

## 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 .....	14/04/2023 17:31 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	09/04/2023 19:03 (SGT)
Exact Location of Accident .....	Fort Canning Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBQ714K
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Muhammad Iqbal Hafirullah Bin Salim
NRIC No .....	S8943730Z
Email Address .....	hafirullah@hotmail.com
Mobile Phone No .....	(Phone) +65-84687879
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 .....	Auto
CC .....	292

#### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	CN51018759

#### DRIVER

Name of Driver .....	Muhammad Iqbal Hafirullah Bin Salim
NRIC No .....	S8943730Z
Date Of Birth .....	04/12/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	31/08/2012
Driving experience .....	10 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84687879
Alt. Phone Number .....	-
Email Address .....	hafirullah@hotmail.com
Address .....	Blk 110 Rivervale Walk, #02-08
Address complement .....	-
Postcode .....	540110
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 - Major/Minor Rd
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 .....	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

See sketch plan and 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 .....	SH7438H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	Jamal
Contact Number .....	(Phone) +65-84813142
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 .....	Muhammad Iqbal Hafirullah Bin Salim
Gender .....	Male
Phone No .....	(Phone) +65-84687879
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBQ714K
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

#### WITNESS DETAILS

##### WITNESS 1

Name .....	Norsyarahil Nabil Bin Nor'Azlan
Phone .....	(Phone) +65-88143365
Email .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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")

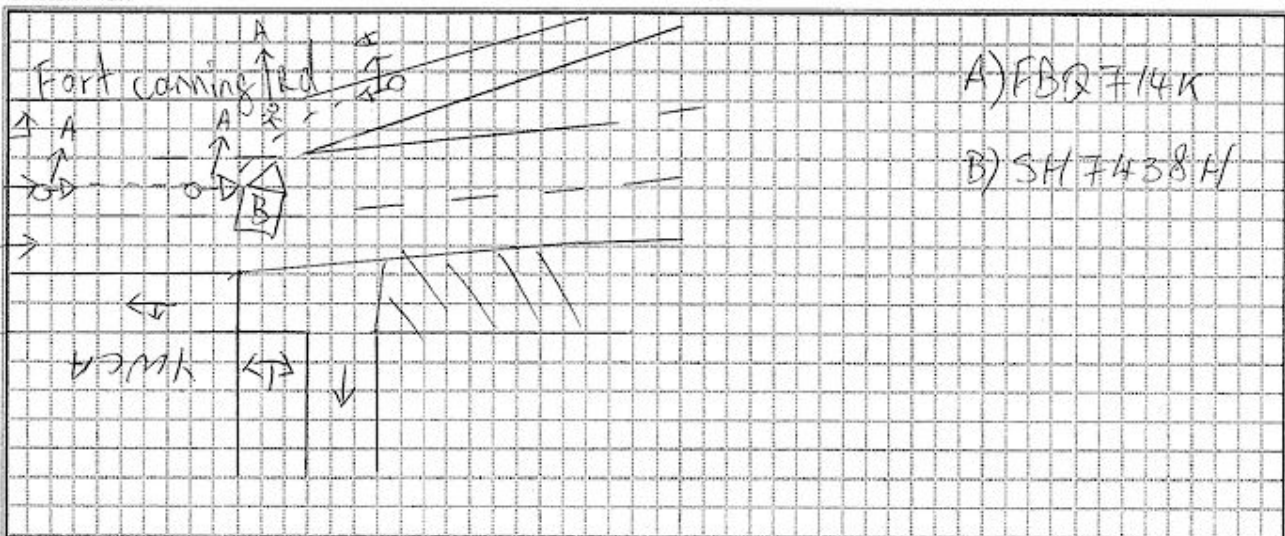
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

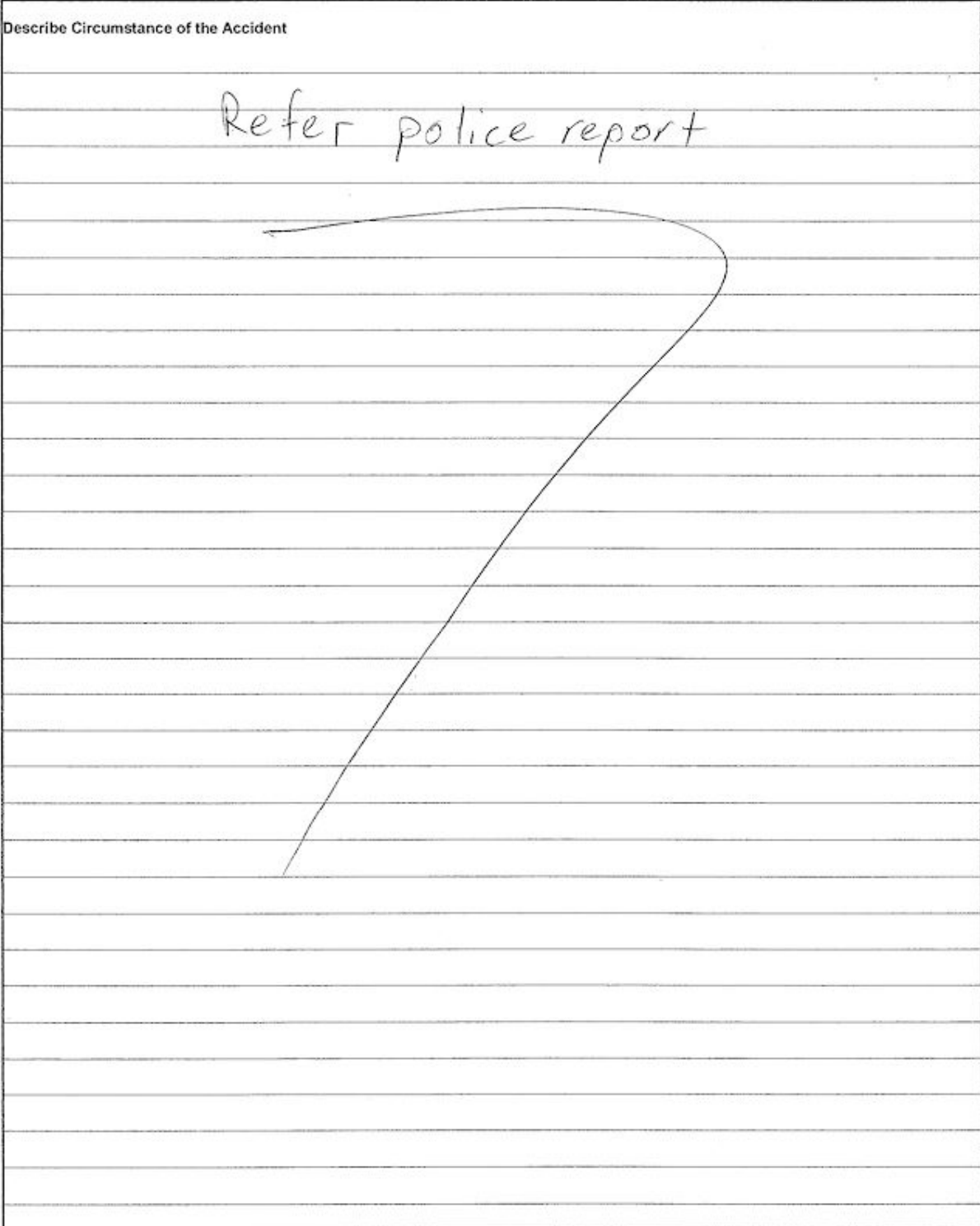
  
Driver's Signature (if driver is not the policyholder) / Date & Time

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

**Sketch Plan**

Describe Circumstance of the Accident


Refer police report




**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/20230410/7052

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**POLICE REPORT (NP299)**

Report No. F/20230410/7052

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 10/04/2023 16:05	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD IQBAL HAFIRULLAH BIN SALIM	Address 110 RIVERVALE WALK #02-08 SINGAPORE 540110	
ID Type / ID No. NRIC NO / S8943730Z	Contact No. Home/Office:	Mobile: 84687879
Nationality SINGAPORE CITIZEN	Email Address UFIRHA@HOTMAIL.COM	
Occupation Motorcycle delivery man	Sex Male	Age 33
Institution/School Name	Date of Birth 04/12/1989	Race Malay
Date/Time Of Incident 09/04/2023 19:30 - 10/04/2023 00:00	Location Of Incident 110 RIVERVALE WALK #02-08 SINGAPORE 540110	

**Brief details.**

On 09/04/2023, at about 7.30-7.45pm, I was on my way to Somerset riding along Oxley Walk on the 2nd lane with a 3rd lane (towards Clemenceau). I saw a taxi exiting from YMCA and was moving towards the said 3rd lane. It happened too fast that I am unable to avoid the taxi. I've tried to alert the driver by honking but he banged me instead. I could hear another honk from behind which I assume is the witness. In the midst of the accident, the driver got out of his taxi and he claimed that he was not in the wrong. The only person who rendered assistance to me was the witness. Ambulance then came and I was taken to SGH to get medical treatment. I had abrasion on the whole right side of my body. I was supposed to be

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: 10/04/2023 16:05
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230410/7052

admitted but I declined. I've managed to have the contact details as below:

Witness: Norsyarahil Nabil Bin Nor'Azlan  
Hp: 8814 3365

Taxi Driver: Mr Jamal  
Hp: 8481 3142  
Plate Number: SH7438H

Subjects Involved			
Suspect			
Person Name	Jamal		
ID Type	NRIC NO	ID No	S1176586F
Gender	Male	Age	50-60
Race	Malay	Language	Malay
Occupation	Taxi driver	Mobile No	84813142
Complexion	Dark	Build	Small
Height About	185cm	Attire Last Worn	White shirt with black pants
Hair Colour	Black	Hair Style	Medium-Straight
Victim			
Person Name	MUHAMMAD IQBAL HAFIRULLAH BIN SALIM		
ID Type	NRIC NO	ID No	S8943730Z
Gender	Male	Age	33
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: 10/04/2023 16:05
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230410/7052

Occupation	Motorcycle delivery man	Address	110 RIVERVALE WALK #02-08 SINGAPORE 540110
Mobile No	84687879	Is Informant A Victim?	Yes
Person Name	MUHAMMAD IQBAL HAFIRULLAH BIN SALIM (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:  
10/04/2023 16:05

Classification Of Case: