



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	30/03/2023 17:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/03/2023 19:15 (SGT)
Exact Location of Accident	Telok Kurau Rd, Singapore
Additional Location Information	TELOK KURAU ROAD SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB4943T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHAMSUDEEN BIN HAJA MAIDEEN
NRIC No	S1336207F
Email Address	DINMARGA@GMAIL.COM
Mobile Phone No	(Phone) +65-97527501
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YAMAHA / T135
Variant	YAMAHA / T135
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	135

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300553079 VMP

DRIVER

Name of Driver	SHAMSUDEEN BIN HAJA MAIDEEN
NRIC No	S1336207F
Date Of Birth	07/09/1958
Occupation	Indoor



Date Of Driving Pass	16/10/1989
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97527501
Alt. Phone Number	-
Email Address	DINMARGA@GMAIL.COM
Address	APT BLK 713 BEDOK RESERVOIR ROAD #06-3932
Address complement	-
Postcode	470713
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 - Major/Minor Rd
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	SBB4545J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	SHAMSUDEEN BIN HAJA MAIDEEN
Gender	Male
Phone No	(Phone) +65-97527501
Address	APT BLK 713 BEDOK RESERVOIR ROAD #06-3932
Address Complement	-
Post Code	470713
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBB4943T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

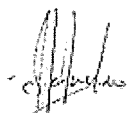
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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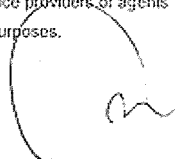
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

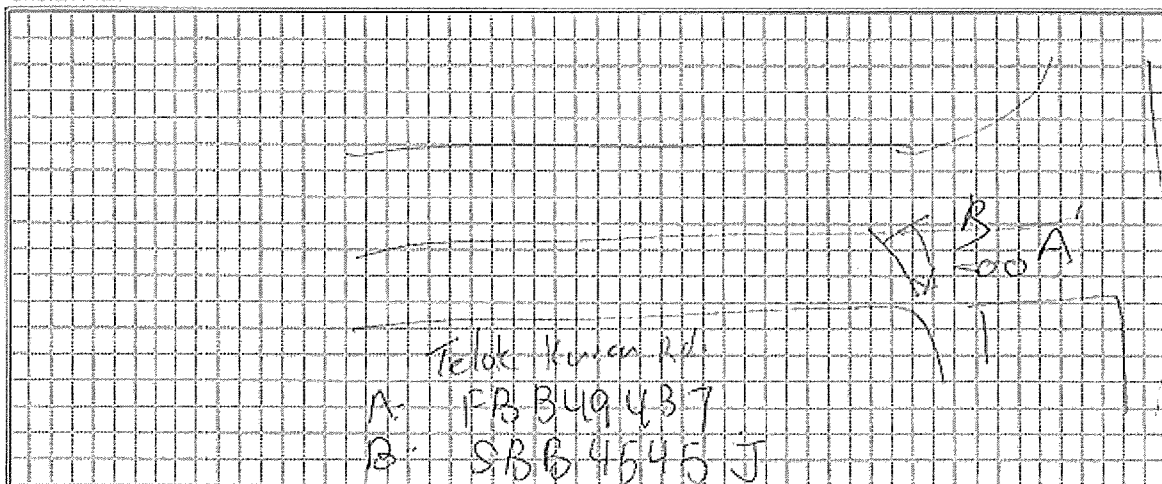
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
(Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident

REFER TO POLICE REPORT

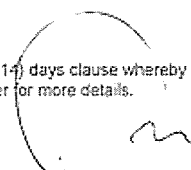
Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time

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


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















**SINGAPORE
POLICE FORCE**

T/20230326/2051

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469876
Tel No: 1800-2449999

Report No: T/20230326/2051

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SR STAFF SGT NORASHEETA
BINTE ABDUL RAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476232

NP168

Signature Of Informant:

Date/Time:
26/03/2023 15:51

Classification Of Case:


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok N.P.C.
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20230328/2051

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Report No: T/20230328/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/03/2023 15:51

Vide Report No.:

Station Diary No.:
81

Informant's Particulars

Name of Informant: SHAMSUDEEN BIN HAJA MAIDEEN	Address: 713 BEDOK RESERVOIR ROAD #08-3932 SINGAPORE 470713		
ID Type / ID No.: NRIC NO / S1336207F	Contact No.:	Mobile: 97527501	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 64	Date of Birth: 07/09/1958	Type of Informant: Rider
Race: Malay	Language: English		
Occupation: DELIVERY SERVICE	Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/03/2023 19:15	Type of Location: Straight Road
Location: TELOK KURAU ROAD				
Lamp Post Number: 29R1				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving vehicle-opposite direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB4943T	Motorcycle	YAMAHA	T135	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB4943T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300553079	21/04/2022	20/04/2023


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20230326/2051

2 of 3

Report No. T/20230326/2051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHAMSUDEEN BIN HAJA MAIDEEN	ID No.	S1336207F
Related Vehicle	FBB4943T (Motorcycle)	Contact No.	97527501
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3, 4, 5 Date of Expiry: NIL
Date Treatment	25/03/2023	Date Discharge	26/03/2023
No. of Days granted Medical Leave	08	Degree of Injury	Slight

Brief Details.

On 25/3/2023 at 1916hrs, while travelling straight along Telok Kurau Rd towards Changi Rd on Lane 1, I had an accident with a vehicle SBB 4545J. The said vehicle was from opposite direction turning into the condominium (308 Telok Kurau Road). There was a bus in front of me. I believed the vehicle did not see my motorcycle and had made a right turn immediately after the bus. As a result both of us could not react in time. The front of my motorcycle collided into the rear left side of the car. I fell to my left side and my motorcycle handle jab my stomach area. I was in pain and was conveyed conscious to CGH by ambulance. There were officers at scene however I was already in the ambulance. I was told by TP IO Fadli that my motorcycle was towed to TP.

I wish to state that I had just sent my motorcycle for servicing on 14/2/2023 and changed the brake pad. There was no fault from my motorcycle during the accident.

I was issued medical certificate for 8days from 25/03/2023 to 01/04/2023. I had CT scan done to my stomach area which revealed some internal bleeding. There is bruising at the stomach area.

