

# 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 ..... 13/01/2023 15:50 (SGT)  
Reported by ..... Both  
Date of Accident ..... 29/12/2022 17:30 (SGT)  
Exact Location of Accident ..... Kaki Bukit Rd 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBD4425L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MAIZAN BIN MOHD  
NRIC No ..... SXXXX853Z  
Email Address ..... maizanleemohd@gmail.com  
Mobile Phone No ..... (Phone) +65-87142514  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... RXZ  
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 ..... 135

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300590169 VMP

### DRIVER

Name of Driver ..... MAIZAN BIN MOHD  
NRIC No ..... SXXXX853Z  
Date Of Birth ..... 15/10/1988  
Occupation ..... Outdoor

|  |                             |
|--|-----------------------------|
| Date Of Driving Pass .....   | 30/06/2010                  |
| Driving experience .....   | 12 YEARS AND 6 MONTHS       |
| Gender .....   | Male                        |
| Mobile Number .....  | (Phone) +65-87142514        |
| Alt. Phone Number .....  | -                           |
| Email Address .....  | maizanleemohd@gmail.com     |
| Address .....  | BLK 230 PENDING ROAD #04-49 |
| Address complement .....   | -                           |
| Postcode .....   | 670230                      |
| 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 .....   | 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? .....  | Yes |
| 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 .....                       | Bukit Panjang Neighbourhood Police Centre |
| Police Station Address .....                    | No.1 Segar Road #01-05 Singapore 677738   |
| Was notice of intended Prosecution given? ..... | No  |
| If yes, against whom? .....                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230103/080

#### 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 ..... | GBG3847T           |
| Vehicle Manufacturer .....        | -                  |
| Vehicle Model .....               | -                  |
| Vehicle Variant .....             | -                  |
| Vehicle Colour .....              | -                  |
| Vehicle Category .....            | Commercial vehicle |

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 ..... MAIZAN BIN MOHD  
 Gender ..... Male  
 Phone No ..... (Phone) +65-87142514  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... FBD4425L  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

**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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

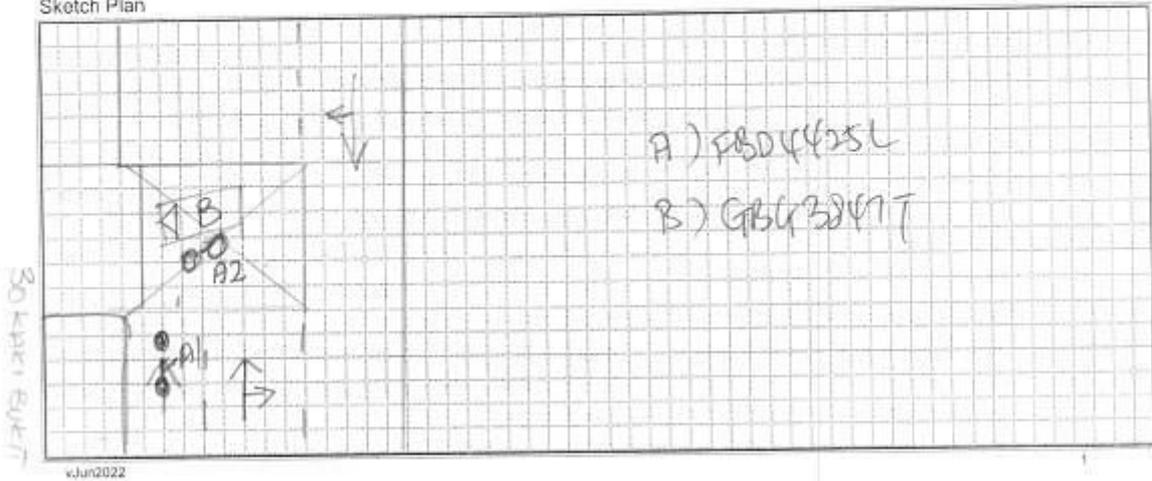
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 15/01/23  
 Policyholder's Signature / Date & Time

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

 15/01/2023  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident  
REFER TO POLICE REPORT 1/20230103/2080

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

 13/01/23  
Policyholder's Signature / Date & Time

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

 13/01/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20230103/2080

1 of 3

Report No. T/20230103/2080

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>03/01/2023 18:38 | Vide Report No.:<br>G/20221229/0128 | Station Diary No.:<br>95 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |  |                             |
|--|------------|--|-----------------------------|
| Name of Informant:<br>MAIZAN BIN MOHD    |            | Address:<br>APT BLK 230 PENDING ROAD #04-49 SINGAPORE 670230 |                             |
| ID Type / ID No.:<br>NRIC NO / S8839853Z |            | Contact No.:<br>Home/Office: Mobile: 87142514                |                             |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:<br>maizanleemohd@gmail.com                            |                             |
| Sex:<br>Male                             | Age:<br>34 | Date of Birth:<br>15/10/1988                                 | Type of Informant:<br>Rider |
| Race:<br>Malay                           |            | Language:  | Institution / School Name:  |
| Occupation:<br>Driving instructor/tester |            | Driving Licence Information:<br>Class: 2B,3,4                | Date of Expiry:             |

**General Information of the Accident**

|  |                              |   |  |                                 |
|--|------------------------------|---|--|---------------------------------|
| Type of Accident:  | Injury Conveyed By Ambulance | Drink Drive:<br>No                          | Date/Time of Accident:<br>29/12/2022 17:30 | Type of Location:<br>T-Junction |
| Location:<br>KAKI BUKIT ROAD 3                               |                              |   |  |                                 |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                 |
| Traffic Flow:  |                              | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Moderate                |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                              |   | Anyone conveyed by ambulance:<br>Yes       |                                 |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make   | Model | Color | Condition         | No of Passenger |
|-------------|------------|--------|-------|-------|-------------------|-----------------|
| FBD4425L    | Motorcycle | YAMAHA | RXZ   | Black | Seriously Damaged | 0               |
| GBG3847T    | Van        |        |       |       |                   | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                    | Insurance No. | Effective  | Expiry Date |
|-------------|--------------------------------------|---------------|------------|-------------|
| FBD4425L    | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 300590169     | 25/05/2022 | 24/05/2023  |



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20230103/2060

2 of 3

Report No. T/20230103/2060

**CONTINUATION OF REPORT**

| Details of Person Involved:       |                         |  |                                      |
|-----------------------------------|-------------------------|--|--------------------------------------|
| Any Pedestrian Involved: No       |                         |  |                                      |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                      |
| Rider                             |                         |  |                                      |
| Name                              | MAIZAN BIN MOHD         | ID No.                                 | S8839853Z                            |
| Related Vehicle                   | FBD4425L (Motorcycle)   | Contact No.                            | 87142514                             |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3,4<br>Date of Expiry: NIL |
| Date Treatment                    | 29/12/2022              | Date Discharge                         | 29/12/2022                           |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | Slight                               |
| Driver                            |                         |  |                                      |
| Name                              | SIKDAR AB RAZZAK        | ID No.                                 | NIL                                  |
| Related Vehicle                   | GBG3847T (Van)          | Contact No.                            | NIL                                  |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL    |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                                  |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                                  |

**Brief Details.**

On 29/12/2022 at or about 1730hrs, I was riding my motorcycle FBD4425L along Kaki Bukit Road 3 towards Kaki Bukit Ave 1 when I collided with a van GBG3847T driven by one person namely Sikdar AB Razzak.

My motorcycle was riding straight along Kaki Bukit Road 3 on a two-lane road while the opposite road has one lane, when my motorcycle was already in the yellow no-stop box at the entrance of the building at 30 Kaki Bukit Road 3, the above-mentioned van from the opposite lane took a right turn into the building at 30 Kaki Bukit Road 3, this was when I collided into the rear-left side of the van and I toppled over with my bike.

I was assisted by the driver of the van and attended to by the police and SCDF (ref: G/20221229/0128). I was conveyed to Changi General Hospital by the ambulance due to pain in my lower body. I was given a 5 days MC and discharged on the same day. There was no pillion on my motorcycle and there was no other passenger in the van. There was no car cam on either my motorcycle or the van.



**SINGAPORE  
POLICE FORCE**



T/20230103/2080

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3  
Report No. T/20230103/2080

**CONTINUATION OF REPORT**

**Sketch Plan**

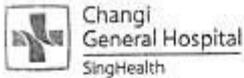
Informant is not able to provide sketch plan

**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:<br>J /<br>INSP (1) Louis Ho Jian Xiong  |
| Signature Of Interpreter:<br>Not applicable   |
| Officer In Charge Of Case:<br>TP / GIT /<br>STAFF SGT YAN MINGSHENG DANIEL<br>Contact No.: 65476252   |

|  |
|--|
| Signature Of Informant:<br> |
| Date/Time:<br>03/01/2023 18:38   |
| Classification Of Case:  |

NP168



MAIZAN BIN MOHD

230 PENDING ROAD  
#04-49 SINGAPORE 670230

## TAX INVOICE

Page 1 of 2

BILL REF. NO.  
6922432863IBILL DATE  
30 DEC 2022LOCATION  
A&EHRN  
692022432863INRIC / FIN / MRN  
S8839853Z

VISIT DATE ► 29 DEC 2022 07:18 PM

|  |           |               |
|--|-----------|---------------|
| TOTAL AMOUNT(BEFORE GOVT SUBSIDY)        | \$        | 479.41        |
| GOVT SUBSIDY                             | \$        | -270.01       |
| <b>TOTAL AMOUNT (BEFORE GST)</b>         | <b>\$</b> | <b>209.40</b> |
| 7% GST                                   | \$        | 14.66         |
| GST absorbed by Govt                     | \$        | -14.66        |
| <b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b> | <b>\$</b> | <b>209.40</b> |
| <b>TOTAL AMOUNT PAYABLE</b>              | <b>\$</b> | <b>209.40</b> |
| Net Payment made                         | \$        | -209.40       |
| <b>FINAL AMOUNT PAYABLE</b>              | <b>\$</b> | <b>0.00</b>   |

**\$ 0.00**  
FINAL AMOUNT PAYABLE

## CHARGES

| SERVICES   | DESCRIPTION                        | BEFORE GOVT SUBSIDY (\$) | AFTER GOVT SUBSIDY (\$) |
|--|------------------------------------|--------------------------|-------------------------|
| INVESTIGATIONS                                     | LABORATORY INVESTIGATIONS          | 14.00                    | 0.00                    |
|  | X-RAY INVESTIGATIONS               | 177.50                   | 70.00                   |
| MEDICATIONS  | DRUGS / PRESCRIPTIONS / INJECTIONS | 11.91                    | 1.40                    |
| TREATMENT SERVICES                                 | A&E ATTENDANCE FEE                 | 276.00                   | 138.00                  |
| TOTAL AMOUNT (BEFORE GOVT SUBSIDY)                 |                                    | 479.41                   |                         |
| GOVT SUBSIDY                                       |                                    | -270.01                  |                         |
| TOTAL AMOUNT (BEFORE GST)                          |                                    |                          | 209.40                  |
| 7% GST   |                                    |                          | 14.66                   |
| GST absorbed by Govt (for subsidised patient only) |                                    |                          | -14.66                  |
| <b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>           |                                    |                          | <b>209.40</b>           |

## PAYMENT SUMMARY

| <b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b> |               | <b>209.40</b>       |
|--|---------------|---------------------|
| SCHEMES / SCHEME ID(s) / PAYOR           | REFERENCE NO. | AMOUNT PAYABLE (\$) |
| MAIZAN BIN MOHD                          | S8839853Z     | 209.40              |

Payment Summary to be continued on page 2

Changi General Hospital Pte Ltd | www.cgh.com.sg  
2 Simei Street 3 Singapore 529689 | Tel: +65 6788 8833  
Company Registration No. 198904226R | GST Reg No. M90368910N

PRINTED ON: 30 DEC 2022 12:23 AM  
For bill enquiries, please contact us at  
Tel: +65 6407 8108  
<https://for.sg/askshs>



Changi  
General Hospital  
SingHealth

ORIGINAL

## MEDICAL CERTIFICATE

EMD202225067

|  |   |  |
|--|---|--|
| Name<br>MAIZAN BIN MOHD  |   | NRIC No.<br>S8839853Z  |
| This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>29-Dec-2022</u> to <u>02-Jan-2023</u> inclusive. |   |  |
| Type of medical leave granted:   |   |  |
| <input type="checkbox"/> Hospitalization Leave   | <input checked="" type="checkbox"/> Outpatient Sick Leave   |  |
| Admitted on: _____   | <input type="checkbox"/> Maternity Leave                    | Delivered on: _____  |
| Discharged on: _____   | <input type="checkbox"/> Sterilization Leave                | Operated on: _____   |
| This certificate is not valid for absence from court attendance.   |   |  |
| Fit for light duty from <u>N.A.</u> to <u>N.A.</u>   |   |  |
| Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>  |   |  |
| Diagnosis  | Surgical Operation (if applicable)                          |  |
| Comments:  |   |  |
| Hospital/Clinic<br>Emergency Medicine<br>Changi General Hospital   | Ward No.<br>CGH Accident & Emergency<br>Date<br>30-Dec-2022 | Signature, Name (in BLOCK LETTERS) and Designation/MCR No.<br><br>HERSH ATTAL, 65758A |

利民診所

**Shalom Clinic + Surgery**

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

**INVOICE**

MAIZAN BIN MOHD  
230 PENDING ROAD  
#04-49  
S(670230)

Invoice No. : 385672  
Our Reference : 75673  
Date : 09 Jan 2023

Patient : MAIZAN BIN MOHD(S8839853Z)  
Attending Doctor : DR LAWRENCE SOH

| DESCRIPTION                                | QTY        | FEE     |
|--|------------|---------|
| ANAREX TABLET                              | 10.00 tabs | \$10.00 |
| DICLO-DENK 100 MG RETARD                   | 10.00 tabs | \$10.00 |
| CONSULTATION                               |            | \$30.00 |
| Total Amount Payable                       |            | \$50.00 |
| Receipt No. 418352 - CASH Payment Received |            | \$50.00 |
| Outstanding Balance                        |            | \$0.00  |

All Cheques should be crossed and made payable to :  
SHALOM CLINIC + SURGERY

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

*RAA = Conson gran - L gran*

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

利民診所

**Shalom Clinic + Surgery**

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

**Medical Certificate**

Date : 09 Jan 2023

MC No. : 0000180327

This is to certify that :

Name : MAIZAN BIN MOHD  
NRIC : S8839853Z

is UNFIT FOR DUTY for 5 days  
from 9 Jan 2023 to 13 Jan 2023 inclusive.

*RAA = Conson gran - L gran*

**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.*

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