

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	19/07/2023 17:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/07/2023 08:40 (SGT)
Exact Location of Accident	Boon Lay Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC1372E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAMZAH BIN MOHAMAD ALI
NRIC No	S1145897A
Email Address	IKAH_GERL@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96689711
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	PHANTOM 200 M
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	197

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300506516VMP

DRIVER

Name of Driver	HAMZAH BIN MOHAMAD ALI
NRIC No	S1145897A
Date Of Birth	12/09/1955
Occupation	Indoor

Date Of Driving Pass	16/04/1987
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96689711
Alt. Phone Number	-
Email Address	IKAH_GERL@HOTMAIL.COM
Address	BLK 512 WEST COAST DRIVE #02-365
Address complement	-
Postcode	120512
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	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Wet

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

REFER TO ATTACHED POLICE REPORT D/20230718/7029

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	GBH2301C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97366888
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	HAMZAH BIN MOHAMAD ALI
Gender	Male
Phone No	(Phone) +65-96689711
Address	512 WEST COAST DRIVE #02-365
Address Complement	-
Post Code	120512
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBC1372E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

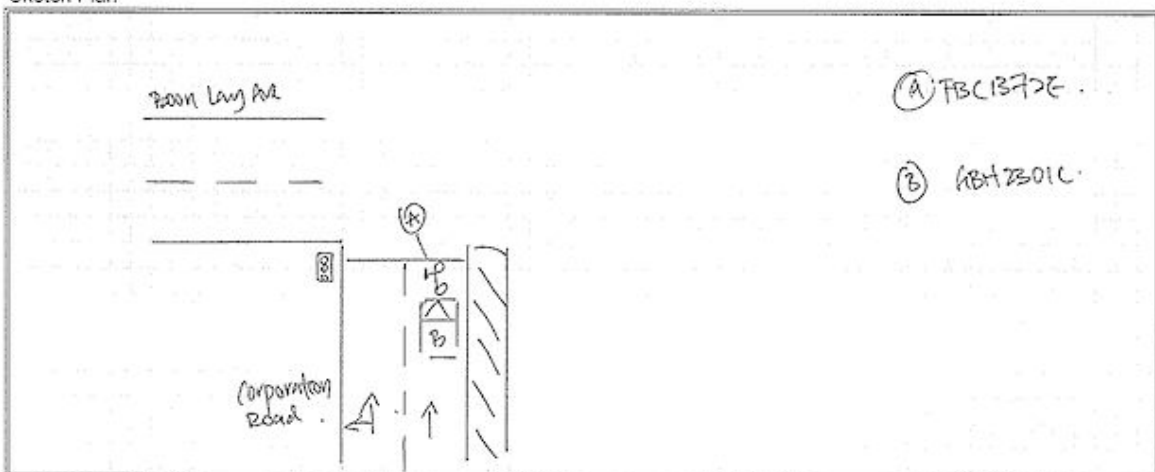
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


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

Sketch Plan



vJun2022

1

2



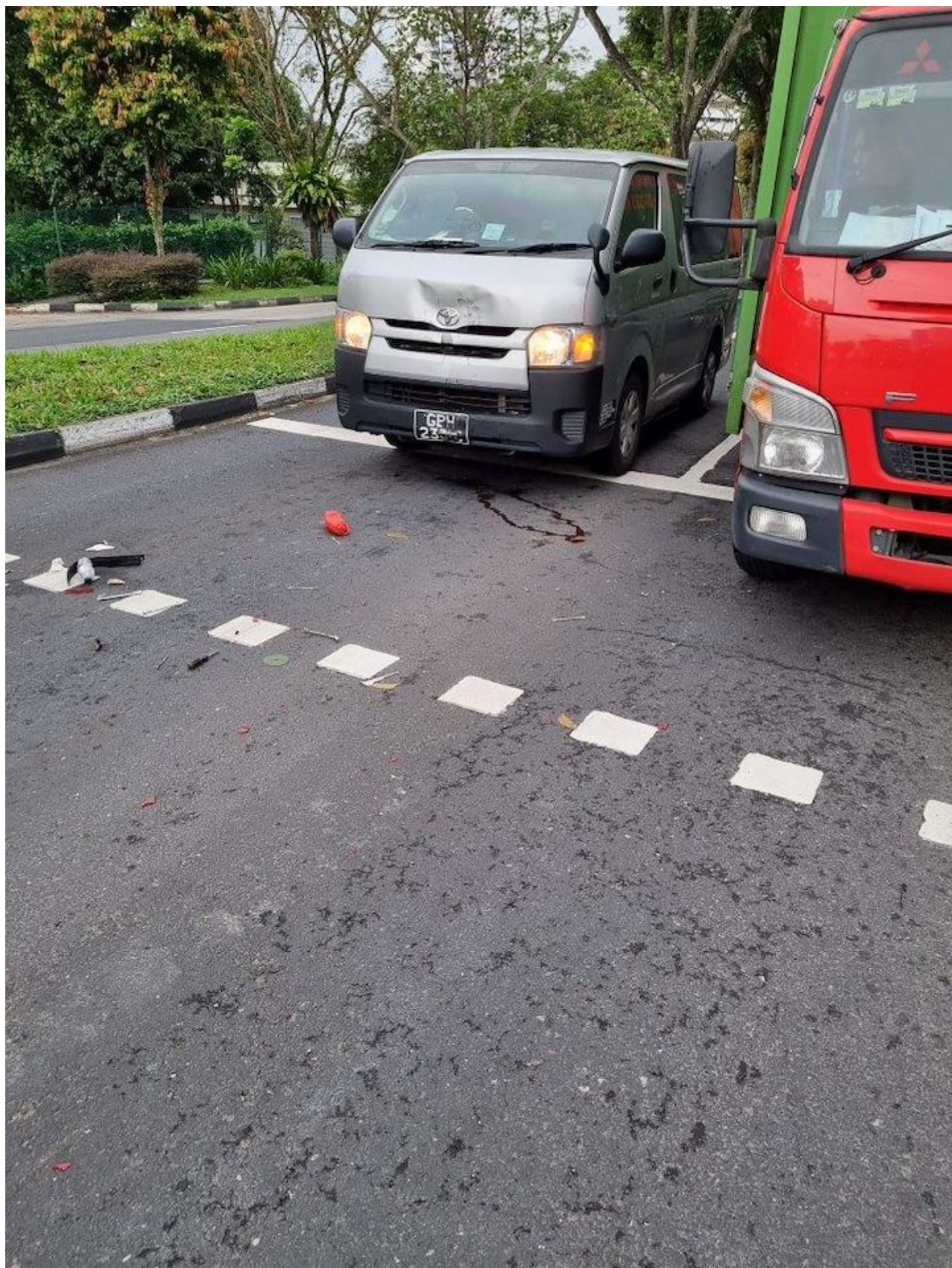














**SINGAPORE
POLICE FORCE**



D/20230718/7029

1 of 2

POLICE REPORT (NP299)

Report No. D/20230718/7029

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 18/07/2023 14:28	Vide Report No.	Station Diary No.
Name Of Informant HAMZAH BIN MOHAMAD ALI	Address 512 WEST COAST DRIVE #02-365 SINGAPORE 120512	
ID Type / ID No. NRIC NO / S1145897A	Contact No. Home/Office: Mobile: 96689711	
Nationality SINGAPORE CITIZEN	Email Address ikah_gerl@hotmail.com	
Occupation Chief Information/Security/Technology Officer	Sex Male	Age 67
Institution/School Name	Date of Birth 12/09/1955	Race Malay
Date/Time Of Incident 18/07/2023 08:40 - 18/07/2023 08:41	Location Of Incident BOON LAY AVENUE	

Brief details.

I saw the amber light, started to slow down and stop before the white line on right side of the two lane. In a few seconds, a grey van hit my motorbike from the back. Then my bike move forward and fell down on the pedestrian walk. My right leg was caught under my bike. My bike storage box flung over and was broken.

Subjects Involved	
Suspect	
Person Name	Unknown

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: 18/07/2023 14:28
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at West Coast NPP Kiosk



**SINGAPORE
POLICE FORCE**



D/20230718/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20230718/7029

Gender	Male	Race	Chinese
Language	English	Mobile No	97366888
Victim			
Person Name	HAMZAH BIN MOHAMAD ALI		
ID Type	NRIC NO	ID No	S1145897A
Gender	Male	Age	67
Race	Malay	Language	English
Occupation	Chief Information/Security/Technology Officer	Address	512 WEST COAST DRIVE #02- 365 SINGAPORE 120512
Mobile No	96689711	Is Informant A Victim?	Yes
Person Name			
HAMZAH BIN MOHAMAD ALI (Informant)			

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: 18/07/2023 14:28
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at West Coast NPP Kiosk



**SINGAPORE
POLICE FORCE**



T/20230719/2060

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

1 of 3
Report No. T/20230719/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2023 14:56		Vide Report No.: D/20230718/7029		Station Diary No.: 57
Informant's Particulars				
Name of Informant: HAMZAH BIN MOHAMAD ALI		Address: APT BLK 512 WEST COAST DRIVE #02-365 SINGAPORE 120512		
ID Type / ID No.: NRIC NO / S1145897A		Contact No.: Home/Office: Mobile: 96689711		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 67	Date of Birth: 12/09/1955	Type of Informant: Rider	
Race: Malay		Language: English		
Occupation: Private security officer		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2023 08:40	Type of Location: T-Junction
Location: CORPORATION ROAD				
Weather: Clear		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC1372E	Motorcycle	HONDA	PHANTOM 200 M	Black	Seriously Damaged	0
GBH2301C	Van				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC1372E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300506516	01/12/2021	30/11/2023



SINGAPORE
POLICE FORCE



T/20230719/2060

2 of 3

Police Station Of Origin:
Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20230719/2060

CONTINUATION OF REPORT

Brief Details.

Reference to my police report D/20230718/7029,

I would like to add more details regarding the accident as it is for Insurance claim purposes.

On 18/07/2023 at about 0840hrs. I was riding my vehicle bearing FBC1372E along Corporation Road towards Jurong West Avenue 2. I was riding on the right lane. As I was approaching the junction of Boon Lay Avenue and noticed the traffic lights turning amber, so I slowed down. I finally came to a stop and subsequently felt a hard impact from the back. I surged forward and fell on the pedestrian walk. My right leg was caught under my motorcycle. My motorcycle box attached to my bike flung over and was broken. I was still conscious before ambulance came.

At this point, I manage to snap a photo of the van that hit me which bears registration number GBH2301C. I was conveyed to the hospital but was discharged on the same day. I was given 4 days of Medical Leave. I sustained minor bruises on my right knee and feet.



SINGAPORE
POLICE FORCE



T/20230719/2060

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/20230719/2060

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

D /

SGT 3 KHAIRUL ANWAR
LLOVIDO BIN JOHARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/07/2023 14:56

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168