

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	30/10/2021 19:40 (SGT)
Date of Accident	06/09/2021 23:25 (SGT)
Exact Location of Accident	Near 488 Upper Bukit Timah Rd, Singapore 678091
Additional Location Information	Along Upper Bukit Timah Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8308Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Zulkarnain Bin Zi Zaini
NRIC No	S8367992A
Email Address	Zulcarnine1983@gmail.com
Mobile Phone No	(Phone) +65-88173734
Alternative Phone No	(Office) +65-88173734

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fs150f
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MSD/VMS/20-513152-WT
Cover Note Number	-

DRIVER

Name of Driver	Zulkarnain Bin Zi Zaini
NRIC No	S8367992A

Date Of Birth	12/06/1983
Occupation	Outdoor
Date Of Driving Pass	02/11/2017
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88173734
Alt. Phone Number	(Office) +65-88173734
Email Address	Zulcarnine1983@gmail.com
Address	Blk 16 Teck Whye Lane #12-101
Address complement	-
Postcode	680016
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	Hit and run / Vandalism / Damaged whilst parked
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan. Thank You.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL7654E
Vehicle Manufacturer	Honda
Vehicle Model	Cbf190wh
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Motorcycle

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

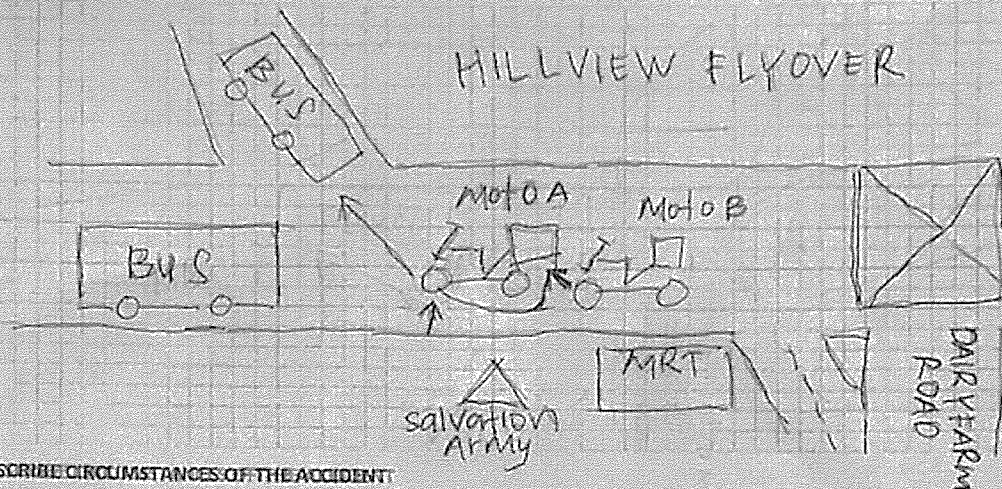
Name of injured person	Zulkarnain Bin Zi Zaini
Gender	Male
Phone No	(Phone) +65-88173734
Address	Blk 16 Teck Whye Lane #12-101
Address Complement	-
Post Code	680016
Approximate Age Years Old	28
Injuries Sustained	Fracture left elbow 6 weeks MC after surgery
Injured person in which vehicle?	FBQ8308Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	Mr Ben
Phone	(Phone) +65-87950615
Email	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Hit and Run Injury
On 06/09/2021 around 2325hrs while I was travelling along Upper Bukit Timah road, near Salvation Army at Lane 2 towards The Rail Mall to pick up a food order at spring leaf prata, when out of a sudden, a motorbike tried to overtake me. However it crashed to the left back of my motorcycle box and my front wheel which resulted me to fall. He then fled towards the Hillview Road and did not render any assistance.
I did not recall the motorcycle bike number as I was badly injured. Mr Ben is the eyewitness and he call the ambulance and I conveyed to hospital. I was given 114 days of MC starting from 07/09/2021.
I suffered fracture of my left elbow and 2 screws was insert to my elbow

DECLARATION

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

Policyholder's Signature:



Date & Time: 29/10/2021
20:55



Driver's Signature:



