

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 22/06/2022 17:57 (SGT)
Reported by -
Date of Accident 19/06/2022 00:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN BERSEH TOWARDS SYED ALWI RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH8241C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED HALID
NRIC No S8771436E
Email Address LUTFIYAHHLID@GMAIL.COM
Mobile Phone No (Phone) +65-96824714
Alternative Phone No (Home) +65-96824714

VEHICLE PARTICULARS

Manufacturer Kawasaki
Model Z1000
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 1000

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300564530

DRIVER

Name of Driver MOHAMED HALID
NRIC No S8771436E
Date Of Birth 04/03/1987
Occupation Indoor

Date Of Driving Pass	29/09/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96824714
Alt. Phone Number	(Home) +65-96824714
Email Address	LUTFIYAHHLTD@GMAIL.COM
Address	BLK 463 CRAWFORD LANE #12-09 S190463
Address complement	-
Postcode	-
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 - Head on collision
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?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ATTACHED POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ6336J
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

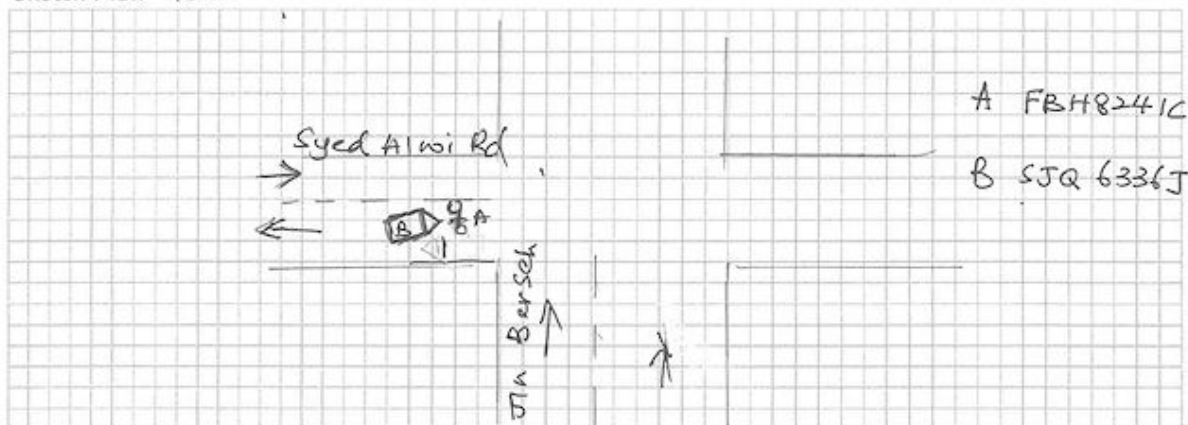
Name of injured person	MOHAMED HALID
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER DETAILS IN POLICE REPORT
Injured person in which vehicle?	FBH8241C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

X Policyholder's Signature / Date & Time 22/6/2022
 Sketch Plan 1653
 Driver's Signature (If driver is not the policyholder) / Date & Time _____
 Witnessed by Reporting Centre Personnel [Signature]



Describe Circumstances of the Accident

Refer Police Report

Declaration

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

x Wif
Policyholder's Signature / Date &
Time 22/6/2022.
1655

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


Witnessed by Reporting Centre
Personnel























**SINGAPORE
POLICE FORCE**



T/20220619/7015

1 of 3

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

Report No. T/20220619/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2022 17:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED HALID			Address: 463 CRAWFORD LANE #12-09 SINGAPORE 190463		
ID Type / ID No.: NRIC NO / S8771436E			Contact No.: Home/Office: Mobile: 96824714		
Nationality: SINGAPORE CITIZEN			Email: LUTFIYAHHLID@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 04/03/1987	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2022 00:30	Type of Location: X-Junction
Location: JALAN BERSEH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH8241C	Motorcycle	KAWASAKI	Z1000 M	Black		0
SJQ6336J	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220619/7015

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

2 of 3

Report No. T/20220619/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8241C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300496668	19/11/2021	18/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED HALID	ID No.	S8771436E
Related Vehicle	FBH8241C (Motorcycle)	Contact No.	96824714
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I WAS TURNING LEFT INTO SYED ALWI ROAD FROM JALAN BESAR ROAD.

SJQ6336J WAS PARKED AT THE SIDE AGAINST THE TRAFFIC WHEN I WAS TRAVELLING STRAIGHT ALONG SYED ALWI ROAD.

OUT OF NOWHERE, SJQ6336J MOVED OFF TRYING TO JOIN BACK TO THE MAIN TRAFFIC FLOW ON THE OPP DIRECTION AND IN HIS ATTEMPT TO JOIN THE TRAFFIC, HE HIT ONTO MY MOTORBIKE HEAD ON AND THE IMPACT SENT ME FLYING FORWARD OFF OF MY BIKE AND ROLLING ON THE FLOOR.

AFTER THE ACCIDENT, I FELT SERIOUS PAIN ALL OVER MY BODY AND WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP AT RAFFLES MEDICAL HOSPITAL AND I WAS GIVEN 5 STITCHES ON MY RIGHT HAND WITH FOLLOWING UP APPOINTMENT AFTER 7 DAYS.



**SINGAPORE
POLICE FORCE**



T/20220619/7015

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

3 of 3

Report No. T/20220619/7015

CONTINUATION OF REPORTSketch 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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
19/06/2022 17:23

Classification Of Case: