

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 30/05/2022 20:59 (SGT)
Date of Accident 28/05/2022 22:45 (SGT)
Exact Location of Accident Seletar Club Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ7683U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ISMAIL BIN KASSIM
NRIC No SXXXX002E
Email Address ismailspike@gmail.com
Mobile Phone No (Phone) +65-81121417
Alternative Phone No +65-81121417

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
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 - Reporting only
Vehicle Category Motorcycle
Transmission Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number A 300504774 VMP
Cover Note Number -

DRIVER

Name of Driver ISMAIL BIN KASSIM
NRIC No SXXXX002E

| | |
|--|-----------------------|
| Date Of Birth | 21/02/1959 |
| Occupation | Outdoor |
| Date Of Driving Pass | 27/12/1980 |
| Driving experience | 41 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81121417 |
| Alt. Phone Number | +65-81121417 |
| Email Address | ismailspike@gmail.com |
| Address | BLK 289 YISHUN AVE 6 |
| Address complement | #05-20 |
| Postcode | 760289 |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|---------------|
| Name | ASMAH MD NOOR |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Woodlands Division Headquarters |
| Police Station Phone No | (Phone) +65-18004660000 |
| Police Station Address | 1 Woodlands St 12 Singapore 738622 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:L/20220529/7057

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 | SLK2415Z |
| 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) | - |

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' 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.

 30-5-22
Policyholder's Signature / Date & Time

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

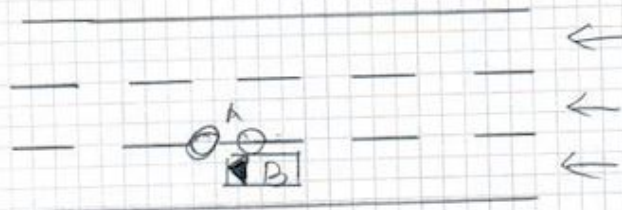
 30/05/22
Witnessed by Reporting Centre Personnel

Sketch Plan

SELETAR CLUB RD

A - FBQ 76834

B - SLK 2415Z



Describe Circumstances of the Accident

P/s refer to the police report: 4/20220529/7057

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 30-5-22
Policyholder's Signature / Date & Time

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

[Signature] 30/05/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



L/20220529/7057

1 of 2

POLICE REPORT (NP299)

Report No. L/20220529/7057

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

| | | |
|---|--|---------------------|
| Date/Time Report Made 29/05/2022 14:25 | Vide Report No. | Station Diary No. |
| Name Of Informant ISMAIL BIN KASSIM | Address 289 YISHUN AVENUE 6 #05-20 SINGAPORE 760289 | |
| ID Type / ID No. NRIC NO / S1386002E | Contact No. Home/Office: | Mobile: 81121417 |
| Nationality SINGAPORE CITIZEN | Email Address ismailspike@gmail.com | |
| Occupation Cleaner | Sex Male | Age 63 |
| Institution/School Name | Date of Birth 21/02/1959 | Race Malay |
| Date/Time Of Incident 28/05/2022 22:45 | Location Of Incident SELETAR CLUB ROAD | |

Brief details.

At the above mentioned date, time and location, I was involved in an accident. While travelling between lane 2 and 3 I was knocked from the rear left side towards the right. The car hit my foot rest. That's all

| Subjects Involved | | | |
|-------------------|-------------------|-------|-----------|
| Suspect | | | |
| Person Name | Thinesh Ganapathi | | |
| ID Type | NRIC NO | ID No | S7934018I |
| Gender | Male | Age | 42 |

| | |
|--|--|
| 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: 29/05/2022 14:25 |
| Officer In-Charge Of Case: | Classification Of Case: |

This report is lodged at Yishun North NPC Kiosk 1















**SINGAPORE
POLICE FORCE**



L/20220529/7057

1 of 2

POLICE REPORT (NP299)

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| | |
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| 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. |
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| Officer In-Charge Of Case: | Classification Of Case: |

This report is lodged at Yishun North NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



L/20220529/7057

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220529/7057

| | | | |
|--|-------------------|------------------------|--|
| Race | Indian | Language | English |
| Relation To Informant | a stranger | | |
| Victim | | | |
| Person Name | ISMAIL BIN KASSIM | | |
| ID Type | NRIC NO | ID No | S1386002E |
| Gender | Male | Age | 63 |
| Race | Malay | Language | English |
| Occupation | Cleaner | Address | 289 YISHUN AVENUE 6 #05-20 SINGAPORE 760289 |
| Mobile No | 81121417 | Is Informant A Victim? | Yes |
| Person Name ISMAIL BIN KASSIM (Informant) | | | |

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
29/05/2022 14:25

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1