

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 09/01/2023 16:22 (SGT)
Reported by Both
Date of Accident 04/01/2023 16:30 (SGT)
Exact Location of Accident 407 Northshore Dr, Singapore 820407
Additional Location Information LANE 2 OF 407 NORTHSHORE DRIVE TOWARDS
NORTHSHORE PLAZA 1 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR718U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMAD RIZAL BIN MOHAMMAD HANAFI
NRIC No S8815383I
Email Address RIZBOA@HOTMAIL.COM
Mobile Phone No (Phone) +65-84822088
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV150
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 150

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300537753 VMP

DRIVER

Name of Driver MOHAMMAD RIZAL BIN MOHAMMAD HANAFI
NRIC No S8815383I
Date Of Birth 01/05/1988

Occupation	Indoor
Date Of Driving Pass	23/11/2006
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84822088
Alt. Phone Number	-
Email Address	RIZBOA@HOTMAIL.COM
Address	BLK 172C EDGEDALE PLAINS #13-484
Address complement	-
Postcode	823172
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?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NUR SHAKILA BINTE MOHD AKBAR
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: F/20230106/7045.

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	SHD4509H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	MOHAMMAD RIZAL BIN MOHAMMAD HANAFI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR718U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2


Name of injured person	NUR SHAKILA BINTE MOHD AKBAR
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FRACTURE ON RIGHT HAND METACARPAL BONE.
Injured person in which vehicle?	FBR718U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

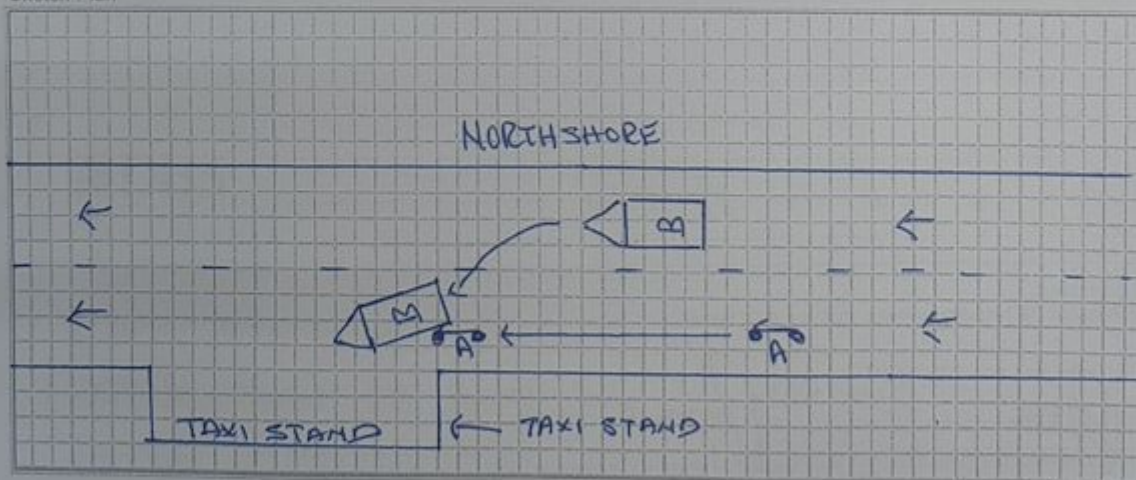
1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records 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.
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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



A: FBR 718H

B: SHD 4509H

1

Describe Circumstance of the Accident

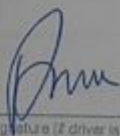
Refer To Police Reports No: F/20230106/7045

Declaration

I/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
(Name as in NRIC/ID card)



















**SINGAPORE
POLICE FORCE**



F/20230106/7045

1 of 3

POLICE REPORT (NP299)

Report No. F/20230106/7045

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 06/01/2023 12:45	Vide Report No.	Station Diary No.	
Name Of Informant MOHAMMAD RIZAL BIN MOHAMMAD HANAFI	Address 172C EDGEDALE PLAINS #13-464 SINGAPORE 823172		
ID Type / ID No. NRIC NO / S8815383I	Contact No. Home/Office:	Mobile: 84822088	
Nationality SINGAPORE CITIZEN	Email Address RIZBOA@HOTMAIL.COM		
Occupation technical designer	Sex Male	Age 34	Date of Birth 01/05/1988
Institution/School Name	Race Malay		
	Language English		
Date/Time Of Incident 04/01/2023 16:00 - 04/01/2023 16:30	Location Of Incident 407 NORTHSORE DRIVE NORTHSORE PLAZA I SINGAPORE 820407		

Brief details.

On the 4th of January 2023, I, Mohammad Rizal Bin Mohammad Hanafi, S8815383I, together with my wife as the pillion, Nur Shakila Binte Mohd Akbar, S8839045H, were riding along lane 2 of 407 Northshore Drive heading towards Northshore Plaza 1 carpark. A taxi, SHD4509H, travelling in lane 1 immediately swerved into my lane, with the intent of the Taxi Bay G25. This sudden change of direction caused the left passenger door side of the said taxi to collide into the right front of my motorcycle, resulting in the fall of both my pillion and myself. Both pillion and myself were thrown off the motorcycle.