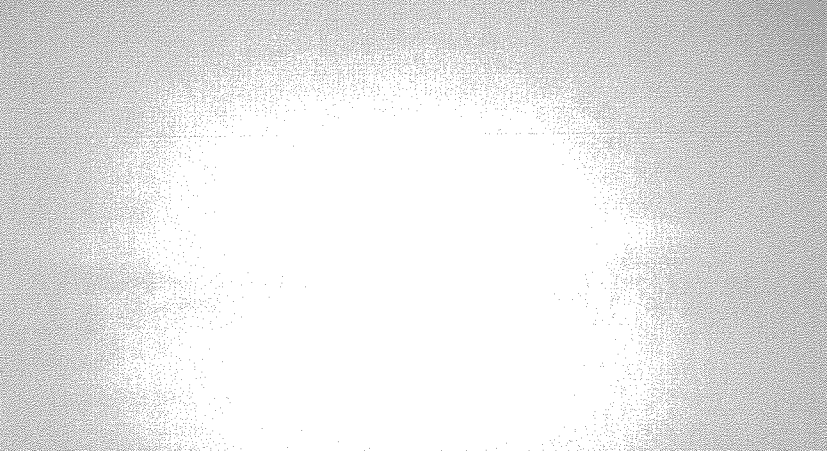


(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature:

Name:
NRIC/FIN No.:

	SINGAPORE POLICE FORCE		11001091402105 Report No: T-2010N133102
Police Station Of Origin Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 699206 Tel No: 1800-7055999			
REPORT OF A TRAFFIC ACCIDENT			
Date/Time Report Made: 11/09/2021 19:07		Vide Report No.:	
		Station Diary No: 94	
Informant's Particulars			
Name of Informant: ZULKARNAIN BIN ZI ZAINI		Address: APT BLK 16 TECK WHYE LANE #12-101 SINGAPORE 880010	
ID Type / ID No.: NRIC NO / S8367992A		Contact No. Home/Office: Mobile: 88173734	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 38	Date of Birth: 12/06/1983	Type of Informant: Rider
Race: Malay			Language: Institution / School Name:
Occupation: GRABFOOD DELIVERY			Driving Licence Information: Class: 2B 3 Date of Expiry:
General Information of the Accident			
Type of Accident: 	Injury: Hit and Run	Drink Drive: No	Date/Time of Accident: 09/09/2021 23:25
Type of Location: Straight Road			
Location: UPPER BUKIT TIMAH ROAD			
Weather: Clear		Road Surface: Dry	
Road Speed Limit: 60 Km/h		Traffic Flow: One Way	
Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No
Details of Vehicle Involved			
Vehicle No.: FBQ8308Y	Type: Motorcycle	Make: HONDA	Model: FS150F
Color: Blue	Condition: Slightly Damaged	No of Passenger: 0	
Details of Vehicle Insurance			
Vehicle No.: FBQ8308Y	Insurance Company: MSIG INSURANCE (SINGAPORE) PTE. LTD	Insurance No: MSD8MT20513152	Effective Date: 26/12/2020
		Expiry Date: 25/12/2021	

 SINGAPORE POLICE FORCE		 12021091431100	
Police Station Of Origin: Choa Chu Kang N.P.C. 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689288 Tel No: 1800-7659999		Report No: 12021091431100	
CONTINUATION OF REPORT			
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZULKARNAIN BIN ZI ZAINI	ID No.	S8387992A
Related Vehicle	FBQ8308Y (Motorcycle)	Contact No.	86173734
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	08/09/2021	Date Discharge	09/09/2021
No. of Days granted Medical Leave	42	Degree of Injury	Serious
Brief Details.			
<p>On 06/09/2021 around 2325hrs while I was travelling along Upper Bukit Timah road, near Salvation Army at Lane 2 towards Rail Way Mall to pick up a food order at spring leaf Prata, when out of a sudden, a motorbike tried to overtake me. However it crashed to the back of my motorcycle box and my front wheel which resulted me to fall. He then fled towards the Hillview Road and did not render any assistance.</p> <p>I did not recall the motorcycle bike number as I was badly injured and conveyed to hospital. I was given 6 weeks of MC starting from 9 Sept 2021.</p> <p>I suffered fracture of my left elbow and 2 screws was insert to my elbow.</p> <p>Subsequently I received a letter from TP: TP/P/42581/2021 to go to police station to lodge a report.</p>			

 SINGAPORE POLICE FORCE			
Police Station Of Origin Choa Chu Kang N.P.C. 20 Choa Chu Kang Street 62 #01-02 SINGAPORE 680286 Tel No. 1800-7686998		Report No. 20210901-2300	
CONTINUATION OF REPORT			
Sketch Plan Informant is not able to provide sketch plan			
			
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.			
Signature of Officer Recording The Report Sglt CHEN CHOW KOON 		Signature Of Informant 	
Signature Of Interpreter Not applicable		Date/Time: 11/09/2021 19:07	
Officer In Charge Of Case TP/HRT / Jia Koon Contact No: 6547 6170		Classification Of Case:	
Authentication Stamp NPIS			



T/20211210/2041

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Report No. T/20211210/2041

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20210911/2105

Report Number T/20211210/2041

Vide Report Number T/20211210/2037

Date/Time of Report Made 10/12/2021 13:38

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant ZULKARNAIN BIN ZI ZAINI

ID Type / ID No. NRIC NO / S8367992A

Home/Office

Mobile 88173734

Email ZULCARNINE1983@GMAIL.COM

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 06/09/2021 23:25

Accident Location UPPER BUKIT TIMAH ROAD

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL7654E	Motorcycle	HONDA	CBF190WH	Red		0
FBQ8308Y	Motorcycle	HONDA	FS150F	Blue		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20211210/2041

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Report No. T/20211210/2041

Continuation of CSF For NP168

Rider			
Name	ZULKARNAIN BIN ZI ZAINI	ID No.	S8367992A
Related Vehicle	FBQ8308Y (Motorcycle)	Contact No.	88173734
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/09/2021	Date Discharge	09/12/2021
No. of Days granted Medical Leave	42	Degree of Injury	Serious

Brief Facts.

On 06th September 2021 around 2325hrs, while I was travelling along Upper Bukit Timah Road, near Salvation Army at Lane 2 towards Rail Way Mall to pick up a food order at Spring Leaf Prata, when out of a sudden, a motorbike registration number: FBL7654E tried to overtake me. However, it crashed to the back of my motorcycle box and my front wheel which resulted me to fall. He then rode ahead and stopped at the side of the road, did not render any assistance.

I was badly injured and was conveyed to hospital. Police was scene too. I was given 6 weeks of MC starting from 9 Sept 2021. I suffered fracture of my left elbow and 2 screws were inserted to my elbow. Subsequently, I received a letter from TP: TP/PI/42581/2021 to go to Police station to lodge a report.



T/20211210/2041

3 of 3

Report No. T/20211210/2041

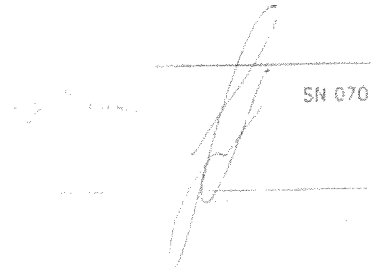
Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / TAN JEOK LENG
Classification of Case	1) INJURY / OTHERS





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S64550926 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1H21AU0001/comfort design ^{Engineering PHLA} Vehicle Registration No : FBA 8308Y
Name (as shown in NRIC) : Zulkarnain Bin Zi Zam NRIC/FIN/Passport No : 58367992A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 16 Teck Whye Lane #12-101 Singapore (680016)
Contact (Tel) : 88173724 Mobile No. : _____
Email Address : zulkarnain1983@gmail.com
Date of Accident : 06/09/2021 Time of Accident : 23:25
Place of Accident : Neat 488 Upper Bukit Timah Rd (S) 678091
Insurance Company : MJIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

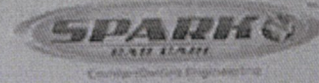
I wish to amend and add in police report and
Third party's vehicle number to FBL 7654E

Policyholder / Driver's Signature
Date: _____

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

PCV Accident Report

(For Reporting only)



☒ Braddell ☐ Sin Ming ☐ Sg. Kadut ☐ Pandan ☐ Loyang ☐ Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident: Date: 06/09/2021 Time: 2325hrs
 Date & Time of Reporting: Date: 11/09/2021 Time: 1907hrs
 Place of Accident: Upper Bukit Timah Road
 Vehicle Reg. No.: FBQ8308Y Make / Model: HONDA FS150F (BLUE)
 Purpose of Use at Time of Accident: Goods transportation / private usage / others: Grabfood Delivery
 Name: Zulkarnain Bin Zizaini NRIC / FIN No.: S8367992A
 Address: Blk 16 Teck Whye Lane, #12-101
 Postcode: 680016 Date Of Birth: 12/06/1983
 Home: — Handphone: 8817 3734
 Email: Zulcarnaine1983@gmail.com Gender: (Male) Female
 Occupation: Management / Sales / Retiree / Housewife / Technical / Education / Others: GrabFood Delivery
 Type of Claims: (Third Party) Own Damage / Reporting Only Licence Pass Date:
 Driver Status: (Owner) / Non-owner Years of Driving Experience: 4 02/11/2017

If you are not the owner, the owner's name & tel: _____

Owner's Address: _____

Relationship with Owner: _____

Owner's NRIC / Company Reg. No: _____

Vehicle Towed In? Yes (No) My Insurance Company: MSIG Insurance (Singapore) Pte. Ltd.
 Police Reported? Yes (No) Police Report Reference No.: T/20210911/2105
 Company's Vehicle? Yes (No) Insurance Policy No.: MSD-VMS/20-S13152-WT
 Do you have witness? Yes (No) Type of Policy: Comprehensive (Third Party Fire & Theft) Third Party Only

(If Yes, Witness Name & Contact No: Mr Ben HP: 8795 0615

Weather Condition: Clear / Cloudy / Light Rains / Heavy Rains
 Road Condition: Dry / Wet Was anyone injured in the accident? Yes (No)
 Other vehicle or property damage? Yes (No) Was Notice of Intended Prosecution given? Yes (No)

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model: HONDA FS150F (BLUE) Vehicle Reg. No.: FBQ 8308Y
 Name of Driver: ZULKARNAIN BIN ZIZAINI NRIC No.: S8306 S8367992A
 Insurance Company: MSIG Insurance Handphone: 8817 3734

Driver's Declaration: I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature: _____

Date: 29/10/2021

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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7. By the lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 29/10/2021
22-06

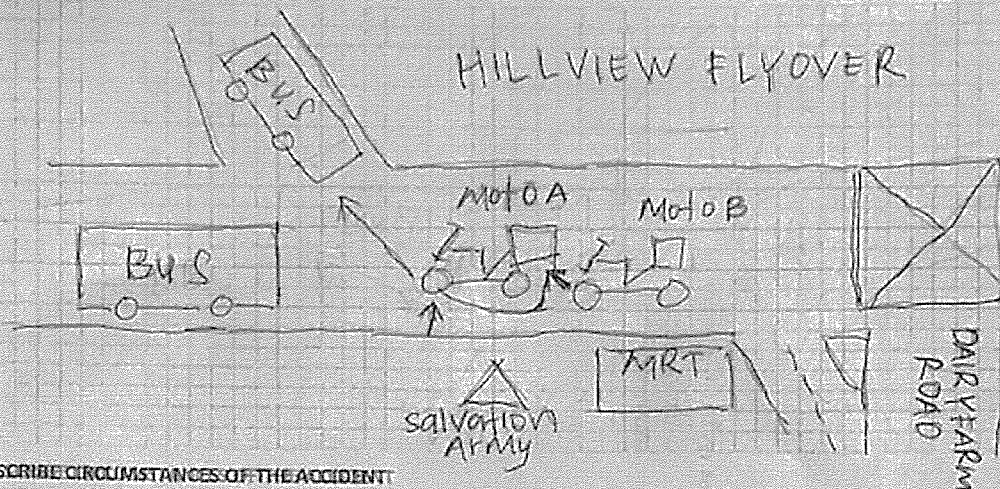
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Hit and Run Injury

On 06/09/2021 around 2325hrs while I was travelling along Upper Bukit Timah road, near Salvation Army at Lane 2 towards The Rail Mall to pick up a food order at springleaf prafa, when out of a sudden, a motorbike tried to overtake me. However it crashed to the left back of my motorcycle box and my front wheel which resulted me to fall. He then fled towards the Hillview Road and did not render any assistance.

I did not recall the motorcycle bike number as I was badly injured. Mr Ben is the eyewitness and he call the ambulance and I conveyed to hospital. I was given 114 days of MC starting from 07/09/2021.

I suffered fracture of my left elbow and 2 screws was insert to my elbow

DECLARATION

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

Policyholder's Signature:

Date & Time: 29/10/2021
20:55

Driver's Signature:

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature:

Name:
NRIC/FIN No.: