

# 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 .....	23/02/2023 12:01 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/07/2022 18:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLE BEFORE LENTOR AVENUE EXIT TOWARDS WOODLANDS ( LENTOR FLYOVER )
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBR9124Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMAD SEDIK BIN KASIM
NRIC No .....	SXXXXX617F
Email Address .....	shaifulone@gmail.com
Mobile Phone No .....	(Phone) +65-96254502
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	CB190SS
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 .....	Manual
CC .....	184

### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	A 300498572 VMP

### DRIVER

Name of Driver .....	MOHAMAD SEDIK BIN KASIM
NRIC No .....	SXXXXX617F
Date Of Birth .....	20/03/1958

Occupation .....	Outdoor
Date Of Driving Pass .....	17/09/1980
Driving experience .....	41 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96254502
Alt. Phone Number .....	-
Email Address .....	shaifulone@gmail.com
Address .....	204 COMPASSVALE DRIVE
Address complement .....	# 04-441
Postcode .....	541204
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	ZAINAB BINTI JOHARI
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

PLEASE REFER TO THE ATTACHED POLICE REPORT-F/20220923/7075  
 \*PLEASE BE INFORMED THAT OWNER HAS SELLED THE BIKE.

#### ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	UNKNOWN
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 .....	MOHAMAD SEDIK BIN KASIM
Gender .....	Male
Phone No .....	(Phone) +65-96254502
Address .....	204A COMPASSVALE DRIVE
Address Complement .....	# 04-441
Post Code .....	541204
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY-HOSPITALIZED FOR 2 MONTHS
Injured person in which vehicle? .....	FBR9124Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	ZAINAB BINTI JOHARI
Gender .....	Female
Phone No .....	(Phone) +65-85333144
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY-HOSPITALIZED FOR 10 DAYS
Injured person in which vehicle? .....	FBR9124Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**IMPORTANT NOTICE**

**SKETCH PLAN**

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

**2. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

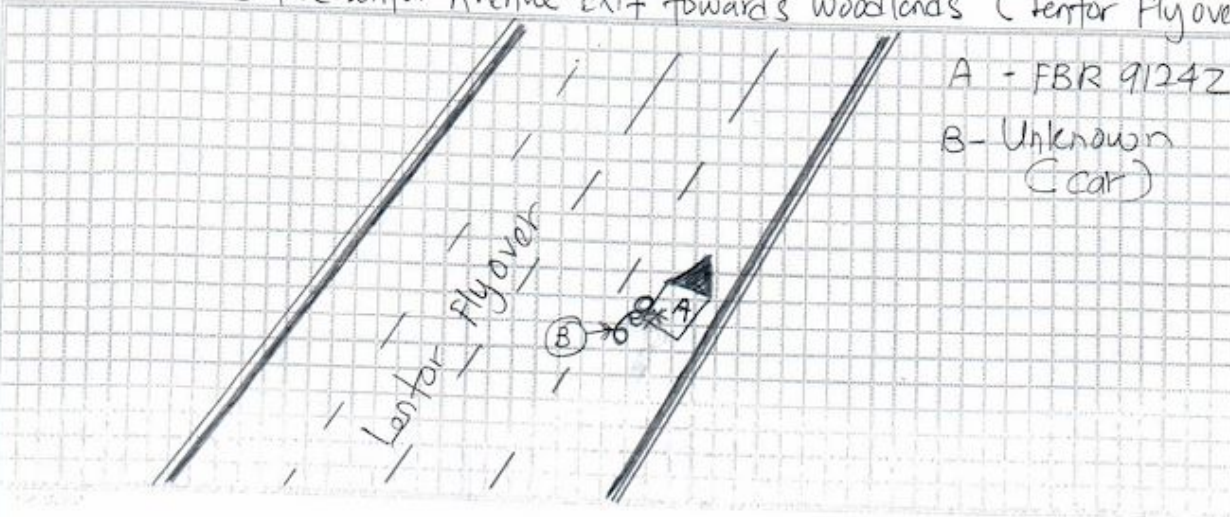
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan SLE Before Lorong Avenue Exit towards Woodlands C Lorong Flyover



Describe Circumstance of the Accident:

please refer to the attached police  
Report - F/2022 0923/7075 -

Declaration

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

Policyholder's Signature / Date & Time

23/2/23

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

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

23/2/23





# SINGAPORE POLICE FORCE



F/20220923/7075

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## POLICE REPORT (NP299)

Report No. F/20220923/7075

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 23/09/2022 20:31	Vide Report No.	Station Diary No.
Name Of Informant MOHAMAD SEDIK BIN KASIM	Address 204A COMPASSVALE DRIVE #04-441 SINGAPORE 541204	
ID Type / ID No. NRIC NO / S2172617F	Contact No. Home/Office:	Mobile: 96254502
Nationality SINGAPORE CITIZEN	Email Address shaifulone@gmail.com	
Occupation Senior security officer	Sex Male	Age 64
Institution/School Name	Date of Birth 20/03/1958	Race Malay
Date/Time Of Incident 27/07/2022 18:30 - 27/07/2022 19:00	Location Of Incident LENTOR FLYOVER	

### Brief details.

This report is to reamend report no. F/20220921/7050

On 27/7/2022, At about 6.30p.m, I was riding my bike FBR9124Z with my Wife Zainab Binti Johari as pillion along SLE before Lentor Avenue exit towards Woodlands. At the time, it was heavy traffic on the expressway and the condition was dry and sunny. I was riding at about 40km/h following the traffic and was on the first lane of the road behind a car when suddenly the car in front did a brake. I did brake but was not able to stop on time while trying to avoid the car in front by turning left. While avoiding, I hit the

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: 23/09/2022 20:31
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220923/7075

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220923/7075

rear left of the car in front. My wife and I was thrown off from the bike and suffered major injuries. Ambulance was activated and hospitalization required for both Mohamad Sedik bin Kasim and Zainab binte Johari, to Khoo Teck Puat Hospital. That is all.

Subjects Involved			
Victim			
Person Name	MOHAMAD SEDIK BIN KASIM		
ID Type	NRIC NO	ID No	S2172617F
Gender	Male	Age	64
Race	Malay	Language	English
Occupation	Senior security officer	Address	204A COMPASSVALE DRIVE #04-441 SINGAPORE 541204
Mobile No	96254502	Is Informant A Victim?	Yes
Person Name	Zainab binti Johari		
ID Type	NRIC NO	ID No	S1579984F
Gender	Female	Age	59
Race	Malay	Language	Malay
Occupation	Production operator	Address	204A Compassvale Drive #04- 441 SINGAPORE 541204
Mobile No	85333144	Relation To Informant	Wife
Person Name	MOHAMAD SEDIK BIN KASIM (Informant)		

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**SINGAPORE  
POLICE FORCE**


F/20220923/7075

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**SINGAPORE  
POLICE FORCE**



F/20220923/7075

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220923/7075

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