

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	17/10/2024 17:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/10/2024 09:00 (SGT)
Exact Location of Accident	Cavenagh Rd, Singapore
Additional Location Information	CTE TOWARDS THE CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8981P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD IMRAN BIN ABDUL GHANI
NRIC No	SXXXX401F
Email Address	muhammadimran.abdul@gmail.com
Mobile Phone No	(Phone) +65-96549591
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	400x
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	400
Vehicle Fuel	Petrol
First Registration Date	11/12/2014
Chassis no	NC471004205
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 301084072 VMP

DRIVER

Name of Driver	MUHAMMAD IMRAN BIN ABDUL GHANI
NRIC No	SXXXX401F
Date Of Birth	29/05/1990
Occupation	Indoor
Driving Pass Date	06/02/2018
Driving License Pass Class	2A
Driving License Validity	Valid
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96549591
Alt. Phone Number	-
Email Address	muhammadimran.abdul@gmail.com
Address	APT BLK 660 WOODLANDS RING ROAD
Address complement	#02-126
Postcode	730660
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	Side Swipe
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 SEE ATTACHED POLICE REPORT

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	SHC8113U
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-90526624
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD IMRAN BIN ABDUL GHANI
Gender	Male
Phone No	(Phone) +65-96549591
Address	APT BLK 660 WOODLANDS RING ROAD
Address Complement	#02-126
Post Code	730660
Approximate Age Years Old	34
Injuries Sustained	bruises, abrasions & fractured collarbone need for surgery
Injured person in which vehicle?	FBJ8981P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	IAN
Phone	(Phone) +65-91261427
Email	-

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

Declaration

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



[Signature]

Policyholder's Signature / Date & Time



[Signature]

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



Witnessed by Reporting Centre Personnel

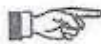
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

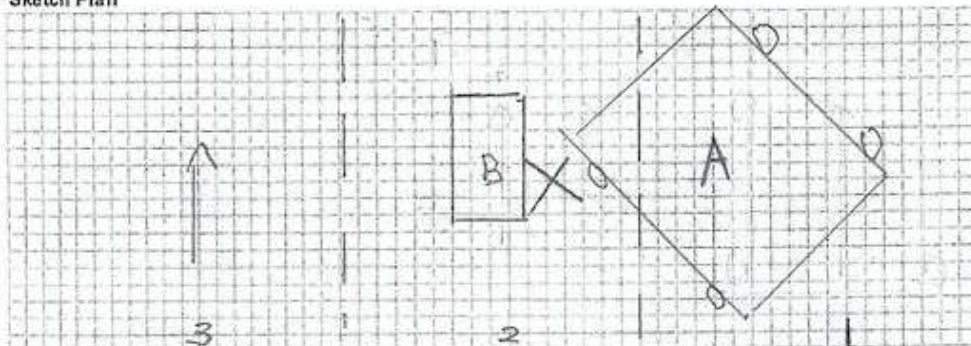


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



A: TAXI SHC 81134

B: M'CYCLE FB38981P



**SINGAPORE
POLICE FORCE**



T/20241016/7118

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

1 of 3

Report No. T/20241016/7118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2024 20:06		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: Muhammad Imran Bin Abdul Ghani		Address: 660 Woodlands Ring Road #02-126 SINGAPORE 730660		
ID Type / ID No.: NRIC NO / S9018401F		Contact No.: Home/Office: Mobile: 96549591		
Nationality: SINGAPORE CITIZEN		Email: muhammadimran.abdul@gmail.com		
Sex: Male	Age: 34	Date of Birth: 29/05/1990	Type of Informant: Rider	
Race: Malay		Language: English		
Occupation: Company director		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/10/2024 09:00	Type of Location: CTE before exit 5
Location: CAVENAGH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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	Condition	No of Passenger
FBJ8981P	Motorcycle	HONDA	400X	Black		0
SHC 8113 U	Motor car	HYUNDAI		Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
FBJ8981P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	301084072	26/02/2024	10/12/2024



**SINGAPORE
POLICE FORCE**



T/20241016/7118

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

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Report No: T/20241016/7118

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Muhammad Imran Bin Abdul Ghani		ID No. S9018401F
Related Vehicle	FBJ8981P (Motorcycle)		Contact No. 96549591
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/10/2024		Date Discharge 16/10/2024
No. of Days granted Medical Leave (MC)	10	Degree of Injury	Serious

Brief Details.

I have the video recording of the accident. On 16/10/2024, while riding to work on the CTE towards the city, just before the Cairnhill exit, I noticed the traffic slowing down and cars coming to a stop. As a precaution, I reduced my speed to watch out for any lane changes by other vehicles. As I passed a couple of stationary cars, a taxi with the license plate SHC 8113 U suddenly and abruptly swerved to the left without signaling, entering my lane and hitting me.

The impact caused me to fall, and I was assisted by several bystanders and passersby. I was quickly conveyed to Tan Tock Seng Emergency Department by SCDF. X-rays revealed that I had fractured my collarbone, necessitating surgery. Consequently, I was given 10 days of medical leave.

This incident has left me feeling traumatized and anxious. The consequences have been far-reaching, affecting my daily life and well-being. The taxi driver called me and dropped me a text saying that he is sorry for the accident.



**SINGAPORE
POLICE FORCE**



T/20241016/7118

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

3 of 3

Report No. T/20241016/7118

CONTINUATION OF REPORT

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:
16/10/2024 20:06

Officer In Charge Of Case:
TP / TPIB /
CHEN WEIXIANG, BEN
Contact No.: 83823828

Classification Of Case:

NP168