

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

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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:

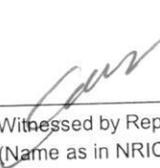
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

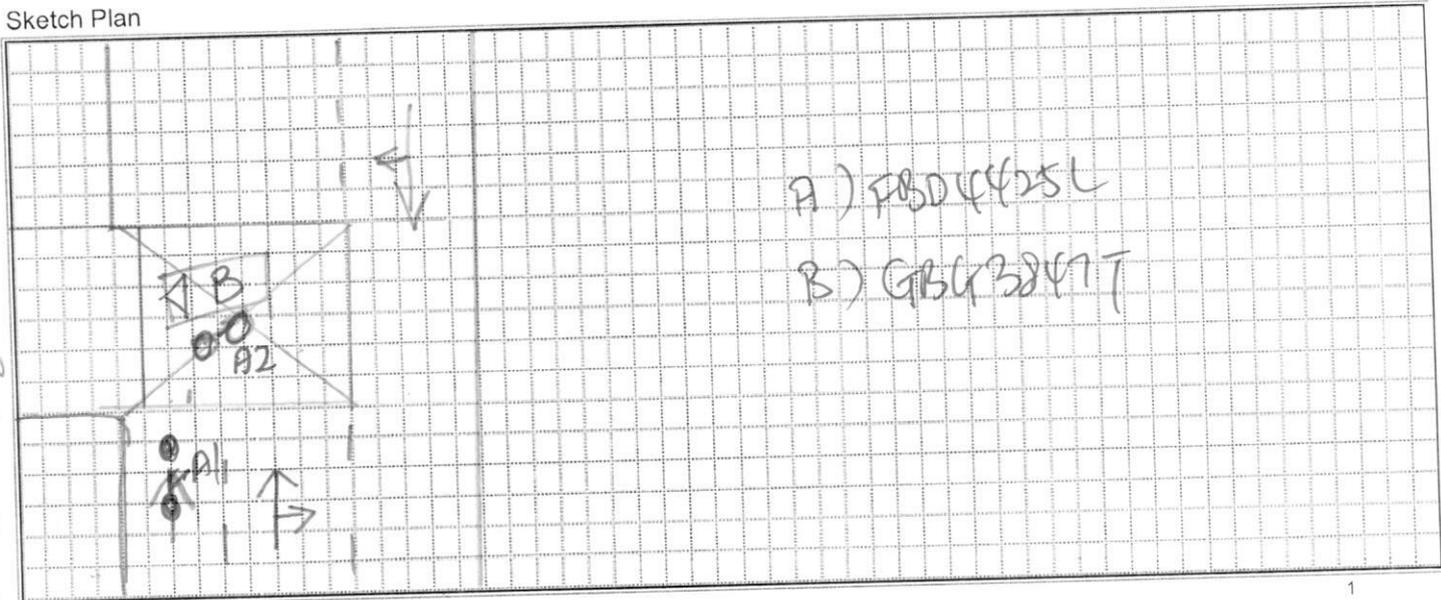
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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

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

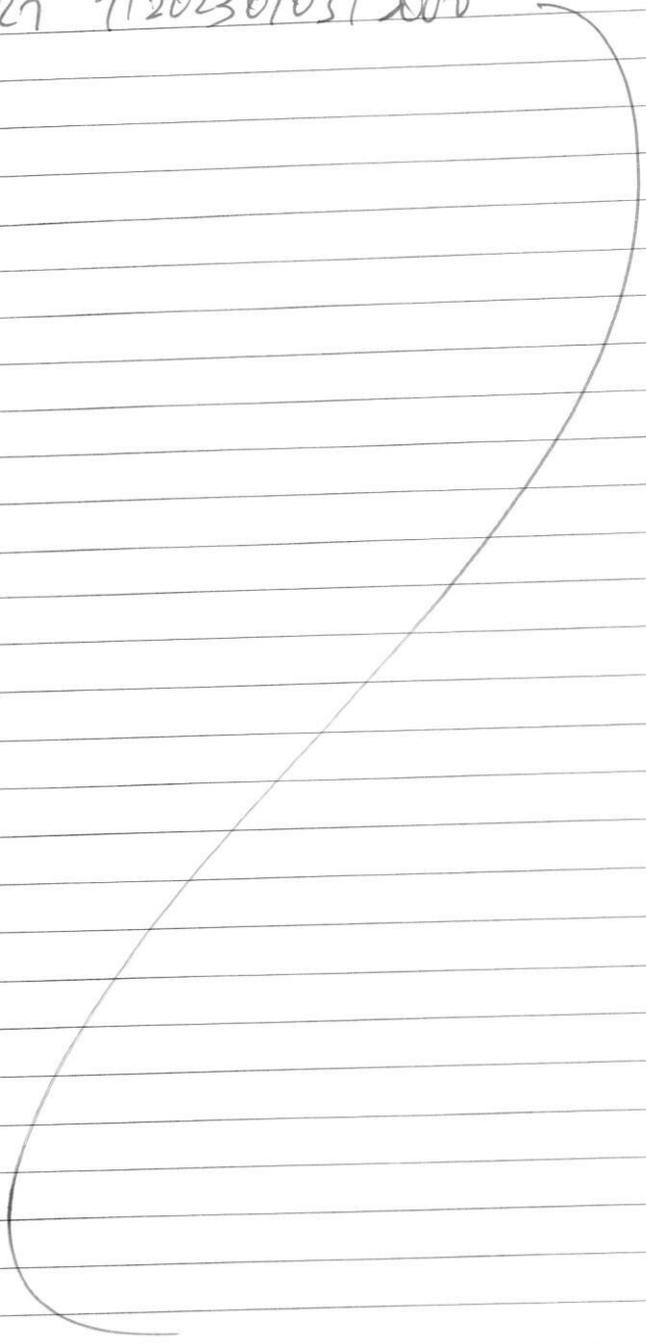

18/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230103/2000



Declaration

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

Yi 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**



T/20230103/2080

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

1 of 3

Report No. T/20230103/2080

30/06/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2023 18:38		Vide Report No.: G/20221229/0128		Station Diary No.: 95	
Informant's Particulars					
Name of Informant: MAIZAN BIN MOHD			Address: APT BLK 230 PENDING ROAD #04-49 SINGAPORE 670230		
ID Type / ID No.: NRIC NO / S8839853Z			Contact No.: Home/Office: Mobile: 87142514		
Nationality: SINGAPORE CITIZEN			Email: maizanleemohd@gmail.com		
Sex: Male	Age: 34	Date of Birth: 15/10/1988	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Driving instructor/tester			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/12/2022 17:30	Type of Location: T-Junction
Location: KAKI BUKIT ROAD 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		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
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 VmP	25/05/2022	24/05/2023	



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

Report No. T/20230103/2080

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 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 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

3 of 3

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

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:

J /

INSP (1) Louis Ho Jian Xiong

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/01/2023 18:38

Officer In Charge Of Case:

TP / GIT /

STAFF SGT YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

NP168



Changi
General Hospital
SingHealth

TAX INVOICE

BILL REF. NO.
6922432863I

BILL DATE
30 DEC 2022

LOCATION
A&E

HRN
692022432863I

NRIC / FIN / MRN
S8839853Z

VISIT DATE ► 29 DEC 2022 07:18 PM

MAIZAN BIN MOHD

230 PENDING ROAD
#04-49 SINGAPORE 670230

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	\$	-14.66
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	209.40
TOTAL AMOUNT PAYABLE	\$	209.40
Net Payment made	\$	-209.40
FINAL AMOUNT PAYABLE	\$	0.00

\$ 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
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		209.40

PAYMENT SUMMARY

	TOTAL AMOUNT (AFTER GOVT SUBSIDY)	209.40
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MAIZAN BIN MOHD	S8839853Z	209.40

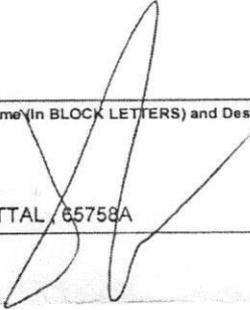
Payment Summary to be continued on page 2



ORIGINAL

MEDICAL CERTIFICATE

EMD202225067

Name MAIZAN BIN MOHD		NRIC No. 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 Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 30-Dec-2022	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  HERSH ATTAL / 65758A

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

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

R/A = Condon gran - L gran

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

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 : 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.

R/A = Condon 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



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G

A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORCYCLE
Third Party Only**

Certificate No. A 300590169 VMP

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle

FBD4425L

2. Name of Policyholder

MAIZAN BIN MOHD

3. Effective Date of the Commencement of Insurance for the purposes of the Act

25/05/2022

4. Date of Expiry of Insurance

24/05/2023

5. Persons or Classes of Persons entitled to drive*

MAIZAN BIN MOHD, AFIQ BUDIMAN BIN MD ISA

*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use *

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. The Policy does not cover

- (1) Use for hire or reward.
- (2) Use for racing pace-making reliability trial or speed-testing.
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (4) Use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Mack Eng
Chief Executive Officer