfann.fletcher@gmail.com
Address .....	BLK 55 LENGKOK BAHRU
Address complement .....	#16-419
Postcode .....	151055
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 .....	Side Swipe
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20211103/7061

#### 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 .....	SBJ178U
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 EIRFAN BIN KAZALI
Gender .....	Male
Phone No .....	(Phone) +65-94791002
Address .....	BLK 55 LENGKOK BAHRU
Address Complement .....	#16-419
Post Code .....	151055
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	FBN410C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes


# **SKETCH PLAN**

## **IMPORTANT NOTICE**

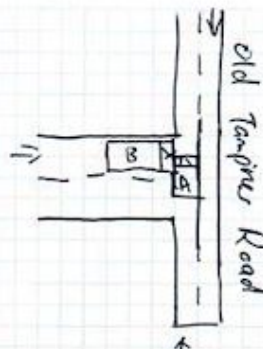
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

 22/11/2021  
Witnessed by Reporting Centre Personnel

## **Sketch Plan**




Veh A : FBW 410 C  
Veh B : 58J 178 U

**Describe Circumstances of the Accident**


Please refer to police report no. T/2021/1103/7061

**Declaration**

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

 22/11/2021  
 Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20211103/7061

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No: T/20211103/7061

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD EIRFAN BIN KAZALI	ID No.	S9503719D
Related Vehicle	FBN410C (Motorcycle)	Contact No.	94791002
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	03/11/2021	Date	03/11/2021
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated time and date, I am traveling my bike ( FBN410C ) was on my way to my work, suddenly, a car ( SBJ178U ) came out from the small road, didn't check the blind spot and move her car and I did not have any reaction time and she bang onto me, I flew out from my bike and await for ambulance to come and assist me. Shortly after I was conveyed to CGH.





































**SINGAPORE  
POLICE FORCE**



T/20211103/7061

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20211103/7061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/11/2021 22:43		Vide Report No.: G/20211103/0041		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD EIRFAN BIN KAZALI			Address: 55 LENGKOK BAHRU #16-419 SINGAPORE 151055		
ID Type / ID No.: NRIC NO / S9503719D			Contact No.: Home/Office: Mobile: 94791002		
Nationality: SINGAPORE CITIZEN			Email: ELFYK8TER@HOTMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 02/02/1995	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Airport emergency service			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: 03/11/2021 07:30	Type of Location: T-Junction
Location:  OLD TAMPINES ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN410C	Motorcycle	YAMAHA	YZF-R155	Black	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN410C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60935330	11/12/2020	19/12/2021



**SINGAPORE  
POLICE FORCE**



T/20211103/7061

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No: T/20211103/7061

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD EIRFAN BIN KAZALI	ID No.	S9503719D
Related Vehicle	FBN410C (Motorcycle)	Contact No.	94791002
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	03/11/2021	Date	03/11/2021
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated time and date, I am traveling my bike ( FBN410C ) was on my way to my work, suddenly, a car ( SBJ178U ) came out from the small road, didn't check the blind spot and move her car and I did not have any reaction time and she bang onto me, I flew out from my bike and await for ambulance to come and assist me. Shortly after I was conveyed to CGH.



**SINGAPORE  
POLICE FORCE**



T/20211103/7061

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20211103/7061

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
03/11/2021 22:43

Classification Of Case:

NP168