

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	16/07/2024 10:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/07/2024 04:03 (SGT)
Exact Location of Accident	Jln Asas, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR545B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ISKANDAR BIN KAMARUDDIN
NRIC No	S8530524G
Email Address	the.buffel@gmail.com
Mobile Phone No	(Phone) +65-92293824
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CB150X
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	149

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51030659

DRIVER

Name of Driver	ISKANDAR BIN KAMARUDDIN
NRIC No	S8530524G
Date Of Birth	12/10/1985
Occupation	Outdoor

Driving Pass Date	27/06/2015
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92293824
Alt. Phone Number	-
Email Address	the.buffel@gmail.com
Address	BLK 450 CHOA CHU KANG AVENUE 4 #116-161
Address complement	-
Postcode	680450
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?	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	-

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/20240715/7038

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	GQ5515B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SIRAGAM RAMALINGAM
NRIC No	S8513105B
Contact Number	(Phone) +65-82256282
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	ISKANDAR BIN KAMARUDDIN
Gender	Male
Phone No	(Phone) +65-92293824
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBR545B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 Police for investigation.
6. The 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.
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

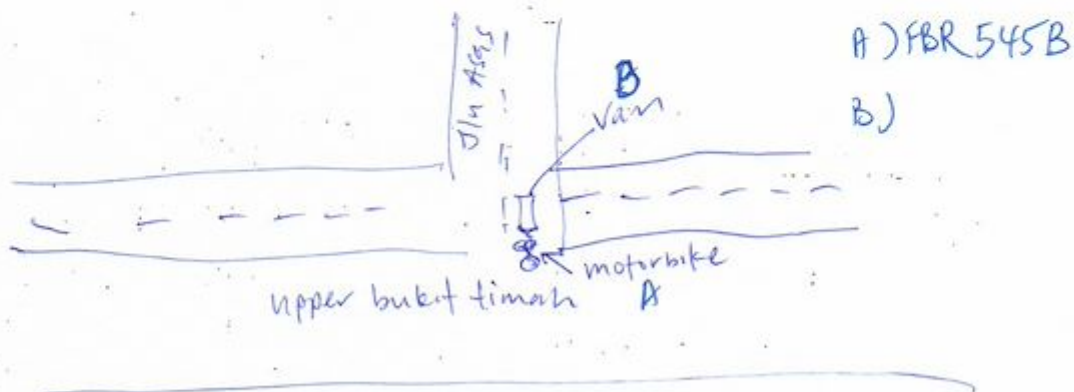
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20240715/2028

Declaration

We declare the foregoing particulars are true in every respect.

 15/7/24
Policyholder's Signature / Date & Time

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

 16/07/2024
Witnessed by Reporting Centre Personnel























SINGAPORE POLICE FORCE



T/20240715/7038

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

1 of 3

Report No. T/20240715/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2024 13:02			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: Iskandar Bin Kamaruddin			Address: 450 CHOA CHU KANG AVENUE 4 #16-161 SINGAPORE 680450		
ID Type / ID No.: NRIC NO / S8530524G			Contact No.: Home/Office: Mobile: 92293824		
Nationality: SINGAPORE CITIZEN			Email: the.buffel@gmail.com		
Sex: Male	Age: 38	Date of Birth: 12/10/1985	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Delivery man using motorised personal mobility aids/devices			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: 15/07/2024 04:03	Type of Location: T-Junction
Location: JALAN ASAS				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		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
FBR454B	Motorcycle	HONDA	CB150X	Red	Seriously Damaged	0
GQ5515B	Motor van	TOYOTA	HIACE	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBR454B	MSIG Insurance (Singapore)Pte Ltd	CN51030659	12/06/2024	11/06/2025



**SINGAPORE
POLICE FORCE**



T/20240715/7038

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

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Report No. T/20240715/7038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISKANDAR BIN KAMARUDDIN	ID No.	S8530524G
Related Vehicle	FBR454B (Motorcycle)	Contact No.	92293824
Hospital/Clinic	EASTERN MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/07/2024	Date Discharge	15/07/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious
Driver			
Name	SIRAGAM RAMALINGAM	ID No.	S8513105B
Related Vehicle	NIL	Contact No.	82256282
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL 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 15/07/24, i was riding my bike FBR454B at the junction of Jalan Asas turning to left to exit main road Upper Bukit Timah Road. Before i turn to the left to Upper Bukit Timah road, suddenly a van GQ5515B hit me from the back. i came down from the bike and saw the rear of my bike was damage. And at the same time i felt pain on my back and neck area. Then we exchanged particulars with the driver . Then i went to see doctor and got 3 days of mc and a referral letter for xray.

**SINGAPORE
POLICE FORCE**

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



T/20240715/7038

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Report No. T/20240715/7038

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

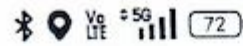
This report is lodged at Eunus NPP Kiosk
NP168

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

Date/Time:
15/07/2024 13:02

Classification Of Case:

13:40



T/20240715/7038

Add label



iSk Kamal 13:34

to lee_guang_... ▾



Hello Officer Lee,

I would like to amend my motorbike no to
FBR545B. It was a typo error.

Sorry for the inconvenience.

Kind regards,

Iskandar Bin Kamaruddin



Reply

