

# 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 .....              | 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 ..... | MUHYIDDEEN 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 willful 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.

|   |  |   |
|---|--|---|
| <p style="text-align: center;"><u>4A</u>    <u>17/05/23</u></p> <p>Policyholder's Signature / Date &amp; Time</p> | <p style="text-align: center;"><u>[Signature]</u>    <u>17/05/2023</u></p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p> | <p style="text-align: center;"><u>[Signature]</u>    <u>17/05/2023</u></p> <p>Witnessed by Reporting Centre Personnel</p> |
| <p><b>Sketch Plan</b>      <u>woodlands Avenue 1</u></p>  |  |   |
| <p>A - FBG 1067 M<br/>B - SMK 3681 C<br/>C - SLK 3141 G</p>   |  |   |
|   |  |   |



Describe Circumstance of the Accident

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

Declaration

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)

v3.1a 2022

2



**SINGAPORE  
POLICE FORCE**

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



T/20230511/2106

2 of 4

Report No. T/20230511/2106

**CONTINUATION OF REPORT**

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

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



T/20230511/2106

3 of 4

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.



































# SINGAPORE POLICE FORCE



T/20230511/2106

1 of 4

Report No. 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 OF A TRAFFIC ACCIDENT

|  |            |  |                             |
|--|------------|--|-----------------------------|
| Date/Time Report Made:<br>11/05/2023 18:50                   |            | Vide Report No.:   | Station Diary No.:<br>47    |
| <b>Informant's Particulars</b>                               |            |  |                             |
| Name of Informant:<br>MUHYIDDEEN GHANI BIN N SYED<br>PULAVAR |            | Address:<br>APT BLK 731 CLEMENTI WEST STREET 2 #09-316<br>SINGAPORE 120731 |                             |
| ID Type / ID No.:<br>NRIC NO / S9335916Z                     |            | Contact No.:<br>Home/Office: Mobile: 81125871                              |                             |
| Nationality:<br>SINGAPORE CITIZEN                            |            | Email:   |                             |
| Sex:<br>Male   | Age:<br>29 | Date of Birth:<br>24/09/1993   | Type of Informant:<br>Rider |
| Race:<br>Indian  |            | Language:  |                             |
| Occupation:<br>ICA Officer                                   |            | Driving Licence Information:<br>Class: 2B,2A,2,3,4,5 Date of Expiry:       |                             |

|  |                                 |   |  |                                     |
|--|---------------------------------|---|--|-------------------------------------|
| <b>General Information of the Accident</b>                   |                                 |   |  |                                     |
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                          | Date/Time of Accident:<br>10/05/2023 21:00 | Type of Location:<br>Junction       |
| Location:<br><br>WOODLANDS AVENUE 1                          |                                 |   |  |                                     |
| Weather:<br>Clear  |                                 | Road Surface:<br>Dry                        |  |                                     |
| Traffic Flow:  |                                 | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                 |   |  | Anyone conveyed by ambulance:<br>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**

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



T/20230511/2106

2 of 4

Report No. T/20230511/2106

**CONTINUATION OF REPORT**

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

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



T/20230511/2106

3 of 4

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.



**SINGAPORE  
POLICE FORCE**

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



T/20230511/2106

4 of 4

Report No. T/20230511/2106

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /  
SGT 2 AHMAD HAIKAL BIN  
AHMAD FIRDAUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT ROIZMAN BIN MOHAMED  
POSARI  
Contact No.: 65476131

NP168

Signature Of Informant:

Date/Time:  
11/05/2023 18:50

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SL0Z235H0002 Vehicle Registration No: FBQ 1067M  
 Name (as shown in NRIC): Muhyiddeen Ghani Bin N Syed Pulavar NRIC/FIN/Passport No: S9335916Z  
 (~~Vehicle Driver/Policyholder~~) (\*) Please delete as appropriate  
 Address: Apt BIK 731 Clementi West street 2 # 09-316 Singapore (120731)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8112 5871  
 Email Address: deen-ghani@outlook.com  
 Date of Accident: 10/05/2023 Time of Accident: 21:00  
 Place of Accident: Woodlands Avenue 1  
 Insurance Company: M81G

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Name of Driver - Muhyiddeen Ghani Bin N Syed Pulavar

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

gumivel 17/05/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: