

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 13/03/2023 15:35 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 25/02/2023 11:30 (SGT)
Exact Location of Accident Newton Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR5532E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AZLI BIN ABD AZIZ
NRIC No SXXXX922G
Email Address hrliaison168@gmail.com
Mobile Phone No (Phone) +65-94526842
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300455277 VMP

DRIVER

Name of Driver AZLI BIN ABD AZIZ
NRIC No SXXXX922G
Date Of Birth 16/06/1987
Occupation Outdoor

Date Of Driving Pass	05/09/2005
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94526842
Alt. Phone Number	-
Email Address	hrliaison168@gmail.com
Address	BLK 801A KEAT HONG CLOSE #10-13
Address complement	-
Postcode	681801
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?	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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230226/2051 AND E/20230302/7049 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SHA4630E
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	AZLI BIN ABD AZIZ
Gender	Male
Phone No	(Phone) +65-94526842
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBR5532E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1


Name	SAFWAN
Phone	(Phone) +65-91142099
Email	-

SKETCH PLAN

IMPORTANT NOTICE

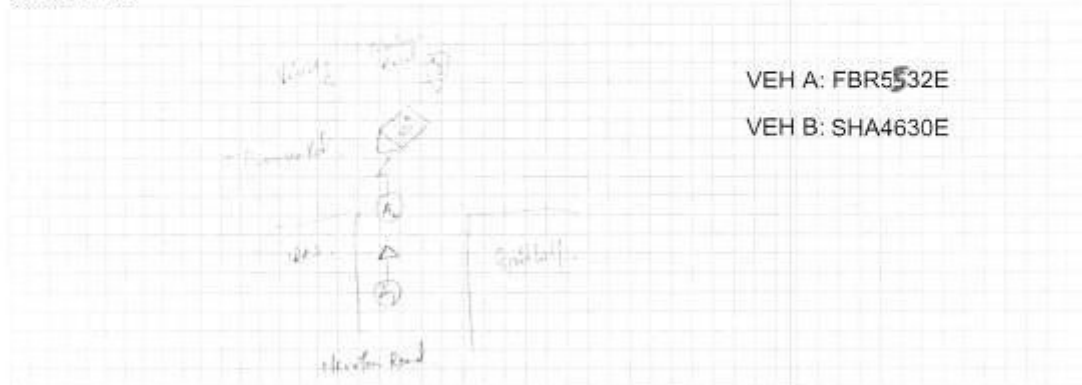
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.


Policyholder's Signature / Date & Time


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

 13/03/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Reports	T/20230226/2051	AND	F/20230202/7049
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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





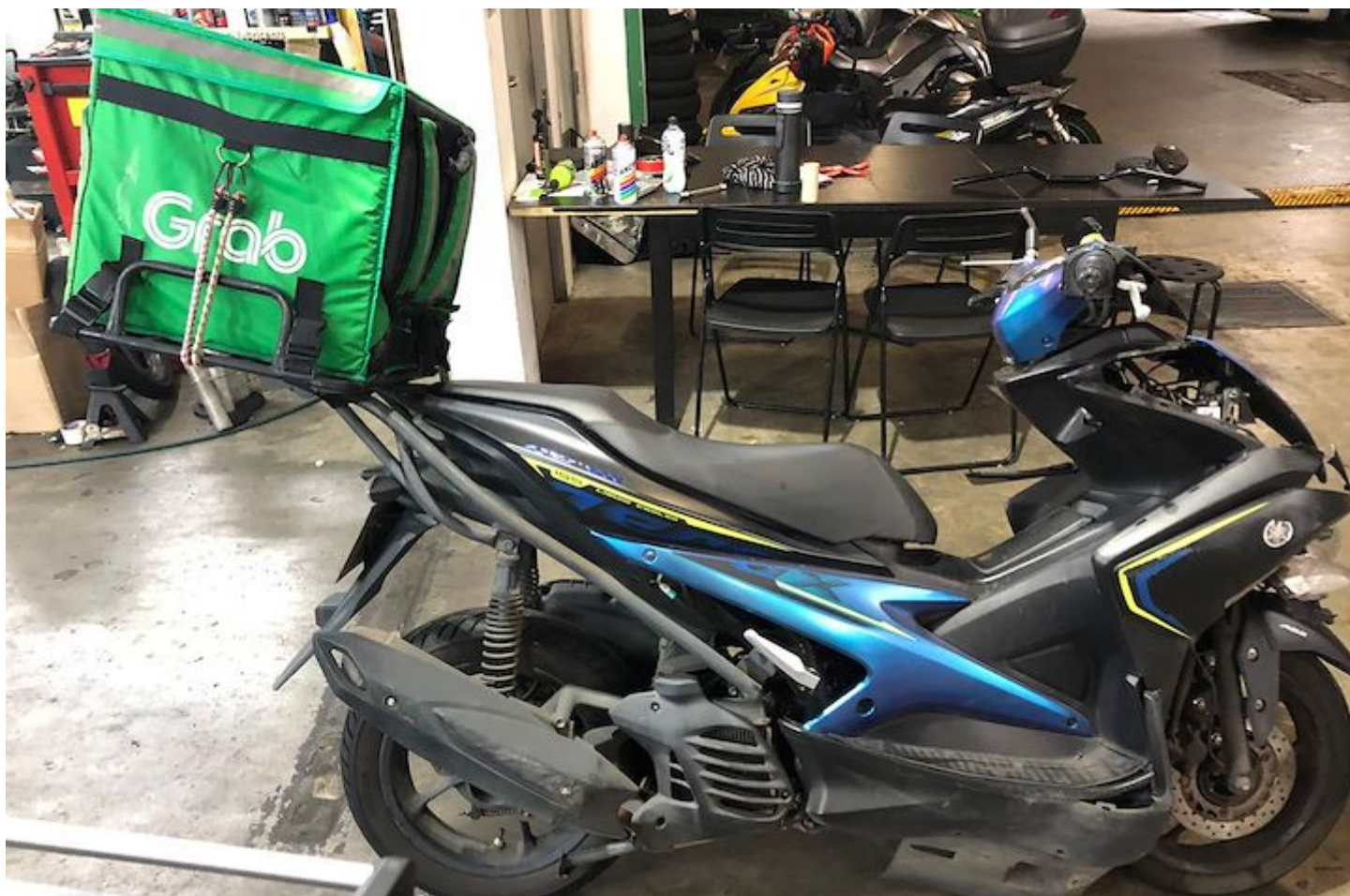













**SINGAPORE
POLICE FORCE**


T/20230226/2051

1 of 3

Report No. T/20230226/2051

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2023 15:17		Vide Report No.:	Station Diary No.: 34
Informant's Particulars			
Name of Informant: AZLI BIN ABD AZIZ		Address: APT BLK 801A KEAT HONG CLOSE #10-13 SINGAPORE 681801	
ID Type / ID No.: NRIC NO / S8716922G		Contact No.: Home/Office: 94526842 Mobile:	
Nationality: SINGAPORE CITIZEN		Email: azliaziz1606@gmail.com	
Sex: Male	Age: 35	Date of Birth: 16/06/1987	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Delivery Rider		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident 25/02/2023 11:30	Type of Location: X-Junction
Location: NEWTON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR5532E	Motorcycle	YAMAHA	AEROX 155A	Blue	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR5532E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300455377	30/07/2022	29/07/2023

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20230226/2051

2 of 3

Report No. T/20230226/2051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AZLI BIN ABD AZIZ	ID No.	S8716922G
Related Vehicle	NIL	Contact No.	94526842
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25th February 2023, at 1130 hours I was riding on the second lane of Newton Rd towards Moulmein Rd nearby IRAS building and moving on from traffic light, my motorcycle front bearing the carplate of FBR5532E collided with a taxi left side. The taxi was driven by a female driver and was turning right from the opposite direction. I affirmed that the traffic light on my side was green and the taxi driver beat the red light. In addition, I have a witness by the name of Safwan, HP no: 9114 2099. Traffic police and ambulance attended to my incident and conveyed me to Tan Tock Seng Hospital.

From this accident, I suffered a dislocated shoulder on my right and swollen knees on both sides. I also got a 5 days MC ranging from 25/02/2023 to 01/03/2023. One of the TP IO called me yesterday to inform me to do a road traffic accident report. I am unsure of the incident report number and the IO name that called me yesterday.

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20230226/2051

1 of 3

Report No. T/20230226/2051

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:

J /

SC2 GOH JUN YUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/02/2023 15:17

Officer In Charge Of Case:

TP / GIT /

SI CHONG GUAN FATT

Contact No.: 65472077

Classification Of Case:

NP168

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**SINGAPORE
POLICE FORCE**



E/20230302/7049

1 of 2

POLICE REPORT (NP299)

Report No. E/20230302/7049

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 02/03/2023 21:28	Vide Report No.	Station Diary No.
Name Of Informant AZLI BIN ABD AZIZ	Address 801A KEAT HONG CLOSE #10-13 SINGAPORE 681801	
ID Type / ID No. NRIC NO / S8716922G	Contact No. Home/Office:	Mobile: 94526842
Nationality SINGAPORE CITIZEN	Email Address azlaziz1606@gmail.com	
Occupation Grab Food Rider	Sex Male	Age 35
Institution/School Name	Date of Birth 16/06/1987	Race Malay
Date/Time Of Incident 25/02/2023 11:30	Location Of Incident NEWTON ROAD	

Brief details.

Vide T20230226/2051

I wish to add on to my initial report:

My Samsung Note 20 had also been damaged due to the collision. The front screen cracked and the back of my phone had also cracked open.

After I was discharged from TTSH with 5 days MC, I started feeling aches and soreness over my neck.

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: 02/03/2023 21:28
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE
POLICE FORCE**

E/20230302/7049

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230302/7049

upper and lower back areas on top of my right shoulder and knees reported at TTSH.

The pain did not go away and as such, I decided to follow up at my wife's company doctor Unihealth Jurong East on 02/03/2023.

I was given another 5 days MC.

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: 02/03/2023 21:28
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SL0Y233D0001 Vehicle Registration No: FBR5532E
 Name (as shown in NRIC): AZLI BIN ABD. AZIZ NRIC/FIN/Passport No: SXXXX9224
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 94526842
 Email Address: _____
 Date of Accident: 05/02/2023 Time of Accident: 11:30
 Place of Accident: NEWTON ROAD
 Insurance Company: MSIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Insured VEHICLE NUMBER 20 FBR5532E ON SKETCH PLAN

Policyholder / Actual Driver's Signature
Date:

16/02/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: