

# 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 ..... 22/06/2023 15:41 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 01/06/2023 21:55 (SGT)  
Exact Location of Accident ..... Clementi Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FW9674D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SHEIKH HASHMAT AZIM BIN HASHIM  
NRIC No ..... SXXXX211D  
Email Address ..... azimrockstar@hotmail.com  
Mobile Phone No ..... (Phone) +65-83337454  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... PHANTOM200  
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 ..... 197

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300458040 VMP

### DRIVER

Name of Driver ..... SHEIKH HASHMAT AZIM BIN HASHIM  
NRIC No ..... SXXXX211D  
Date Of Birth ..... 06/02/1995  
Occupation ..... Indoor

Date Of Driving Pass .....	29/07/2019
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83337454
Alt. Phone Number .....	-
Email Address .....	azimrockstar@hotmail.com
Address .....	BLK 110 WOODLANDS STREET 13 #09-138
Address complement .....	-
Postcode .....	730110
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? .....	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 .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230612/2061

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SFS372E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ERIC
Contact Number .....	(Phone) +65-96975695
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 .....	SHEIKH HASHMAT AZIM BIN HASHIM
Gender .....	Male
Phone No .....	(Phone) +65-83337454
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	FW9674D
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

### WITNESS DETAILS

WITNESS 1

Name .....	DINESH
Phone .....	(Phone) +65-86062469
Email .....	-

**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.

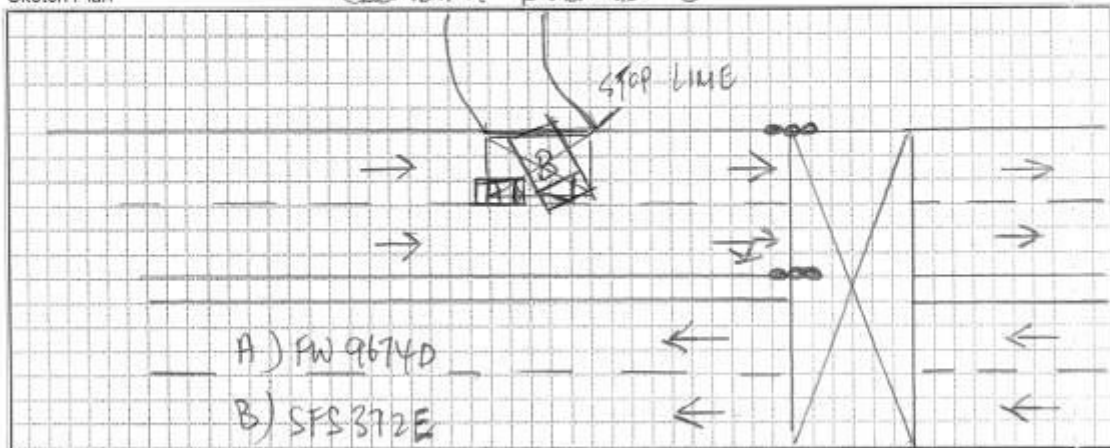
*A M* 22/6/23 1505hrs  
 Policyholder's Signature / Date & Time

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

*[Signature]* 22/06/2023  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

CLEMENTI AVENUE 3

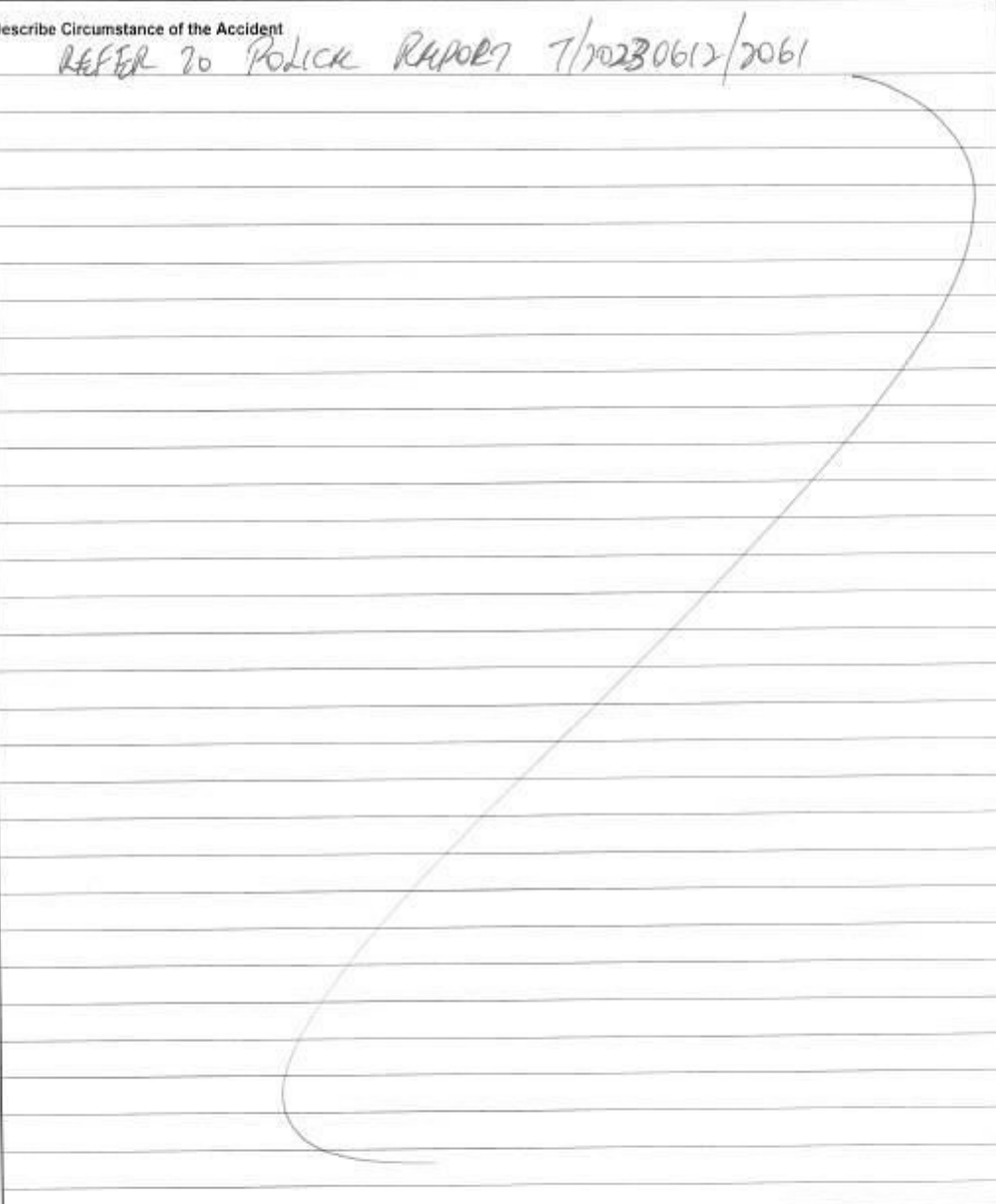


vJun2022

1

Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230612/2061



Declaration

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

*[Signature]* 22/6/23 1505hrs

Policyholder's Signature / Date & Time

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

*[Signature]* 22/06/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

























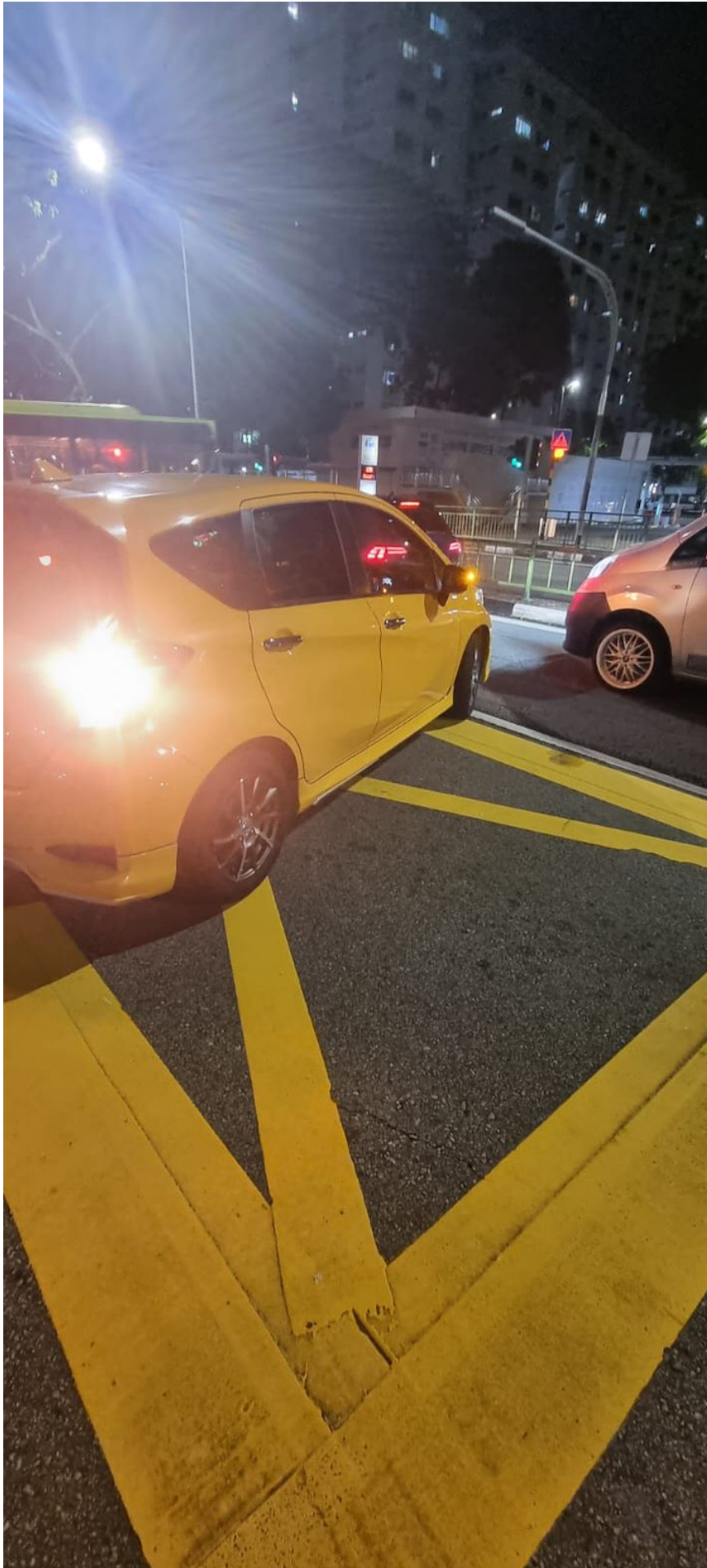















**SINGAPORE  
POLICE FORCE**


T/20230612/2061

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20230612/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/06/2023 16:53	Vide Report No.: D/20230601/0085	Station Diary No.: 101
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**Informant's Particulars**

Name of Informant: SHEIKH HASHMAT AZIM BIN HASHIM		Address: APT BLK 110 WOODLANDS STREET 13 #09-138 SINGAPORE 730110	
ID Type / ID No.: NRIC NO / S9574211D		Contact No.: Home/Office: Mobile: 83337454	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 06/02/1995	Type of Informant: Rider
Race: Malay		Language: English	
Occupation: Youth work associate		Driving Licence Information: Class: 2B Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/06/2023 21:55	Type of Location: Straight Road
Location: CLEMENTI AVENUE 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW9674D	Motorcycle	HONDA	PHANTOM2 00	Blue	Slightly Damaged	0
SFS372E	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW9674D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300458040	06/07/2021	22/07/2023



**SINGAPORE  
POLICE FORCE**



T/20230612/2061

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20230612/2061

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHEIKH HASHMAT AZIM BIN HASHIM	ID No.	S9574211D
Related Vehicle	FW9674D (Motorcycle)	Contact No.	83337454
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/06/2023	Date Discharge	01/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ERIC	ID No.	NIL
Related Vehicle	SFS372E (Car)	Contact No.	96975695
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.**

Reference to incident number: D/20230601/0085.

On 01.06.2023 at about 2155hrs, I was riding my motorcycle FW9674D (Honda, black in colour) along Clementi Ave 3 at the left lane of two-lane road. At that time, the weather is clear, and the road surface is dry. Before the traffic junction beside Clementi Mall, out of sudden, a car SFS372E (Nissan, yellow in colour) came out from the left of Clementi Mall, carpark and cut across the two lane road. I could not stop on time and collided with the car right side subsequently I fall on the road. I felt numb on my leg, and I called for Ambulance assistance.

Upon Ambulance arrival, the paramedics assess my injury and convey me to Ng Teng Fong General Hospital. Before I convey to the hospital, Traffic Police also arrived at scene. The officer then advised me to lodge a Road Traffic Accident report.

I wish to state that this is the first time I met an accident with the vehicle. I do not install camera on my motorcycle or helmet. I believed that the car had install in-car camera. I am lodging this report for Traffic Police follow up.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999




T/20230612/2061

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Report No. T/20230612/2061

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report: D / STAFF SGT ROSLAN BIN ROHANY	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SR STAFF SGT MUHAMMAD GHAZALI BIN ABDUL RAZAK Contact No.: 96192037	

NP168

Signature Of Informant:	
Date/Time: 12/06/2023 16:53	
Classification Of Case:	