

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	18/02/2023 12:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/02/2023 20:10 (SGT)
Exact Location of Accident	Syed Alwi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH3603A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHALID NASEEM KHAN S/O AKRAM KHAN
NRIC No	S7809527Z
Email Address	wildskyes0@gmail.com
Mobile Phone No	(Phone) +65-90051820
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	153

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300734249 VMP

DRIVER

Name of Driver	KHALID NASEEM KHAN S/O AKRAM KHAN
NRIC No	S7809527Z
Date Of Birth	17/03/1978
Occupation	Indoor

Date Of Driving Pass	17/08/2005
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90051820
Alt. Phone Number	-
Email Address	wildskyes0@gmail.com
Address	11 FLORA ROAD #04-09
Address complement	-
Postcode	509732
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 - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7141E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MUSTAFFA BIN SULONG
Contact Number	(Phone) +65-92369865
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDP1236Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAVIN CHIA
Contact Number	(Phone) +65-90055568
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	KHALID NASEEM KHAN S/O AKRAM KHAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH3603A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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")

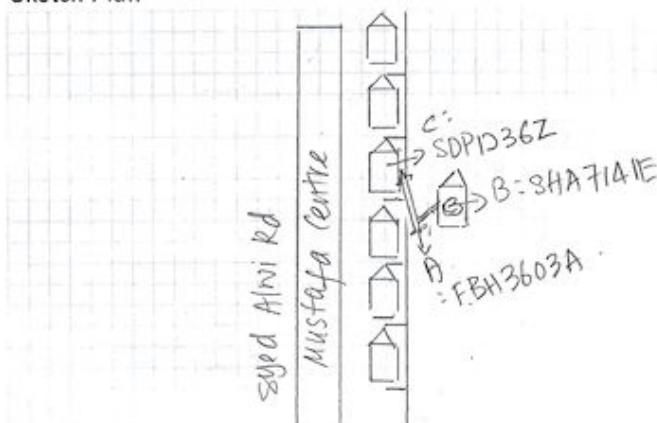
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Vehicle B passenger open the rear LH door.

Describe Circumstances of the Accident

WAS GOING DOWN SYED ALWI ROAD. CARS WERE GOING SLOWLY OR STOPPED & FILTERED PAST THE TAXI. ~~THE~~ THE REAR LEFT PASSENGER DOOR OPENED INTO MY LEFT HANDLEBARS AND ARM, ~~AND~~ KNOCKING ME INTO THE PARKED CAR ON MY LEFT.


INSTRUCTED THE PASSENGER TO STAY THERE AND TAKE OUT HIS ID, HE LATER DISAPPEARED WHEN I WAS MOVING MY BIKE AWAY FROM THE ROAD. EXCHANGED DETAILS ~~AND~~ WITH TAXI AND CAR OWNER AND TOOK PICTURE OF THE SCENE


