

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 Actual 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	25/08/2022 10:40 (SGT)
Reported by	Both
Date of Accident	23/08/2022 14:50 (SGT)
Exact Location of Accident	Canberra St, Singapore 752106
Additional Location Information	CANBERRA STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR3257M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMED FHAIRIL BIN SAMSUDIN
NRIC No	S8718964C
Email Address	fhairilsamsudin@gmail.com
Mobile Phone No	(Phone) +65-83667811
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Czd300a
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	292

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51010623

DRIVER

Name of Driver	MOHAMMED FHAIRIL BIN SAMSUDIN
NRIC No	S8718964C
Date Of Birth	02/07/1987
Occupation	Indoor

Date Of Driving Pass	24/04/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83667811
Alt. Phone Number	-
Email Address	fhairilsamsudin@gmail.com
Address	BLK 104D CANBERRA STREET #12-557
Address complement	-
Postcode	754104
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 to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

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
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220823/2119.

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	YN7250D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Goods vehicle
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	MOHAMMED FHAIRIL BIN SAMSUDIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR3257M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

[Signature]

[Signature]

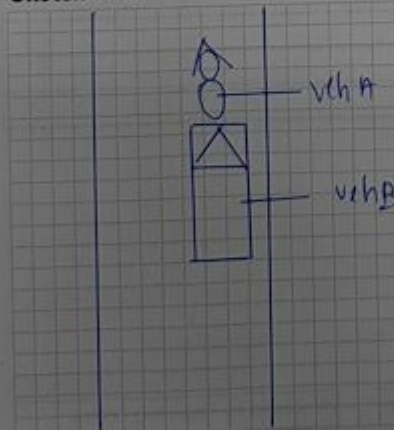
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to Police Report.
7/20200822/2119.

veh A: FR3257M

veh B: 7/2020

veh B: YN72500


Describe Circumstances of the Accident

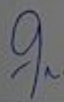
Handwritten notes in the "Describe Circumstances of the Accident" section include:

- A diagonal line drawn across the top half of the section.
- The word "Refer" written twice, once near the bottom left and once near the center.
- The word "to" written between the two "Refer" words.
- The word "Refer" written again near the center, above the "to" word.

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/20220823/2119

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Report No. T/20220823/2119

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2022 23:27	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars

Name of Informant: MOHAMMED FHAIRIL BIN SAMSUDIN			Address: APT BLK 104D CANBERRA STREET #12-557 SINGAPORE 754104	
ID Type / ID No.: NRIC NO / S8718964C			Contact No.:	Mobile: 83667811
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 35	Date of Birth: 02/07/1987	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/08/2022 14:50	Type of Location: Straight Road
Location: CANBERRA STREET				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two 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.	Type	Make	Model	Color	Condition	No of Passenger
FBR3257M	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
YN7250D	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR3257M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	CN51010623	22/04/2022	21/04/2023



**SINGAPORE
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4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



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Report No. T/20220823/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMED FHAIRIL BIN SAMSUDIN	ID No.	S8718964C
Related Vehicle	FBR3257M (Motorcycle)	Contact No.	83667811
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/08/2022	Date Discharge	23/08/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Gong Ming Quan	ID No.	G8669130U
Related Vehicle	NIL	Contact No.	65551717
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON the stated date time and place while I was along Canberra Street waiting to make a U turn to the opposite side of the road. The lorry suddenly came from behind and hit into the rear of my bike causing me to fell on to the road. We did exchange our particulars. And after I push my bike to the nearby carpark. I contacted ambulance and was convey to KTPH. I was given 3 days MC.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20220823/2119

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Report No. T/20220823/2119

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:

L /

STAFF SGT TEO BOON PIEW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/08/2022 23:27

Officer In Charge Of Case:

TP / GIT /

STAFF SGT NUR ADELINA BINTE

MOHAMMAD FUAT

Contact No.: 65476066

Classification Of Case:

NP168