

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 28/04/2022 15:24 (SGT)
Date of Accident 20/04/2022 14:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG UPP THOMSON RD TWDS SEMBAWANG RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ3242Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KHAIRUL ARIFIN BIN MOHD YASIN
NRIC No SXXXX448F
Email Address miminzylaa@gmail.com
Mobile Phone No (Phone) +65-88266424
Alternative Phone No +65-88266424

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz8-n
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 779

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number A 300522772 VMP
Cover Note Number -

DRIVER

Name of Driver ABDUL MUHAIMIN BIN HUSSAIN
NRIC No SXXXX105H

Date Of Birth	20/07/1990
Occupation	Outdoor
Date Of Driving Pass	03/02/2015
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96288209
Alt. Phone Number	-
Email Address	miminzylaa@gmail.com
Address	BLK 606 CCK ST 62
Address complement	#06-141
Postcode	680606
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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

PLS REFER TO THE POLICE REPORT:T/20220421/7002

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAVEN'T RETRIEVE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB5985Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	AZREEN
Contact Number	(Phone) +65-83828781
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

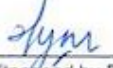
Name of injured person	ABDUL MUHAIMIN BIN HUSSAIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBJ3242Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

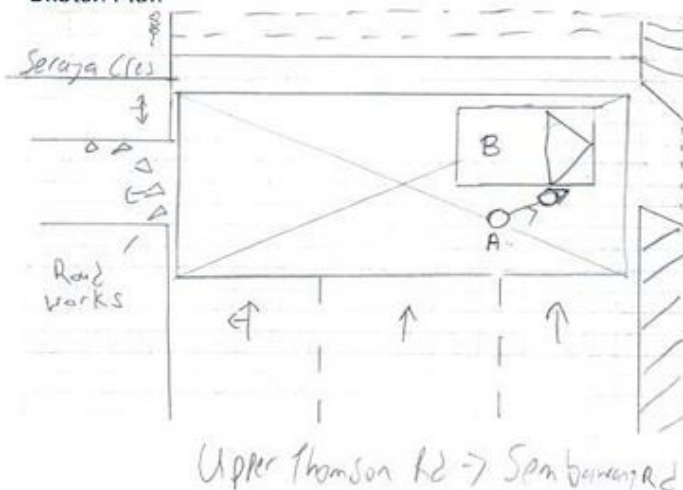
SKETCH PLAN**IMPORTANT NOTICE**

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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

 28/04/22
Witnessed by Reporting Centre Personnel

Sketch Plan

Upper Thomson Rd -> Thomson Rd
↓
A) FB53242Y
B) SNB 5985Z

Describe Circumstances of the Accident

— Please refer to the police report : T/20220421/7002. —

Declaration

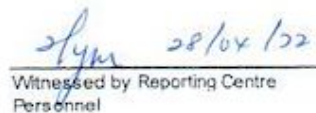
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220421/7002

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

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Report No. T/20220421/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ3242Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	CN51007266	21/12/2021	20/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL MUHAIMIN BIN HUSSAIN	ID No.	S9025105H
Related Vehicle	FBJ3242Y (Motorcycle)	Contact No.	96288209
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	20/04/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Driver			
Name	AZREEN	ID No.	NIL
Related Vehicle	SNB5985Z (Car)	Contact No.	83828781
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above mentioned date and time, I was riding my motorcycle bearing registration plate FBJ3242Y, on lane 1 of 3 lanes along Upper Thomson Road towards Sembawang Road. I was approaching the intersection of Seraya Cres which was on the left side of the road along my direction.

As I was about to pass the non traffic signal T-intersection, there was a black BMW bearing plate * SNB5985Z, suddenly came out of Seraya Cres and encroached into my path from left to right. I braked and could not stop in time and my front portion of my motorcycle collided onto the right front portion of the said car. I fell and landed beside the driver's door of the said car. I was not flung as my speed was relatively low.

I was then conveyed to TTSH and currently still warded. I wish to state that there was a traffic control officer controlling vehicles exiting from Seraya Cres. I am unsure of his instructions to the said car. The said car has an in car camera and I have a camera onboard



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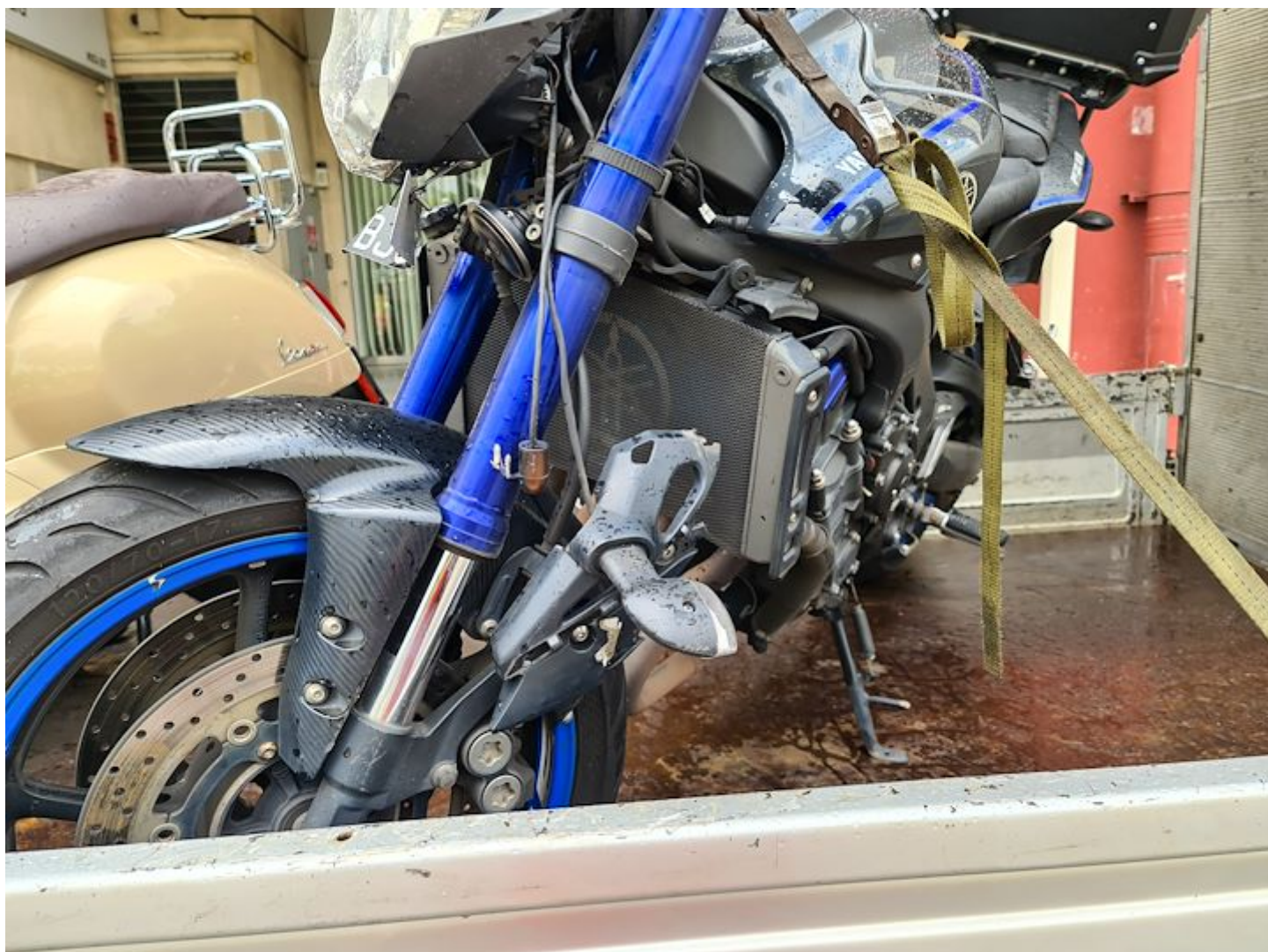
my motorcycle but yet to retrieve it as some compartments need to be open to extract it out.

Case under TP IO Justin.































**SINGAPORE
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T/20220421/7002

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

Report No. T/20220421/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2022 01:39		Vide Report No.: F/20220420/0108		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL MUHAJIBIN BIN HUSSAIN			Address: 606 CHOA CHU KANG STREET 62 #06-141 SINGAPORE 680606		
ID Type / ID No.: NRIC NO / S9025105H			Contact No.: Home/Office: Mobile: 96288209		
Nationality: SINGAPORE CITIZEN			Email: MIMINZYLA@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 20/07/1990	Type of Informant: Rider		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: LTA Enforcement Officer			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/04/2022 14:15	Type of Location: T-Junction
Location: UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBJ3242Y	Motorcycle	YAMAHA	Fz8N	Black	Slightly Damaged	0
SNB5985Z	Car	BMW		Black	Slightly Damaged	1



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T/20220421/7002

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Date	20/04/2022		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious
Driver				
Name	AZREEN		ID No.	NIL
Related Vehicle	SNB5985Z (Car)		Contact No.	83828781
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

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