

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	03/08/2020 19:42
Date Of Accident	31/07/2020 07:00
Exact Location Of Accident	NO 4 GEYLANG LOR 13 NEAR SHI HAO HUO GUO C/SHOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2066S
Insured/Policyholder	
Name Of Registered Owner	TECHELM TECHNOLOGIES PTE LTD
Co Reg No	-
Email Address	JAKER@TECHELM.COM
Mobile Phone No	(LOCAL) +65-96692846
Alternative Phone No	OFFICE-62708852

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-123CC (M)
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
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/20-412836-CA
Cover Note Number	

Driver

Name of Driver	HOSSAIN MOHAMMED JAKER
Passport No/FIN	GXXXX361W
Date Of Birth	03/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96692846
Fax Number	
Contact Number	OFFICE-62708852
EEmail Address	JAKER@TECHELM.COM

Address	BLK 426 CLEMENTI AVENUE 3 #06-500
Postcode	120426
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
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)	2
Passenger 1	NAME: : MIAH MITHU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200801/2048

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	SMJ6179Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR FOO
NRIC/Passport Number	
Contact Number	88662835

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HOSSAIN MOHAMMED JAKER
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBF2066S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MIAH MITHU
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBF2066S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

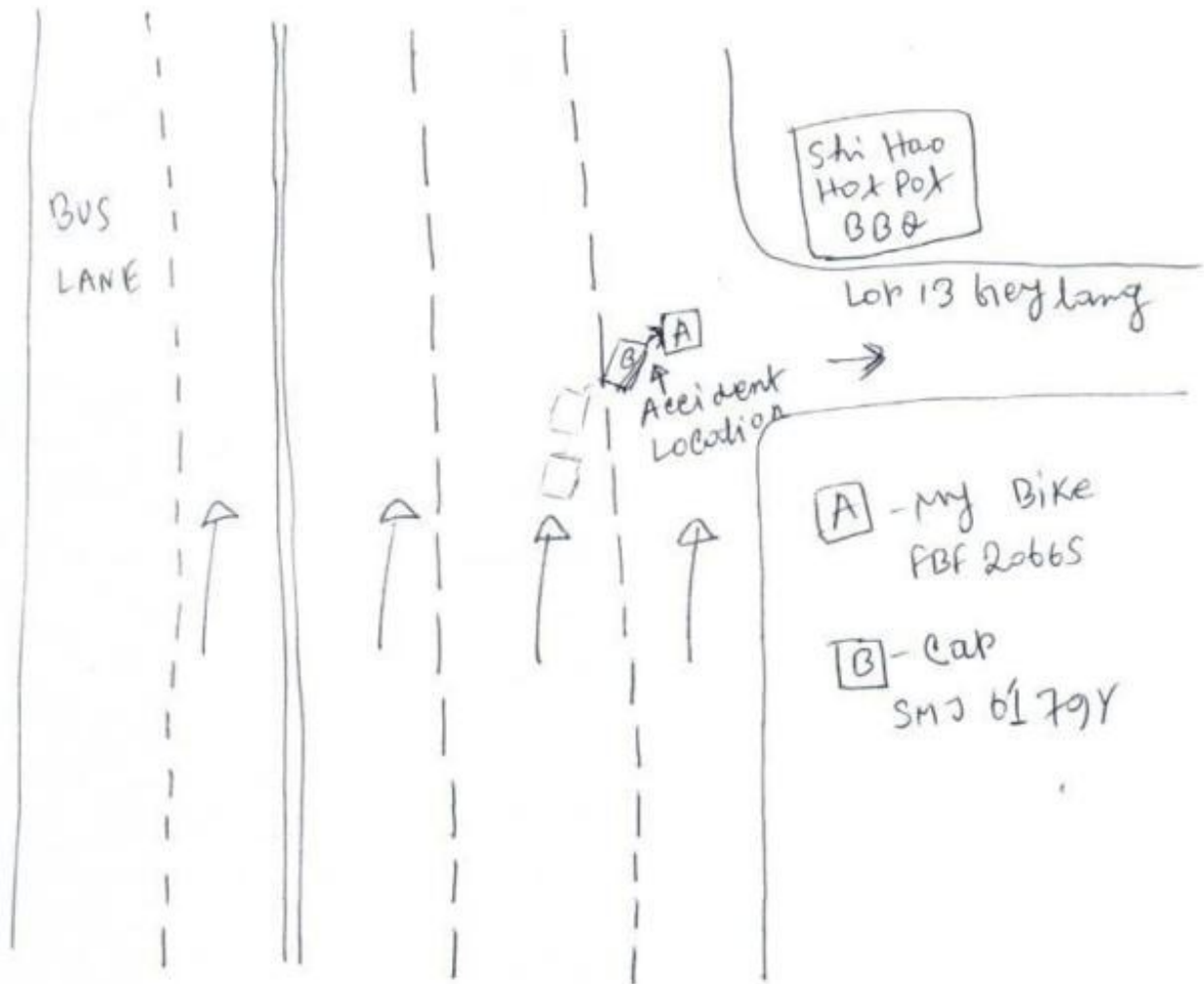
[Signature]
03/08/2020 (14:40)

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

[Signature] 03/08/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No: *[Signature]*

Accident Sketch Plan

Accident Location at Lorong 13 Koylang
31st July 20, FRIDAY at 7:01 PM.



Koylang Rd

[Signature]

HOSSAIN MOHAMMED JAKER

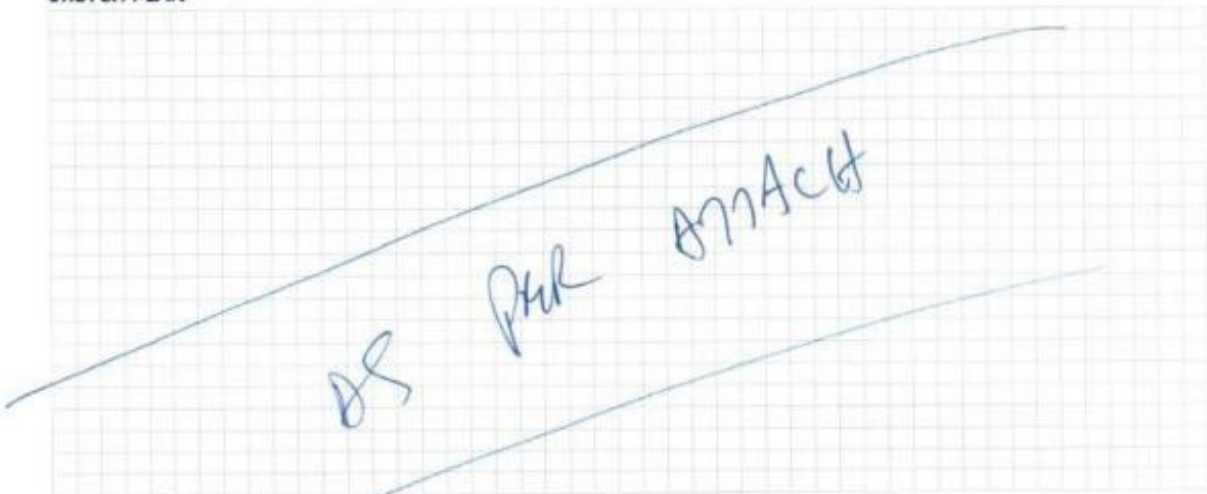
03/08/2020



[Signature] 03/08/2020

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200801/2048

the other party vehicle SM36179Y got front & back camera inside the car.

DECLARATION

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

Policyholder's Signature
Date & Time:



© 2019/2020, 03/08/2020

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

03/08/2020
14:40

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

03/08/2020
1082

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200801/2048

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Report No. T/20200801/2048

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2020 14:01	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: HOSSAIN MOHAMMED JAKER			Address: APT BLK 426 CLEMENTI AVENUE 3 #06-500 SIMS VISTA SINGAPORE 120426	
ID Type / ID No.: FIN NO / G7948361W			Contact No.: Home/Office: Mobile: 96692846	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 36	Date of Birth: 03/04/1984	Type of Informant: Rider	
Race: Bangladeshi			Language: English	Institution / School Name:
Occupation: Assistant electrical engineer			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: 31/07/2020 19:15	Type of Location: T-Junction
Location: Along Road 1 LORONG 13 GEYLANG				
At the T-Junction of Geylang Lorong 13, near Shi Hao Huo Guo Coffeeshop				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2066S	Motorcycle	YAMAHA	YBR125	Black	Totally Damaged	1
SMJ6179Y	Car	HONDA	FREED HYBRID 1.5G AUTO	Grey	Slightly Damaged	2

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200801/2048

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

2 of 3

Report No. T/20200801/2048

CONTINUATION OF REPORT

Brief Details.

On 31/07/2020 at about 1915hrs, I was riding in my motorvehicle (FBF2066S) along Geylang Lorong 13 towards City. My friend was my pillion and his name is Miah Mithu (G6979862X), HP: 98974283.

At the T-Junction of Geylang Lorong 13, near Shi Hao Huo Guo Coffeeshop, I was riding on the right lane and there was a vehicle (SMJ6179Y) on the left lane. Out of a sudden, the said vehicle cut into my lane as he wanted to turn right at the T-Junction. He did not signal his vehicle to change lane. The said vehicle hit onto the centre left of my motorvehicle. I and my friend fell off from the motorvehicle. The gear for my motorvehicle was broken and towed to workshop. The driver of said vehicle handphone number is HP: 88662835.

Ambulance and police came to the scene.

On 01/08/2020, I went to LC Clinic Medical Surgery Aesthetics and was given 3 days of medical leave. The medical bill is about SGD \$170.10.

I then came to lodge a police report.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999



T/20200801/2048

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Report No. T/20200801/2048

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: D / Sgt 3 TAN WEN HONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2020 14:01
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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