

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 Authorised 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 Report	29/04/2019 17:38
Date Of Accident	16/04/2019 07:45
Exact Location Of Accident	HOUGANG AVE 10 > SENGKANG (CP EXIT OF BLK 458)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX1833J
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD SHAHID BIN RAHIM
NRIC No	S8026544A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81003425
Alternative Phone No	OFFICE-81003425

Vehicle Particulars

Manufacturer	HONDA
Model	CBR-150CC 150M (M)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/18-389516-CA
Cover Note Number	

Driver

Name of Driver	MUHAMAD SHAHID BIN RAHIM
NRIC No	S8026544A
Date Of Birth	08/09/1980
Occupation	INDOOR
Date Of Driving Pass	22/04/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81003425
Fax Number	
Contact Number	OFFICE-81003425
EEmail Address	NOEMAIL

Address	BLK 618A PUNGGOL DRIVE #04-707
Postcode	821618
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB3426H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI LIQUN
NRIC/Passport Number	S8157145G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMAD SHAHID BIN RAHIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FX1833J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



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



Reporting Centre Personnel's Signature
Name:
N.P. No.:

Accident Photo



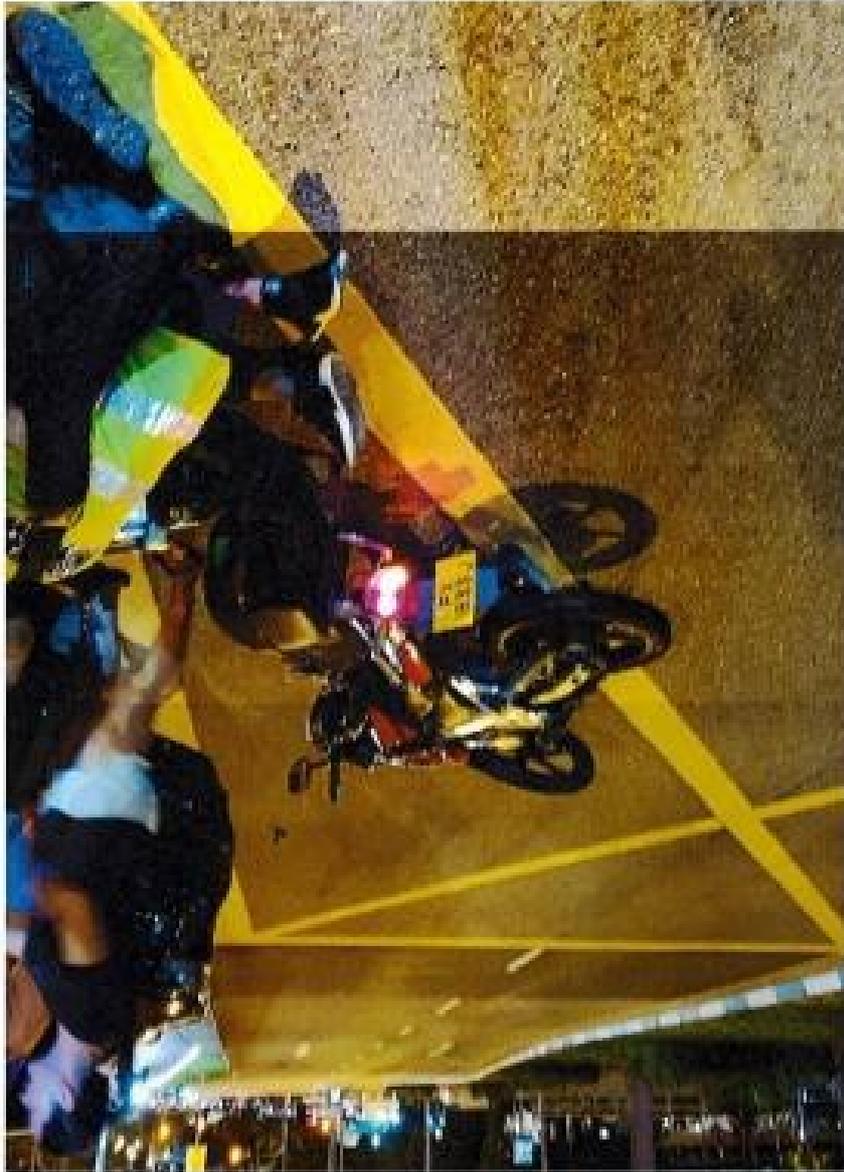
Accident Photo



Accident Photo



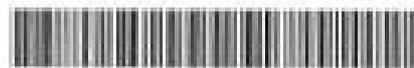
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190426/2094

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-8049999

1 of 4

Report No. T/20190426/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2019 16:22	Video Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: MUHAMAD SHAHID BIN RAHIM		Address: APT BLK 618A PUNGGOL DRIVE #04-707 SINGAPORE 821618	
ID Type / ID No.: NRIC NO / S8026544A		Contact No.:	Mobile: 81003425
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 08/09/1980	Type of Informant: Rider
Race: Boyanesse		Language:	Institution / School Name:
Occupation: Other assistant engineers		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/04/2019 19:45	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 10				
Hougang Ave 10 to wards Sengkang, near Punggol Park and carpark exit of Blk 458 Hougang Ave 10, after the traffic light.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX1633J	Motorcycle	HONDA	CBR150	Black	Seriously Damaged	0
SLB3426H	Car	TOYOTA	HARRIER	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190425/2094

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Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20190425/2094

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX1833J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDVMT18389516 CA	01/10/2018	30/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMAD SHAHID BIN RAHIM		ID No.	S8028544A
Related Vehicle	FX1833J (Motorcycle)		Contact No.	81003425
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/04/2019		Date Discharge	17/04/2019
No. of Days granted Medical Leave	13		Degree of Injury	Serious
Driver				
Name	Li Liqun		ID No.	S8157145G
Related Vehicle	SLB3426H (Car)		Contact No.	NIL
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	NIL		Degree of Injury	NIL

Brief Details.

On 16/04/2019 at 1945hrs, I was riding my motorcycle FX1833J Honda CBR 150 Red/black colour along Hougang Ave 10 towards Sengkang near Punggol Park, on the right lane of the two lane road, alone. Suddenly, there was a vehicle SLB3426H Toyota Harrier brown colour which came out of the carpark exit of Blk 458 Hougang Ave 10 and wanted to turn right. The vehicle stopped in front of my vehicle causing me to collide onto the driver door. I was thrown away from my motorcycle and landed on my right side. I could not get up as the pain on my right knee was excruciating.

There was a passer-by who assisted to take pictures of the scene and also to exchange my particulars with the other vehicle driver. I did not have any conversation with the driver, Li Liqun S8157145G of No 1 Tampines Street 86 #02-08 S(528583). I was then conveyed by Ambulance to Sengkang General Hospital. After seeing the doctor, I was discharged as outpatient and given 7 days Medical certificate from 16/04/2019 to 22/04/2019. I was given crutches to walk due to the pain.

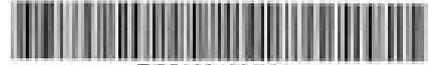
On 22/04/2019 I went to Sengkang General Hospital to extend my Medical Certificate for another 7 days from 22/04/2019 to 28/04/2019.

I wish to state that the female driver should only turn left from the carpark exit and the road that she

Police Report



**SINGAPORE
POLICE FORCE**



T/20190428/2094

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190428/2094

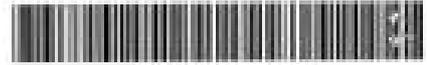
CONTINUATION OF REPORT

wanted to turn right is for vehicle to turn into the carpark.

Police Report



SINGAPORE
POLICE FORCE



T/20190426/2094

4 of 4

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20190426/2094

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sr Staff Sgt AKBAR KHAN GAFFOOR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/04/2019 16:22
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131	Classification Of Case: SN 085
Authentication Stamp NP188	Signature:

Singapore Police Force