

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 30/06/2023 16:10 (SGT)
Reported by Actual Driver
Date of Accident 20/06/2023 09:45 (SGT)
Exact Location of Accident Choa Chu Kang Rd, Singapore
Additional Location Information TOWARDS BUKIT PANJANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBU243G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MASRI BIN OSMAN
NRIC No SXXXX020D
Email Address rusyaidimasree@gmail.com
Mobile Phone No (Phone) +65-96617966
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer ZONTES
Model ZT150G
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 155

INSURANCE COMPANY

Name of Insurance Company Sampo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTMC01004375

DRIVER

Name of Driver MUHAMMAD RUSYADI BIN MASRI
NRIC No TXXXX750D
Date Of Birth 14/06/2001
Occupation Indoor

Date Of Driving Pass	06/02/2023
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91178972
Alt. Phone Number	-
Email Address	rusyaidimasree@gmail.com
Address	BLK 216 CHOA CHU KANG CENTRAL #02-198
Address complement	-
Postcode	680216
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO STATEMENT AND ATTACHMENT

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	SNJ194E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KOH CHENG GUAN
NRIC No	SXXXX990H

Contact Number (Phone) +65-87544867
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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

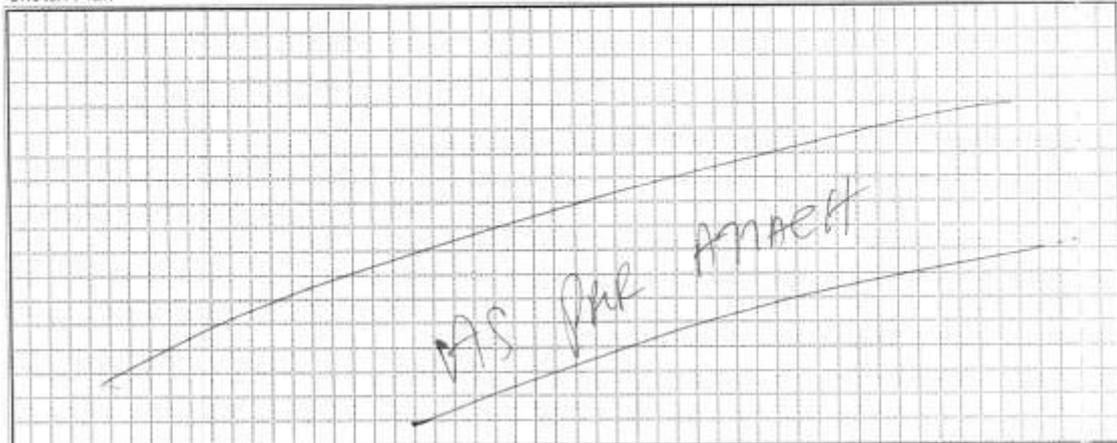
P 30 June 2023

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

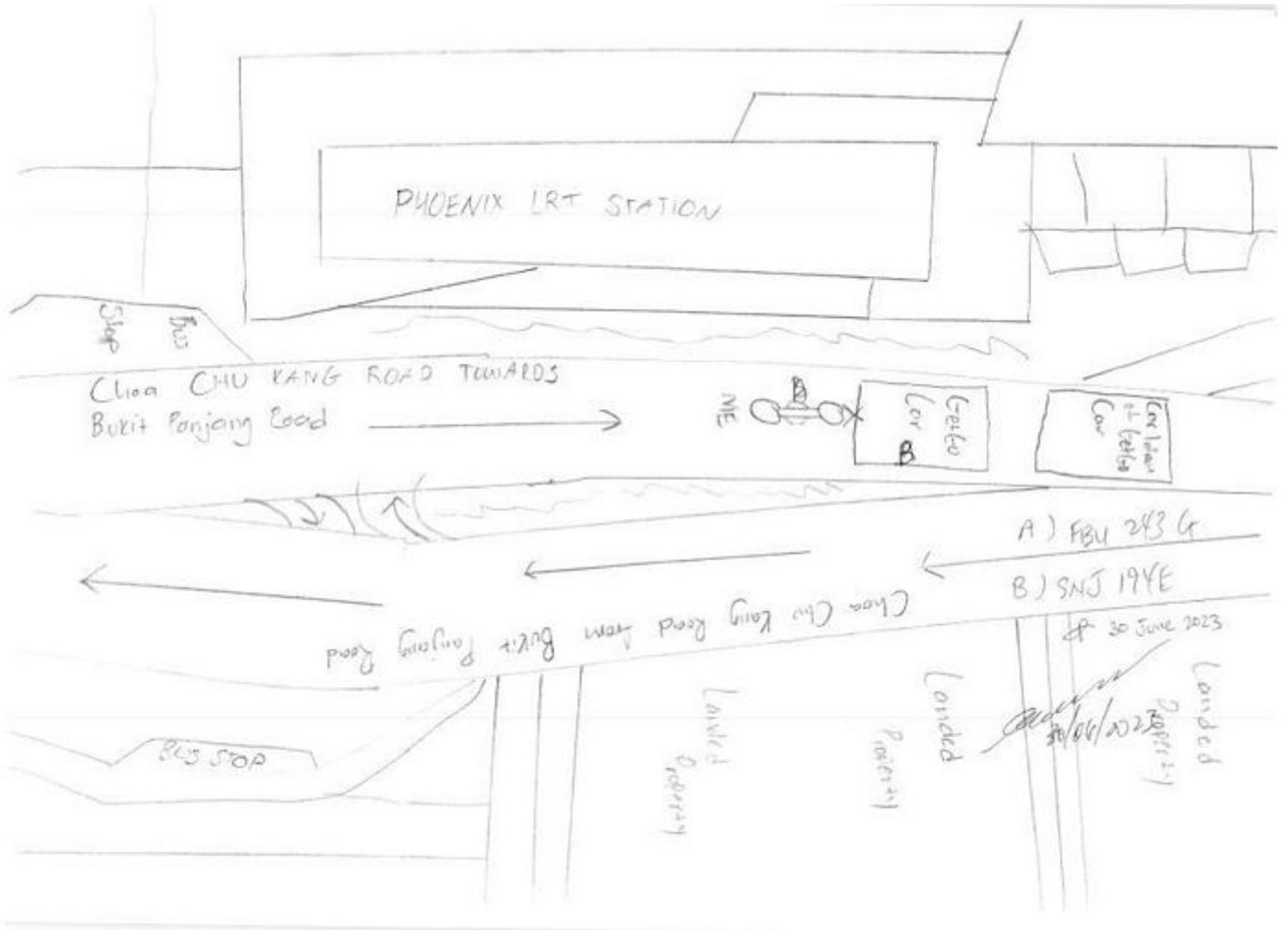
[Signature] 30/06/2023

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

Sketch Plan



v.Jun2022



Accident Statement

Muhammad Rusyaldi Bin Masri

T0117750D

14/06/2001

FBU243G

Location of Accident: Near Phoenix LRT

Time of Accident: Around: 9.45am

Scenario of Accident: "Heavy traffic with mild movement accompanied with constant braking".

I was on my way to Tan Tock Seng Hospital for my medical appointment, met with a collision between me and a GetGo rental car. The damages were mild as only plastic trim on the rear bumper was affected followed by me having a stationary fall to the left from the bike as I had lost balance, sustained no injuries. Driver however mentioned that the car he was driving had a barking assist function, he was following a car in front of him within a certain distance. That said car suddenly jam braked causing the GetGo car with its braking assist function to activate and gave me little reaction time to brake causing me to rear-end the GetGo car. The bike I was riding has no cosmetic damages apart from the left sidebox having scratches from the stationary fall.

Details of GetGo Driver:

Name: KOH CHENG GUAN

Mobile No: 87544867

IC No: S9517990H

Car Details: Hyundai Kona Electric (GetGo)

Plate No: SNJ194E

Remarks: Driver had just passed his car license as of March this year and bears the P-plate)

A 30 June 2023

[Signature]
20/05/2023

Signature: *[Signature]*

Muhd Rusyaldi Bin Masri





















