

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 First Submission	16/09/2024 17:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/08/2024 13:10 (SGT)
Exact Location of Accident	Chancery Ln, Singapore
Additional Location Information	TOWARDS THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP4474G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHAN MD MOSHIOUR RAHMAN
Passport No/FIN	GXXXX620N
Email Address	moshiedo0@gmail.com
Mobile Phone No	(Phone) +65-91261012
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF
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?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	155
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300847830 VMP

DRIVER

Name of Driver	KHAN MD MOSHIOUR RAHMAN
Passport No/FIN	GXXXX620N
Date Of Birth	23/11/1984
Occupation	Outdoor
Driving Pass Date	23/09/2011
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91261012
Alt. Phone Number	-
Email Address	moshiedo0@gmail.com
Address	318 WOODLANDS STREET 31 #05-170
Address complement	-
Postcode	-
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 - 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?	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	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 POLICE REPORT T/20240830/7094

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	SNG5536K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DAVID GIAM KIM POH
NRIC No	-1
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	KHAN MD MOSHIOUR RAHMAN
Gender	Male
Phone No	(Phone) +65-91261012
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBP4474G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.

6. 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

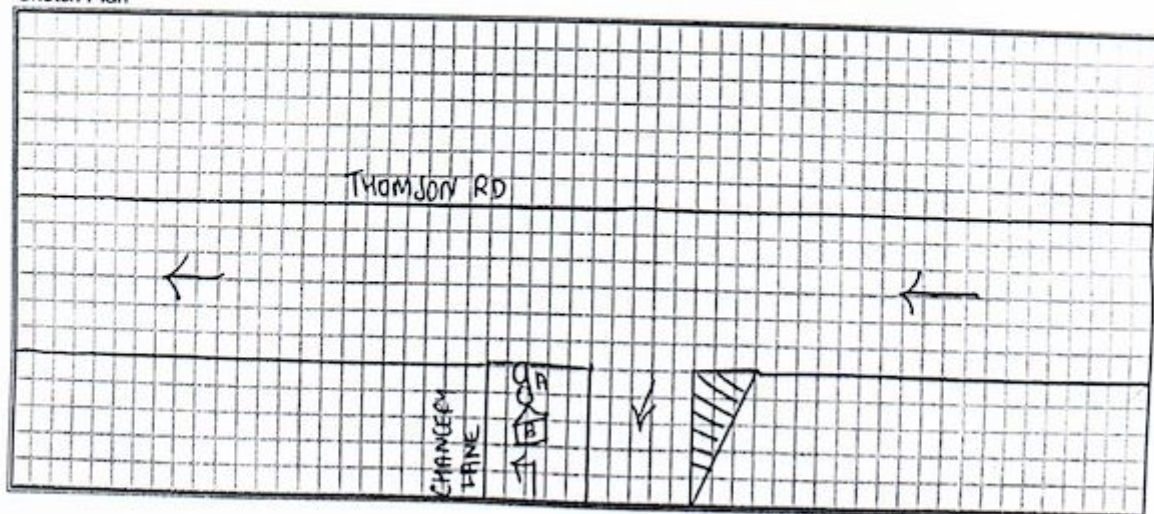
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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



A : F8P44746
B : SNG5536K

1

Scanned with CamScanner

Describe Circumstance of the Accident

REFER TO POLICE REPORT
NO: T/20240830/7094

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)

2

Scanned with CamScanner













SINGAPORE POLICE FORCE

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



T/20240830/7094

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Report No. T/20240830/7094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2024 17:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KHAN MD MOSHIOUR RAHMAN			Address: 318 WOODLANDS ST 31 #05-170 SINGAPORE 730318		
ID Type / ID No.: FIN NO / G7921620N			Contact No.: Home/Office: Mobile: 91261012		
Nationality: BANGLADESHI			Email: MOSHIEDU0@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 23/11/1984	Type of Informant: Rider		
Race: Bangladeshi			Language: English		
Occupation: SAFETY OFFICER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/08/2024 13:10	Type of Location: Straight Road
Location: CHANCERY LANE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4474G	Motorcycle				Seriously Damaged	0
SNG5536K	Motor car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240830/7094

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

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Report No. T/20240830/7094

CONTINUATION OF REPORT

Rider			
Name	KHAN MD MOSHIOUR RAHMAN		ID No. G7921620N
Related Vehicle	FBP4474G (Motorcycle)		Contact No. 91261012
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	29/08/2024	Date Discharge	30/08/2024
No. of Days granted Medical Leave (MC)	06	Degree of Injury	Serious
Driver			
Name	DAVID GIAM KIM POH		ID No. S1525669J
Related Vehicle	SNG5536K (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING MOTOR PLATE FBP4474G WAS STATIONARY AT CHANCERY LANE BEHIND THE STOP LINE CHECKING ON THE MAIN ROAD(THOMSON ROAD) INCOMING TRAFFIC BEFORE PROCEEDING.

SUDDENLY, A VEHICLE, BEARING CAR PLATE SNG5536K BANG ONTO THE REAR PORTION ONTO MY MOTOR BIKE.

MY BIKE AND I FALL TO THE RIGHT. I FALL AND LANDED ONTO MY LOWER BACK, RIGHT LEG AND RIGHT HAND.

AFTER THE ACCIDENT, I WAS CONVEYED TO TAN TOCK SENG HOSPITAL.

I AM WARDED FROM 29/08/2024 15:38HRS TO 30/08/2024 13:23HRS.

I DISCHARGED AND GIVEN 6 DAYS OF MC FROM 29/08/2024 TO 03/09/2024.

I LIKE TO STATE THAT I SUFFERED INJURIES ON MY RIGHT SHOULDER, LOWER BACK, RIGHT LEG, RIGHT ANKLE AND STOMACH.

**SINGAPORE
POLICE FORCE**

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



T/20240830/7094

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Report No. T/20240830/7094

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NADYA BINTE MOIDEEN
Contact No.: 65476331

NP168

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

Date/Time:
30/08/2024 17:41

Classification Of Case: