

# 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 Submission .....	02/11/2022 13:21 (SGT)
Reported by .....	Both
Date of Accident .....	01/11/2022 21:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF SERANGGON NORTH AVENUE 4
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBL7850E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SHAFIE BIN MOHAMAD LOQMANN
NRIC No .....	S7316447H
Email Address .....	BAUSEDAP69@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87880812
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	GLR1251WH
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 .....	125

### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	A 300649581 VMP

### DRIVER

Name of Driver .....	SHAFIE BIN MOHAMAD LOQMANN
NRIC No .....	S7316447H
Date Of Birth .....	12/02/1973
Occupation .....	Outdoor

Date Of Driving Pass .....	06/11/2000
Driving experience .....	22 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-87880812
Alt. Phone Number .....	-
Email Address .....	BAUSEDAP69@GMAIL.COM
Address .....	BLK 462B YISHUN AVENUE 6 #07-1141
Address complement .....	-
Postcode .....	762462
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 .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221101/2110.

#### 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 .....	SHD7036K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
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 .....	SHAFIE BIN MOHAMAD LOQMANN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	RIGHT SHOULDER PAIN
Injured person in which vehicle? .....	FBL7850E
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

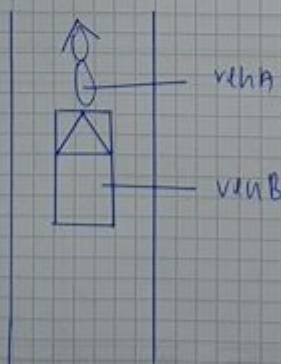
1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Refer to Police Report  
T/20221101/2110

vehA: FBL7850E

vehB: SHD7056K

Describe Circumstances of the Accident


SKETCH PLAN

A large rectangular area with horizontal lines for describing the accident circumstances. A diagonal line is drawn across the area, starting from the bottom left and ending near the top right. The text "Refer to Police Report" is written along this diagonal line.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel























**SINGAPORE  
POLICE FORCE**



T/20221101/2110

1 of 3

Report No. T/20221101/2110

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/11/2022 22:34	Vide Report No.:	Station Diary No.: 143
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**Informant's Particulars**

Name of Informant: SHAFIE BIN MOHAMAD LOQMANN			Address: APT BLK 462B YISHUN AVENUE 6 #07-1141 SINGAPORE 762462		
ID Type / ID No.: NRIC NO / S7316447H			Contact No.: Home/Office: Mobile: 87880812		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 12/02/1973	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/11/2022 21:40	Type of Location: Straight Road
Location: SERANGOON NORTH AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
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
FBL7850E	Motorcycle	HONDA	GLR1251W H	Black	Slightly Damaged	0
SHD7036K	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL7850E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300649581	16/09/2022	15/09/2023





**SINGAPORE  
POLICE FORCE**



T/20221101/2110

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20221101/2110

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHAFIE BIN MOHAMAD LOQMANN	ID No.	S7316447H
Related Vehicle	FBL7850E (Motorcycle)	Contact No.	87880812
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 01.11.2022 at about 9.41pm, I was at the traffic light junction of Serangoon North Ave 4 and Serangoon North Ave 4. I was on my motorcycle along Serangoon North Ave 4 waiting for the traffic light to turn green to turn right into Serangoon North Ave 5. Suddenly, a vehicle hit me from the back and my motorcycle jerked forward. I turned around and a blue taxi had hit me from the rear. The driver alighted and apologized to me. I requested to exchange particulars however he refused and left the accident area. I sustained pain on my right shoulder however I have not see the doctor for medical attention yet. My motorcycle rear registration plate number is damaged.



**SINGAPORE  
POLICE FORCE**



T/20221101/2110

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20221101/2110

**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 /  
SI MUHAMMAD NIZHAM BIN  
MUSTAPA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/11/2022 22:34

Officer In Charge Of Case:  
TP / HRT /  
SR STAFF SGT IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Classification Of Case:

NP168



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SG0F22B20001 Vehicle Registration No: FB L7850 E  
 Name (as shown in NRIC): Shafie Bin Mohamed Logmann NRIC/FIN/Passport No: S7316447H  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 462B Yishun Avenue 6 #07-1141 Singapore (762463)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8788 0812  
 Email Address: \_\_\_\_\_  
 Date of Accident: 01/11/2022 Time of Accident: 21:40  
 Place of Accident: Serrangoon North Avenue 4  
 Insurance Company: MSIG

### (B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend e-mail address = bawedap19@gmail.com

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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



**CENTRAL 24-HR CLINIC (YISHUN)**

BLK 701A YISHUN AVE 5 #01-04, SINGAPORE 761701

Tel1: 67597985

**Medical Certificate**

Date : 01 Nov 2022

MC No. : 0000426512

**SINGAPORE**

This is to certify that :

Name : SHAFIE B MOHD LOQMANN

NRIC : S7316447H

is Unfit for Duty for 3 days

from 01 Nov 2022 to 03 Nov 2022 inclusive.

LOCUM

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

For Health News and Updates : <http://news.centralclinic.com.sg>

**24-Hour Clinics**

<b>HOUGANG</b>	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6387 6965
<b>BEDOK</b>	Blk 219 Bedok Central #01-124 Singapore 460219	Tel: 6247 6122
<b>PASIR RIS</b>	Blk 446 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6582 2640
<b>TAMPINES</b>	Blk 201D Tampines Street 21 #01-1151 Singapore 524201	Tel: 6968 7001
<b>CLEMENTI</b>	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
<b>YISHUN</b>	Blk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6759 7985
<b>JURONG WEST</b>	Blk 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6565 7484
<b>PIONEER NORTH</b>	Blk 959 Jurong West Street 92 #01-160 Singapore 640959	Tel: 6251 2775
<b>WOODLANDS</b>	Blk 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 4895
<b>MARSILING</b>	Blk 303 Woodlands Street 31 #01-185 Singapore 730303	Tel: 6365 2908



**CENTRAL 24-HR CLINIC (YISHUN)**  
 BLK 701A YISHUN AVE 5 #01-04, SINGAPORE 761701  
 Tel1: 67597985

GST Reg No : 20-0206906-Z

### TAX INVOICE

SHAFIE B MOHD LOQMANN  
 462B YISHUN AVENUE 6  
 #07-1141  
 S(762462)

Invoice No. : 305865  
 Our Reference : 192162  
 Date : 01 Nov 2022

Patient : SHAFIE B MOHD LOQMANN(S7316447H)  
 Attending Doctor : LOCUM

DESCRIPTION	QTY	FEE
MABRON	10.00 cap	\$12.00
COGESIC MAX CREAM	1.00 tube	\$10.00
PRACTICE COSTS	1.00	\$3.00
CONSULTATION		\$75.00
Sub-Total		\$100.00
Add GST 7.0%		\$7.00
Total Amount Payable		\$107.00
Receipt No. 592786 - NETS Payment Received		\$107.00
Outstanding Balance		\$0.00

All Cheques should be crossed and made payable to :

**CMI URBAN HEALTHCARE PTE LTD**

This is a computer generated invoice which does not require a signature

For Health News and Updates : <http://news.centralclinic.com.sg>

### 24-Hour Clinics

HOUGANG	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6387 6965
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TAMPINES	Blk 201D Tampines Street 21 #01-1151 Singapore 524201	Tel: 6968 7001
CLEMENTI	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
YISHUN	Blk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6759 7985
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E & O E

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