Your NCD will be affected due to late reporting

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 witholding 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	17/05/2023 16:38 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1067M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RUQAIYAH BINTE N SYED PULAVAR
NRIC No	SXXXX820C
Email Address	deen_ghani@outlook.com
Mobile Phone No	(Phone) +65-81337244
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBF190X MANUAL
Variant	-
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	Manual
CC	184

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300650028 VMP

DRIVER

Name of Driver	MUHYIDDEN GHANI BIN N SYED PULAVAR
NRIC No	SXXXX916Z
Date Of Birth	24/09/1993
Occupation	Indoor

Date Of Driving Pass	15/10/2015
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81125871
Alt. Phone Number	-
Email Address	deen_ghani@outlook.com
Address	APT BLK 731 CLEMENTI WEST STREET 2
Address complement	# 09-316
Postcode	120731
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Chain Collision
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?	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	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230511/2106

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	SMK3681C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED ILHAM
NRIC No	SXXXX982C
Contact Number	(Phone) +65-98891472
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	SLK3141G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALVEY ZHOU
Contact Number	(Phone) +65-83552421
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	MUHYIDDEN GHANI BIN N SYED PULAVAR
Gender	Male
Phone No	(Phone) +65-81125871
Address	APT BLK 731 CLEMENTI WEST STREET 2
Address Complement	# 09-316
Post Code	120731
Approximate Age Years Old	-
Injuries Sustained	DISCOMFORT ON BACK AND LEFT KNEE- GIVEN 5 DAYS OF MC
Injured person in which vehicle?	FBQ1067M
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 Authorised 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. 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.

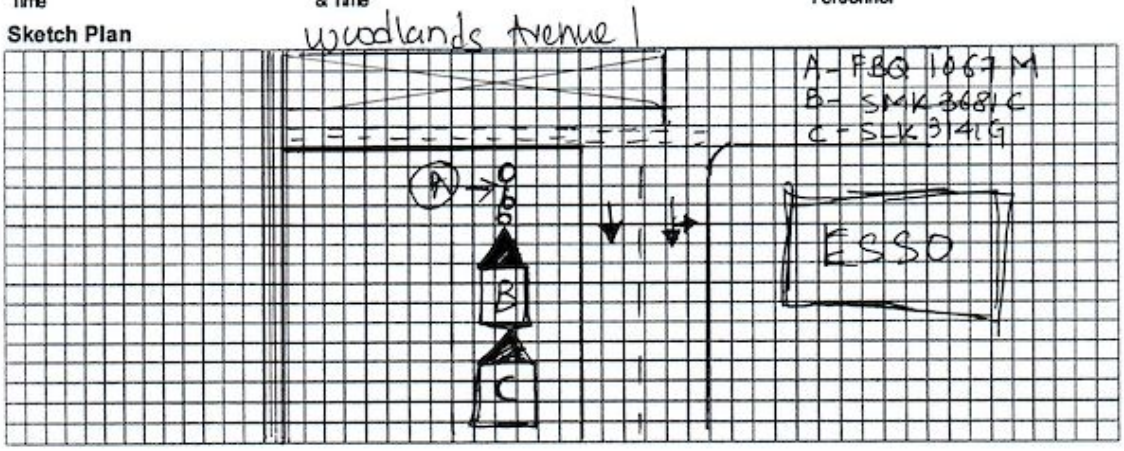
(collectively the "**Purposes**")

(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
	17/05/23	17/05/2023

Sketch Plan



Describe Circumstance of the Accident

please Refer to the attached police Report - 7/20230511/2106

Declaration

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

Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
	17/05/23	17/05/2023

SINGAPORE POLICE FORCE

T/20230511/2106

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

Report No. T/20230511/2106

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHYIDDEEN GHANI BIN N SYED PULAVAR	ID No.	S9335916Z
Related Vehicle	FBQ1067M (Motorcycle)	Contact No.	81125871
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	10/05/2023	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Name	ALVEY ZHOU	ID No.	S9113565J
Related Vehicle	SLK3141G (Car)	Contact No.	83552421
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	MOHAMED IIHAM	ID No.	S9623982C
Related Vehicle	SMK3681C (Car)	Contact No.	98891472
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 the 10/05/2023 at about 2100hrs, I was riding my sister motorcycle (FBQ1067M) along Woodlands Ave 1 at the Junction. I was at the traffic light waiting for it to turn green when suddenly I felt an impact from the rear of my motorcycle.

The impact cause me to jump off from my motorcycle and stand on the road. My motor fell onto the road. That's when I realized that a chain collision had happened behind my motor. A stationary car (SMK3681C) which was just behind my motorcycle, was hit by another car (SLK3141G) from its rear.

SINGAPORE POLICE FORCE

T/20230511/2106

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

Report No. T/20230511/2106

CONTINUATION OF REPORT

I managed to exchange contact with the drivers, one of them called for the ambulance and when they arrived, I was conveyed to Khoo Teck Puat Hospital as I was having discomfort on your back and left knee. I was given 5 days of MC. There were some damages on the rear and sides of the motorcycle.

I am not sure if there is any CCTV around the junction.

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

SINGAPORE POLICE FORCE

T/20230511/2106

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

Report No. T/20230511/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/05/2023 18:50		47

Informant's Particulars

Name of Informant: MUHYIDDEEN GHANI BIN N SYED PULAVAR			Address: APT BLK 731 CLEMENTI WEST STREET 2 #09-316 SINGAPORE 120731
ID Type / ID No.: NRIC NO / S9335916Z			Contact No.: Home/Office: Mobile: 81125871
Nationality: SINGAPORE CITIZEN			Email:
Sex: Male	Age: 29	Date of Birth: 24/09/1993	Type of Informant: Rider
Race: Indian			Language:
Occupation: ICA Officer			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/05/2023 21:00	Type of Location: Junction
Location: WOODLANDS AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBQ1067M	Motorcycle				Slightly Damaged	0
SLK3141G	Car				Slightly Damaged	0
SMK3681C	Car				Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20230511/2106

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

Report No. T/20230511/2106

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
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Date Treatment	10/05/2023	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Name	ALVEY ZHOU	ID No.	S9113565J
Related Vehicle	SLK3141G (Car)	Contact No.	83552421
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	MOHAMED IIHAM	ID No.	S9623982C
Related Vehicle	SMK3681C (Car)	Contact No.	98891472
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

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T/20230511/2106

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Hong Kah South NPP
510 Jurong West Street 52 #01-90
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Report No. T/20230511/2106

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Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

T/20230511/2106

Report No. T/20230511/2106

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J / SGT 2 AHMAD HAIKAL BIN AHMAD FIRDAUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2023 18:50
Officer In Charge Of Case: TP / GIT / STAFF SGT ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:

NP168