TAXI LICENCE SHA 7141 E


CAR LICENCE SDP 1236 Z

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

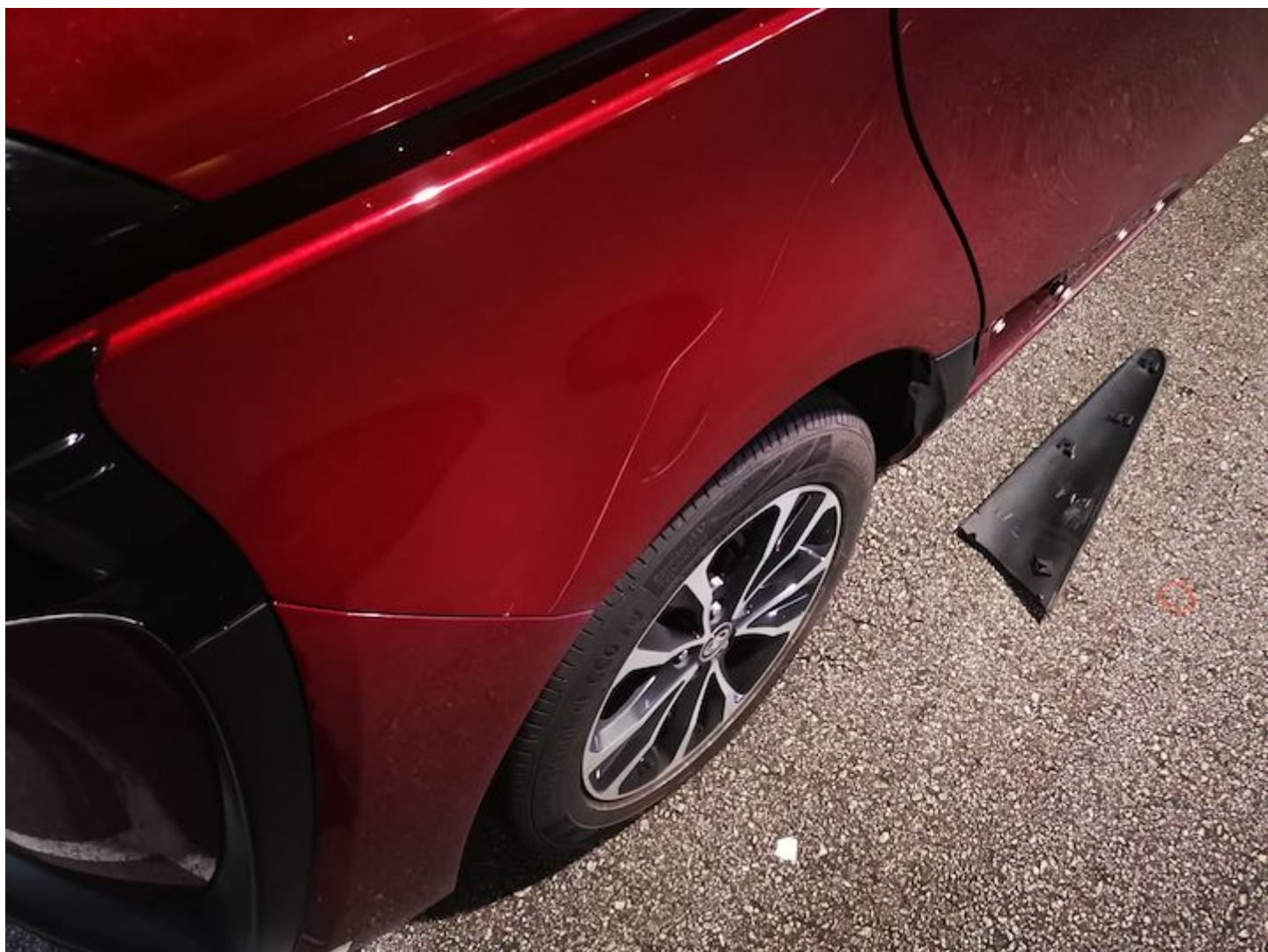


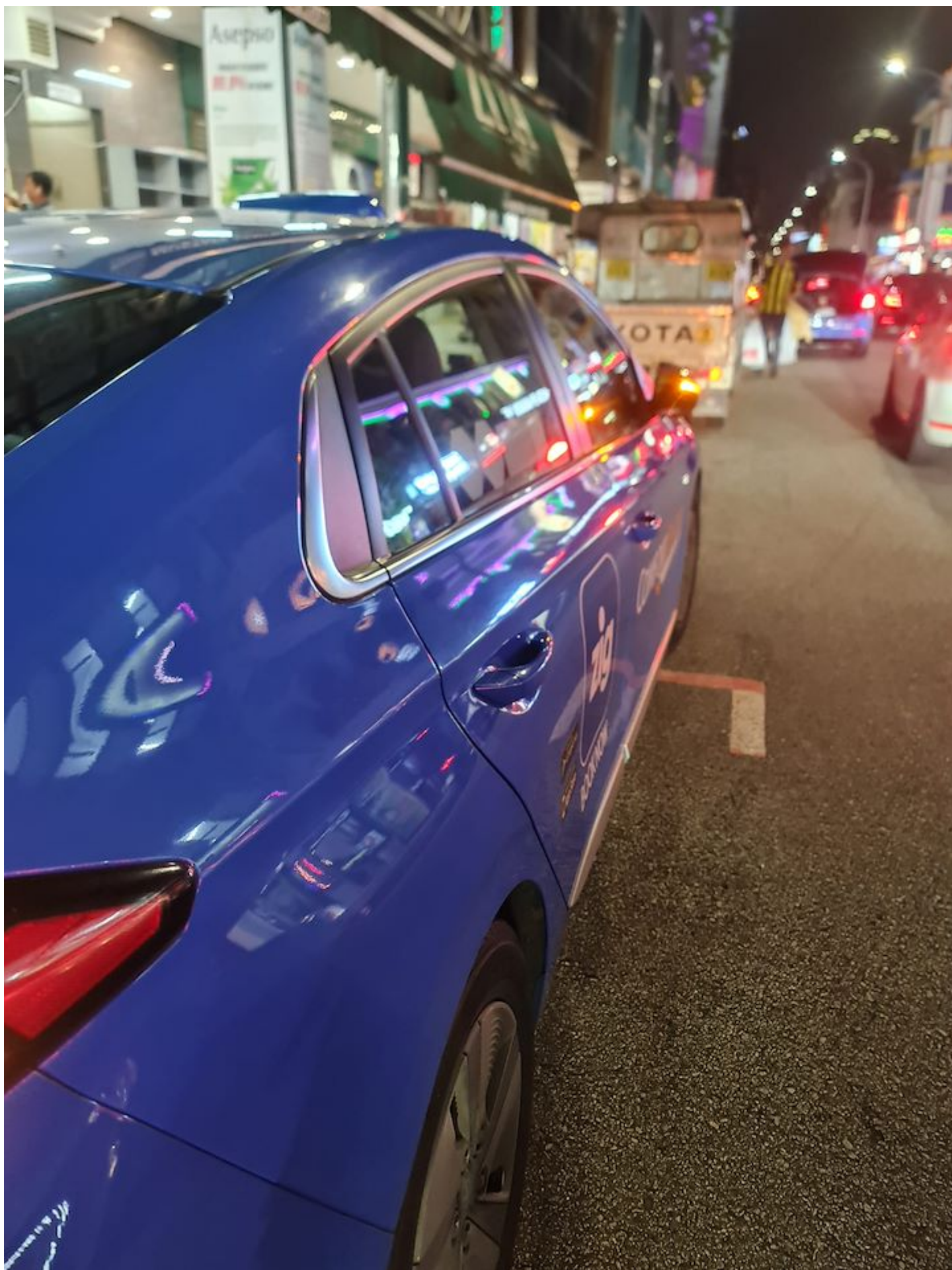






















**SINGAPORE
POLICE FORCE**



T/20230218/2010

1 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20230218/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2023 01:39	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: KHALID NASEEM KHAN S/O AKRAM KHAN			Address: 11 FLORA ROAD #04-09 SINGAPORE 509732		
ID Type / ID No.: NRIC NO / S7809527Z			Contact No.: Home/Office: Mobile: 90051820		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 17/03/1978	Type of Informant: Rider		
Race: Pakistani			Language: English		Institution / School Name:
Occupation: REAL ESTATE CONSULTANT			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: 17/02/2023 20:10	Type of Location: Straight Road
Location: SYED ALWI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Vehicle Door Opened Against Rider (Collision)			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH3603A	Motorcycle	YAMAHA	FZ 16	Red	Slightly Damaged	0
SDP1236Z	Car	TOYOTA		Red		1
SHA7141E	Car	HYUNDAI		Blue		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230218/2010

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Report No. T/20230218/2010

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH3603A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	CN51016150	22/11/2022	21/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Rider		Use of Pedestrian Crossing: NA		
Name	KHALID NASEEM KHAN S/O AKRAM KHAN	ID No.	S7809527Z	
Related Vehicle	FBH3603A (Motorcycle)	Contact No.	90051820	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Date Treatment	17/02/2023	Date Discharge	17/02/2023	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	Kavin Chia	ID No.	NIL	
Related Vehicle	SDP1236Z (Car)	Contact No.	90055568	
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	

Driver				
Name	Mustaffa Bin Sulong	ID No.	NIL	
Related Vehicle	SHA7141E (Car)	Contact No.	92369865	
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	

**SINGAPORE
POLICE FORCE**

T/20230218/2010

Police Station Of Origin:
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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230218/2010

CONTINUATION OF REPORT**Brief Details.**

On 17/02/2023 at about 2010hrs, I was riding my motorbike (FBH3603A) along Syed Alwi Road and was passing by Mustafa centre. As the traffic was heavy at that point of time. I then approached towards a taxi that was stopped in front of me, (SHA7141E) and I rode to the left side of the vehicle as there was enough space to allow me to pass through. Subsequently, as I was about to ride pass the taxi, the left rear door of the taxi opened onto me. Thus, the impact of the door that hit onto me landed me against one of the parked vehicles (SDP1236Z) at the side of the road. As a result, the parked vehicle had sustained damages. My bike sustained damages on the left handlebar, left mirror and the IU unit. I had also sustained injuries on both of my hands, neck area and my leg due to the impact.

The passengers of the taxi that open the door, came to apologize to me. I then told him that I need him to stay where he is and requested for his particulars for my own record purposes. Both drivers (SHA7141E and FBH3603H) came to my assistance and ask me whether I need any medical attention. I told them as I do not require immediate medical assistance. Hence, I pushed my bike to the side of the road as to not block the road.

As I took some time to push my bike on the side of the road, I lost sight of the passenger of the taxi that open the door. The taxi driver (Mustaffa Bin Sulong, 9236 9865) assists me to try to find the passenger but to no avail. I then told him it wasn't his fault and informed that it was his passenger that opened the door towards me.

I had also spoke to the park vehicle driver (Kavin Chia, 90055568) and informed him about the incident. He acknowledged.

Shortly after, I proceed to seek medical treatment and was given a total of 5 days medical leave from 17/02/2023 to 21/02/2023.

I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230218/2010

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Report No. T/20230218/2010

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:
E /
SGT 2 CHO VIN THAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case: *
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

Date/Time:
18/02/2023 01:39

Classification Of Case:

NP168