SL0Z249G0003 / LKK Auto Consultants Pte Ltd [408933]
ENTRY DATE & TIME: 16/09/2024 17:08 (SGT)
SUBMITTED BY: LKK Auto PU
VERSION: 1 (16/09/2024 17:08 (SGT))

**Your NCD will be affected due to late reporting**

# 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 witholding 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 |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | No |
| Name Of Registered Owner | KHAN MD MOSHIOUR RAHMAN |
| Passport No/FIN | G7921620N |
| 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 Regisration 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 | G7921620N |
| 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

### IMPORTANT NOTICE

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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 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.

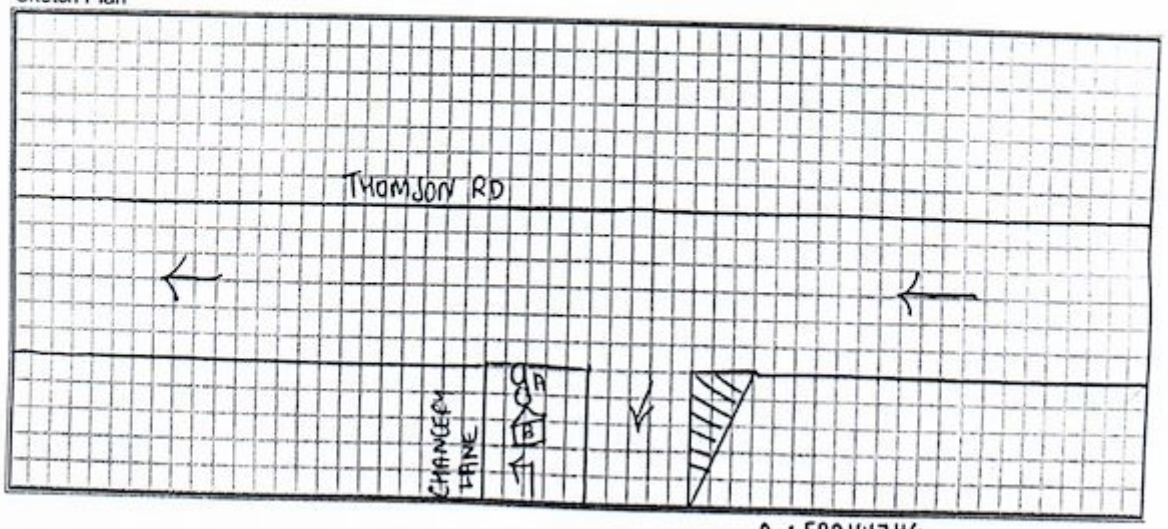
Policyholder's Signature / Date & Time

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

16/08/2024

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

Sketch Plan




1

Scanned with CamScanner

Describe Circumstance of the Accident

REFER TO POLICE REPORT
NO: T/2024O830/7094

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

16/09/2024

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

2

Scanned with CamScanner

IMAGES


IMAGES #2

IMAGES #3


IMAGES #4


IMAGES #5


**SINGAPORE POLICE FORCE**

T/20240830/7094



Report No. T/20240830/7094

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

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 30/08/2024 17:41 | | |

**Informant's Particulars**

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

**General Information of the Accident**

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



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<br>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<br>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

T/20240830/7094

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



Report No. T/20240830/7094

CONTINUATION OF REPORT

| | |
|---|---|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>30/08/2024 17:41 |
| Officer In Charge Of Case:<br>TP / TPIB /<br>NADYA BINTE MOIDEEN<br>Contact No.: 65476331 | Classification Of Case: |

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