

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 Submission 28/12/2021 16:15 (SGT)
Date of Accident 21/12/2021 17:10 (SGT)
Exact Location of Accident Sungei Kadut Ave, Singapore
Additional Location Information LAMP POST 154
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH6363Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TITANIUM SAFETY & SECURITY PTE. LTD
Company Reg No XXXXXX175W
Email Address admin@titaniumss.com.sg
Mobile Phone No (Phone) +65-88404250
Alternative Phone No +65-88404250

VEHICLE PARTICULARS

Manufacturer Kymco
Model K-XCT200I
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 Auto
CC 199

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number MSD/VMT/20-420152-CA
Cover Note Number -

DRIVER

Name of Driver ROZAINI BIN SAMSID
NRIC No SXXXX818E

Date Of Birth	13/05/1990
Occupation	Outdoor
Date Of Driving Pass	02/12/2010
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-88404250
Alt. Phone Number	-
Email Address	admin@titaniumss.com.sg
Address	BLK 327 WOODLANDS STREET 32 #02-07
Address complement	-
Postcode	730327
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211223/2069

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	XE3555K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	LI HONGCHEG
Passport No/FIN	GXXXX928K
Contact Number	(Phone) +65-85253399
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	ROZAINI BIN SAMSID
Gender	Male
Phone No	(Phone) +65-88404250
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH6363Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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.

X
Policyholder's Signature / Date & Time

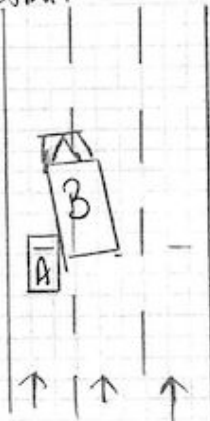
Sketch Plan

23/12/2021 16:30h
Driver's Signature (if driver is not the policyholder) / Date & Time

28/12/2021
Witnessed by Reporting Centre Personnel

Sunghil Karun Advanute 4P 154

A) FBH 6363Y
B) XE3555K



Describe Circumstances of the Accident


PLEASE REFER TO POLICE REPORT 7/2021/223/2068

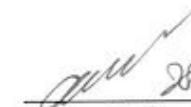
Declaration

We declare the foregoing particulars are true in every respect.

X

 Policyholder's Signature / Date & Time

 23/12/2021 16.30w
 Driver's Signature (if driver is not the policyholder) / Date & Time

 28/12/2021
 Witnessed by Reporting Centre Personnel











































**SINGAPORE
POLICE FORCE**



T/20211223/2069

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20211223/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2021 15:51		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: ROZAINI BIN SAMSID		Address: APT BLK 327 WOODLANDS STREET 32 #02-07 SINGAPORE 730327			
ID Type / ID No.: NRIC NO / S9016818E		Contact No.: Home/Office:		Mobile: 88404250	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 31	Date of Birth: 13/05/1990	Type of Informant: Rider		
Race: Malay		Language:		Institution / School Name:	
Occupation: LAND TRAFFIC CONTROLLER		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: 21/12/2021 17:10	Type of Location: Straight Road
Location: SUNGEI KADUT AVENUE				
Lamp Post Number: 154				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH6363Y	Motorcycle				Slightly Damaged	0
XE3555K	trailer					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211223/2069

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20211223/2069

CONTINUATION OF REPORT

Rider			
Name	ROZAINI BIN SAMSID	ID No.	S9016818E
Related Vehicle	FBH6363Y (Motorcycle)	Contact No.	88404250
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/12/2021	Date Discharge	23/12/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	li hongcheg	ID No.	G5437928K
Related Vehicle	NIL	Contact No.	85253399
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 the 21 December 2021 at about 1710hrs, I was riding along Sungei Kadut towards Woodlands Rd. I was on 3rd lane and the trailer was on the 2nd lane. Our vehicles were about side by side. The trailer then signal left and turned left. The back of the trailer came close to me. I tried to brake but still hit onto the kerb. The driver stopped further down the road and came to me. I was not able to understand him as he was speaking in Mandarin. We exchanged particulars and I left. My motorbike suffered scratches and dent and there were some crack damage.

On 23 December 2021, I felt pain on my shoulders, neck, back and my leg. I went to visit Shalom Clinic at Alexandra Village and was given MC from 23 Dec 2021 to 27 Dec 2021.



**SINGAPORE
POLICE FORCE**



T/20211223/2069

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

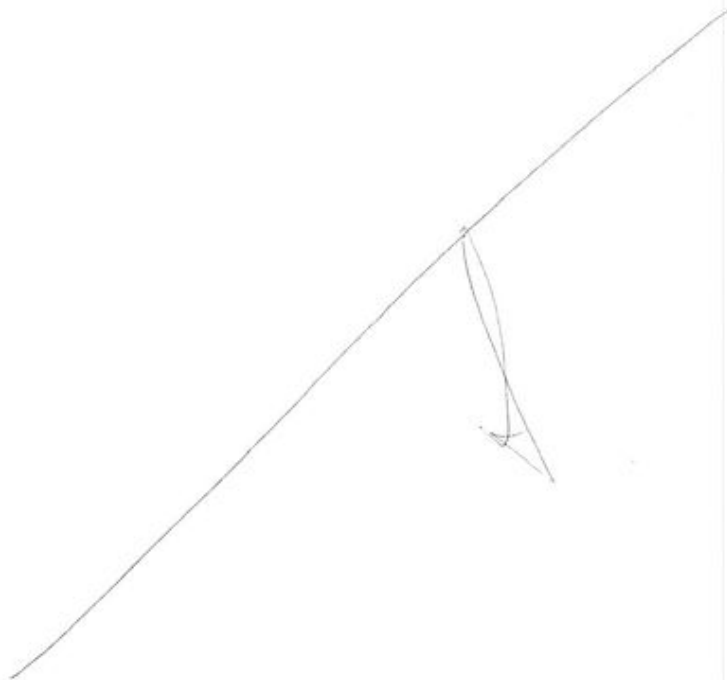
3 of 3

Report No. T/20211223/2069

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 DAMIEN LEONG JUN SIAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/12/2021 15:51

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

利民诊所

Shalom Clinic + Surgery

Alexandra Village
Blk 123, #01-104
Bukit Merah Lane 1
Singapore 150123
Tel: 6278 0270
Fax: 6278 4215

Medical Certificate

Date : 23 Dec 2021

MC No. : 0000176977

This is to certify that :

Name : ROZAINI BIN SAMSID

NRIC : S9016818E

is Unfit for Duty for 5 days
from 23 Dec 2021 to 27 Dec 2021 inclusive.

Shalom Clinic + Surgery**DR. LAWRENCE SOH**MA, MBBS, MSc(OM), DMD, FAMS
MCR: M02610G

123 Bukit Merah Lane 1 #01-104 S150123 Tel: 6 278 0270

DR LAWRENCE SOH
MA, MBBS, MSc(OM), FAMS
MCR: M02610G

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

利民诊所

Shalom Clinic + Surgery

Alexandra Village
Blk 123, #01-104
Bukit Merah Lane 1
Singapore 150123
Tel: 6278 0270
Fax: 6278 4215

INVOICE

ROZAINI BIN SAMSID
327 WOODLANDS STREET 32
#02-70
S(730327)

Invoice No. : 375138
Our Reference : 89427
Date : 23 Dec 2021

Patient : ROZAINI BIN SAMSID(S9016818E)

Attending Svc. Provider : DR LAWRENCE SOH

DESCRIPTION	QTY	FEE
DICLO-DENK 100 MG RETARD	10.00 tabs	\$10.00
ANAREX TABLET	10.00 tabs	\$5.00
CONSULTATION		\$35.00
Total Amount Payable		\$50.00
Payment Received		\$50.00
Outstanding Balance		\$0.00

Receipt No. 406751 - CASH

Shalom Clinic + Surgery**DR. LAWRENCE SOH**MA, MBBS, MSc(OM), DMD, FAMS
MCR: M02610G

123 Bukit Merah Lane 1 #01-104 S150123 Tel: 6 278 0270

All Cheques should be crossed and made payable to :

DR. LAWRENCE SOH & SURGERY

Computer generated invoice which does not require a signature