

# 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 ..... 19/05/2022 11:00 (SGT)  
Date of Accident ..... 14/05/2022 08:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLE TOWARDS THE EXIT TO YIO CHU KANG ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBF5097H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YAHYA BIN AZIZ  
NRIC No ..... SXXXX529A  
Email Address ..... yahyaaziz002@gmail.com  
Mobile Phone No ..... (Phone) +65-91743962  
Alternative Phone No ..... +65-91743962

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cbf150  
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 ..... 149

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... A 300517819 VMP  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YAHYA BIN AZIZ  
NRIC No ..... SXXXX529A

Date Of Birth .....	09/03/1961
Occupation .....	Outdoor
Date Of Driving Pass .....	19/12/1984
Driving experience .....	37 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91743962
Alt. Phone Number .....	+65-91743962
Email Address .....	yahyaaziz002@gmail.com
Address .....	BLK 31 MARSILING DRIVE
Address complement .....	#09-317
Postcode .....	730031
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 - Change/cross lane
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/20220517/2052

#### 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 .....	SLK1947L
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 .....	YAHYA BIN AZIZ
Gender .....	Male
Phone No .....	(Phone) +65-91743962
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	WAS IN PAIN AND WAS IN AND OUT OF CONCIOUS.
Injured person in which vehicle? .....	FBF5097H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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**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' law yers/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")

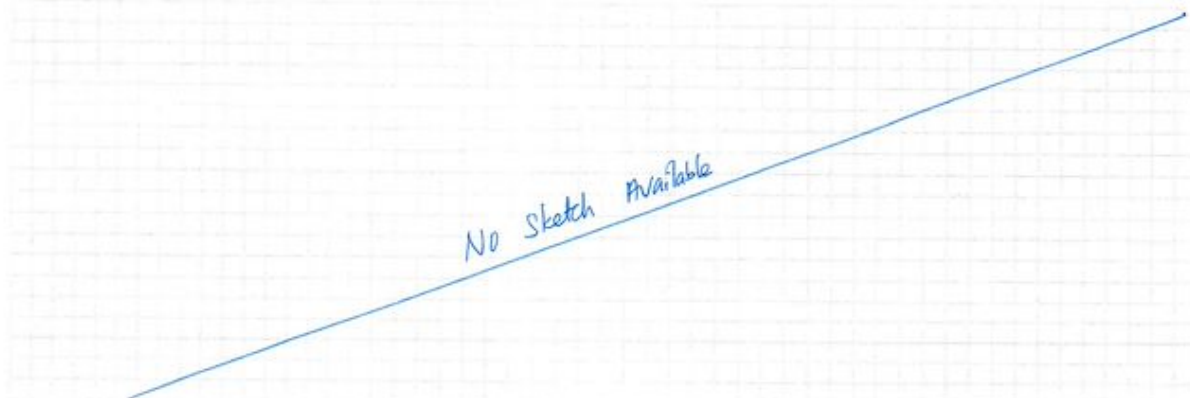
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/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

 18/5/22  
Witnessed by Reporting Centre Personnel

**Sketch Plan**


## Describe Circumstances of the Accident

— Please refer to the police report : T/20220517/2052. —

## 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

 18/5/22  
Witnessed by Reporting Centre Personnel





















































**SINGAPORE  
POLICE FORCE**



T/20220517/2052

1 of 3

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

Report No. T/20220517/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/05/2022 14:38		Vide Report No.: F/20220514/0091		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YAHYA BIN AZIZ			Address: APT BLK 31 MARSILING DRIVE #09-317 SINGAPORE 730031		
ID Type / ID No.: NRIC NO / S2179529A			Contact No.: Home/Office: Mobile: 91743962		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 09/03/1961	Type of Informant: Rider		
Race: Malay			Language: Malay		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/05/2022 08:30	Type of Location: Straight Road
Location:  YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF5097H	Motorcycle	HONDA	CBF150	Black		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF5097H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300517819	27/12/2021	26/12/2022



**SINGAPORE  
POLICE FORCE**



T/20220517/2052

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

Report No. T/20220517/2052

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YAHYA BIN AZIZ	ID No.	S2179529A
Related Vehicle	FBF5097H (Motorcycle)	Contact No.	91743962
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/05/2022	Date Discharge	17/05/2022
No. of Days granted Medical Leave	18	Degree of Injury	NIL

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION

ON THE 14/05/22 AT ABOUT 0830HRS, I WAS RIDING A MOTORCYCLE PLATE NUMBER FBF5097H. I WAS RIDING ALONG SLE TOWARDS THE EXIT TO YIO CHU KANG ROAD, I WAS RIDING AT THE MOST LEFT LANE OF THE ROAD, A CAR FROM MY RIGHT SUDDENLY TURN INTO MY LANE THE SAID CAR DROVE ALONG THE CHEVRON AND HIT MY RIGHT SIDE. I IMMEDIATELY FALL OFF MY MOTORCYCLE. POLICE AND AMBULANCE CAME TO SCENE BUT I WAS IN PAIN AND WAS IN AND OUT OF CONCIIOUS SO I DID NOT TAKE ANY OF THE OTHER PARTY PARTICULARS . I WAS CONVEYED TO HOSPITAL SOON AFTER. THAT'S ALL





# SINGAPORE POLICE FORCE



T/20220517/2052

3 of 3

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

Report No. T/20220517/2052

## 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 **report number** as reference.

Signature of Officer Recording The Report:  
TP /  
Other ABU HURAIRAH BIN  
ABDUL TALIB

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 2 DAVID YAP  
Contact No.: 65476138

Signature Of Informant:

Date/Time:  
17/05/2022 14:38

Classification Of Case:

NP168