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: 06/01/2023 12:45
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20230106/7045

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230106/7045

The taxi driver, Gary Chua Yi Da, S7835034B, of the said vehicle, went out of the vehicle and proceeded to help me on picking up the motorbike together with a Bangladeshi Worker on site. Once we were safe, me and the driver proceed to exchange particulars. No visible signs of damage to public property was observed from the accident. After that me and my wife book a Grab and proceed to Sengkang General Hospital to get ourselves checked while the taxi driver, Gary Chua Yi Da, proceed to leave the area.

After a thorough check, I had a contusion of multiple sites. My wife had fracture her right hand metacarpal bone. I was given a 5 days MC with a follow up at the polyclinic for my wound dressing. My wife was given 8 days MC with a follow up with the orthopedic clinic for her hand injury.

Subjects Involved			
Suspect			
Person Name	GARY CHUA YI DA		
ID Type	NRIC NO	ID No	S7835034B
Gender	Male	Age	45-45
Race	Chinese	Language	English
Mobile No	96688632		
Victim			
Person Name	MOHAMMAD RIZAL BIN MOHAMMAD HANAFI		
ID Type	NRIC NO	ID No	S8815383I
Gender	Male	Age	34
Race	Malay	Language	English

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: 06/01/2023 12:45
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20230106/7045

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230106/7045

Occupation	technical designer	Address	172C EDGEDALE PLAINS #13-464 SINGAPORE 823172
Mobile No	84822088	Is Informant A Victim?	Yes
Person Name	Nur Shakila Binte Mohd Akbar		
ID Type	NRIC NO	ID No	S8839045H
Gender	Female	Age	34
Race	Malay	Language	English
Occupation	Administration Officer	Address	172c EDGEDALE PLAINS #13-464 SINGAPORE 823172
Home/Office No	67192140	Mobile No	87502505
Relation To Informant	Wife		
Person Name	MOHAMMAD RIZAL BIN MOHAMMAD HANAFI (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:
06/01/2023 12:45

Classification Of Case:

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident	4/1/2023	Time of Accident	1600-1630 HRS
Exact Location of Accident			
407 NORTHSORE DR NORTHSORE PLAZA			
Purpose Of Reporting: <input checked="" type="checkbox"/> DAMAGE CLAIM <input type="checkbox"/> 3RD PARTY CLAIM <input type="checkbox"/> INJURY REPORT ONLY			
Weather Condition: <input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Rainy <input type="checkbox"/> Dry / <input type="checkbox"/> Wet <input type="checkbox"/> Pte Use / <input type="checkbox"/> Wind			
Owner's Name	MOHAMMAD RIZAL BIN MOHAMMAD HAJAFI	NRIC	S8815383 I
Driver's Name	AS ABOVE	NRIC	HP
DOB	1/5/1988	Driving Licence Passing Date	23/11/2008
Occupation: <input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor			
Address: BIK 172C EDGEDALE PLAINS #13-464 S(823172)			
Relationship Of Driver with Insured:		Email:	
Vehicle Number	FBR718 U	Make & Model	HONDA ADV150
Insurance Company	MSIH	Policy No	MSI/MSI/A-300537153 IMP
Any passengers inside vehicle involved: (YES / NO) If yes, Vehicle Number & How many passengers		FBR718U	
A:	B:	C:	D: 1 PILLION
Vehicle A Passenger Name		NUR SHAKILA BINTE MOHD ARBAR	
Any one Injured:		Convey By Ambulance: <input checked="" type="checkbox"/> / No	
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Name / NRIC / Which Vehicle:	
Was The Accident Reported To The Police?			
<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	Which Police Station: ANH MO KIO DIVISION HQ	
Does The Driver Own Any Other Vehicle?			
<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	Vehicle Number: Insurer:	
Was Any Foreign Vehicle Involved?			
<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	Vehicle Number & Category:	
Was There Any Video Captured By Car Camera? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			

Third Party's Particular

Vehicle B's Number	3HD4509 H	Make & Model:
Driver's Name	GARY CHUA YI DA	NRIC
Vehicle C's Number		Make & Model:
Driver's Name		NRIC:
		HP:

Witness's Particular

Name:	NRIC:	HP:
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MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

MOTORCYCLE Third Party Fire And Theft

Certificate No. A 300537753 VMP

Excess : SGD300

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**
FBR718U
2. **Name of Policyholder**
MOHAMMAD RIZAL BIN MOHAMMAD HANAFI
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
14/02/2022
4. **Date of Expiry of Insurance**
13/02/2023
5. **Persons or Classes of Persons entitled to drive***
MOHAMMAD RIZAL BIN MOHAMMAD HANAFI, SHAANJAY KUMAR
*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. **Limitations as to Use ***
Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. The Policy does not cover
(1) Use for hire or reward.
(2) Use for racing pace-making reliability trial or speed-testing.
(3) Use for the carriage of goods (other than samples) in connection with any trade or business.
(4) Use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Mack Eng
Chief Executive Officer

PQM/SPM202202151221