

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	07/07/2023 09:30 (SGT)
Reported by	Actual Driver
Date of Accident	06/07/2023 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3377M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FONDA GLOBAL ENGINEERING PTE LTD
Company Reg No	1XXXXX805W
Email Address	sinhocklee@yahoo.com.sg
Mobile Phone No	(Phone) +65-90230304
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300353280 MKC

DRIVER

Name of Driver	KAMARUDIN BIN MD YUSOF
NRIC No	SXXXX272G
Date Of Birth	28/12/1972
Occupation	Outdoor

Date Of Driving Pass	12/03/2008
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90230304
Alt. Phone Number	-
Email Address	sinhocklee@yahoo.com.sg
Address	APT BLK 659C PUNGGOL EAST
Address complement	# 07-751
Postcode	823659
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	7
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JFC7985
Vehicle Category	Motorcycle

FOREIGN VEHICLE 2

Vehicle Registration Number	JST5993
Vehicle Category	Motorcycle

FOREIGN VEHICLE 3

Vehicle Registration Number	JUX6913
Vehicle Category	Motorcycle

FOREIGN VEHICLE 4

Vehicle Registration Number	JVH7659
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230706/7031

*PLEASE BE INFORMED THAT THE DRIVER DO NOT KNOW THE SEQUENCE AND THE POSITIONS OF THE MOTORCYCLES.

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 JFC7985
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour Red
 Vehicle Category Motorcycle
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JST5993
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JUX6913
 Vehicle Manufacturer Yamaha
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	JVH3821
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	JVH7659
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SLT2501A
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-

Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

Describe Circumstance of the Accident

*please Refs to the attached police Report
- 7/20230706/7031 -*

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



Policyholder's Signature / Date & Time

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

[Signature] 7/7/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

v3Jun2022

2



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230706/7031

4 of 5

Report No. T/20230706/7031

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was on my way to tuas , on SLE to BKE . I was on the second Lane , and the floor was wet as it just stopped raining .

I am driving a lorry (GBF3377M) i noticed about 10-15 meters ahead , there was a vehicle ahead of me .

So i started to slow down . I applied the brakes and started to slow down too .
But i started to skid to the right towards the first Lane .

After that happened a motorcycle from my right crashed into my right side door .

The motorist fell down and both him and the motorcycle skidded a distance . Subsequently as there was a couple motorists behind him too , they too also jam braked and skidded and fell .

I counted about 5-6 motorists . A Car was also involved in the accident , where it was side swiped . I am unclear of how that side swipe occured .

I was unable to get any of the motorists or the driver's details .

Police attended to the scene , and multiple people were injured and ambulance was called

SKETCH PLAN**IMPORTANT NOTICE**

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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.



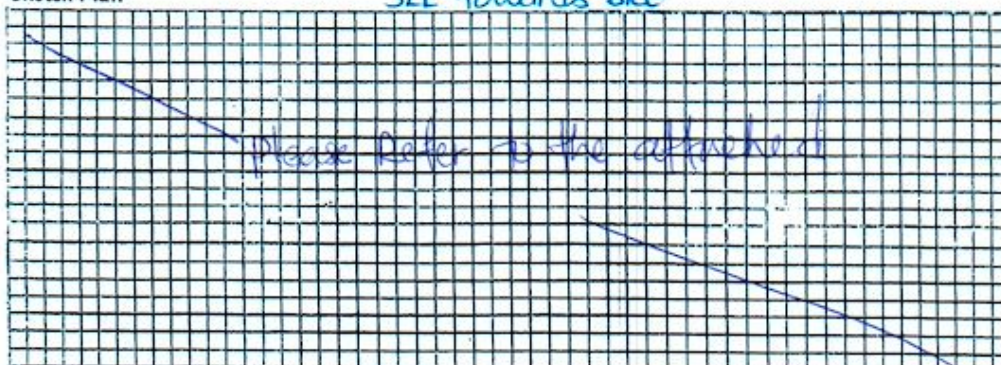
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SLE towards BKE



* please be informed that the sequence of the motorcycles is unknown. sketch is according to the driver's statement.

A- GBF 3377M

Car- SLT 2501A

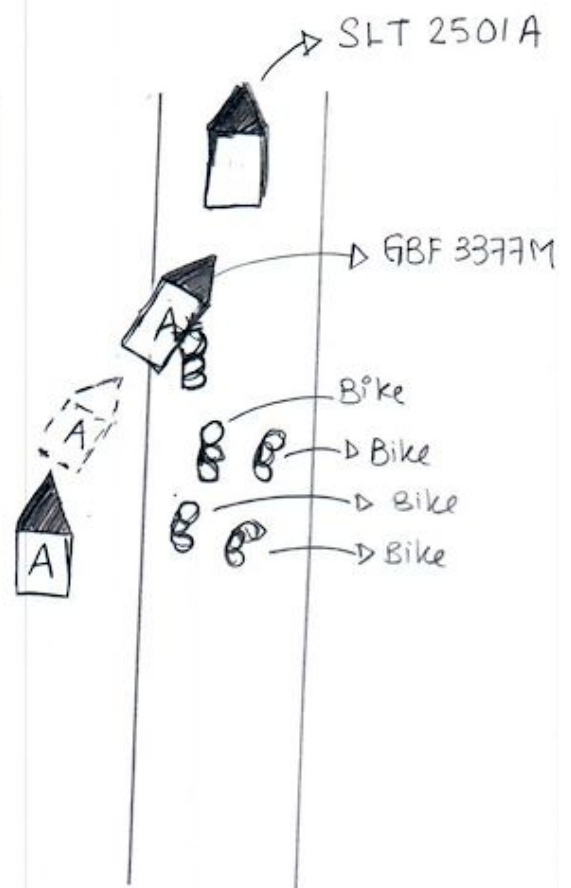
Bike - JFC 7985

Bike - Jst 5993

Bike - Jux 6913

Bike - Jvh 3821

Bike - Jvh 7659













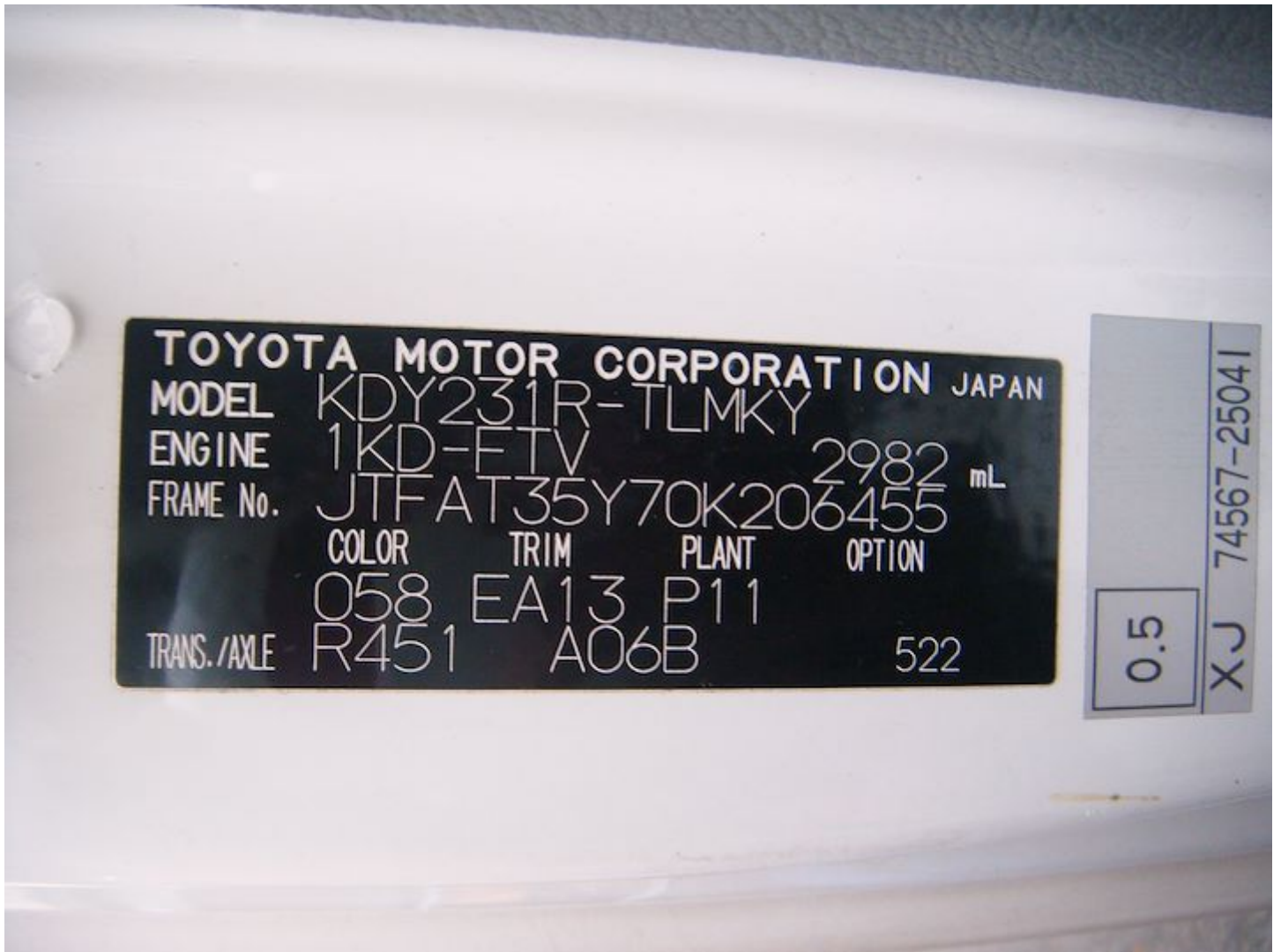














SINGAPORE POLICE FORCE



T/20230706/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 5

Report No. T/20230706/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2023 14:11		Vide Report No.: F/20230706/0046		Station Diary No.:	
Informant's Particulars					
Name of Informant: KAMARUDIN BIN MD YUSOF			Address: 659C PUNGGOL EAST #07-751 SINGAPORE 823659		
ID Type / ID No.: NRIC NO / S7248272G			Contact No.: Home/Office: Mobile: 90230304		
Nationality: SINGAPORE CITIZEN			Email: sleepyhead29sg@gmail.com		
Sex: Male	Age: 50	Date of Birth: 28/12/1972	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Mechanical engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2023 08:15	Type of Location: Straight Road
Location: BKE (SLE)				
Weather: Cloudy		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF3377M	Lorry	TOYOTA	Dyna	White	Slightly Damaged	0
JFC7985	Motorcycle			Red	Slightly Damaged	0
JST5993	Motorcycle			Multi-Colored	No Damage	0


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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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T/20230706/7031

2 of 5

Report No. T/20230706/7031

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
JUX6913	Motorcycle		Yamaha	Multi-Colored	Slightly Damaged	0
JVH3821	Motorcycle			Grey	Slightly Damaged	0
JVH7659	Motorcycle			Blue	Slightly Damaged	0
SLT2501A	Car		Honda	Grey	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAMARUDIN BIN MD YUSOF	ID No.	S7248272G
Related Vehicle	GBF3377M (Lorry)	Contact No.	90230304
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLT2501A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



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T/20230706/7031

3 of 5

Report No. T/20230706/7031

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Rider			
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Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Fatal



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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230706/7031

4 of 5

Report No. T/20230706/7031

CONTINUATION OF REPORT

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Police attended to the scene , and multiple people were injured and ambulance was called

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Traffic Police
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T/20230706/7031

5 of 5

Report No. T/20230706/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
06/07/2023 14:11

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: SL0223770001 Vehicle Registration No: GBF 3377 M
 Name (as shown in NRIC): Kamardin Bin Md Yusof NRIC/FIN/Passport No: S7248272G
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apt Blk 654C Ponggol East # 07-751 Singapore 823659
 Contact (Tel): _____ Mobile No.: 9023 0304
 Email Address: sinhocklee@yahoo.com.sg
 Date of Accident: 06/07/2023 Time of Accident: 08:15
 Place of Accident: SLE towards BKE
 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:

Amend sketch plan

Policyholder / Actual Driver's Signature
Date:

[Signature] 7/7/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: