

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 First Submission	28/10/2024 14:42 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/10/2024 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR4415S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FIDIE MIRANA PUTRA EDYSON
NRIC No	S8136242D
Email Address	FIDIEEDYSON@GMAIL.COM
Mobile Phone No	(Phone) +65-90724767
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	WR155R 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	155
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118189517-04

DRIVER

Name of Driver	FIDIE MIRANA PUTRA EDYSON
NRIC No	S8136242D
Date Of Birth	22/10/1981
Occupation	Indoor
Driving Pass Date	06/08/2003
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90724767
Alt. Phone Number	-
Email Address	FIDIEEDYSON@GMAIL.COM
Address	BLK 5A #04-457 MARSILING DRIVE
Address complement	-
Postcode	732005
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	SME9483A
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
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	FIDIE MIRANA PUTRA EDYSON
Gender	Male
Phone No	(Phone) +65-90724767
Address	BLK 5A #04-457 MARSILING DRIVE
Address Complement	-
Post Code	732005
Approximate Age Years Old	42
Injuries Sustained	primary:Open Fracture of Left Distal Humerus Other Closed Fracture 2 of Greater Trochanter of Left Femur,Bacteraemia,Constipation
Injured person in which vehicle?	FBR4415S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.



28/10/2024
1430hrs

Policyholder's Signature / Date & Time

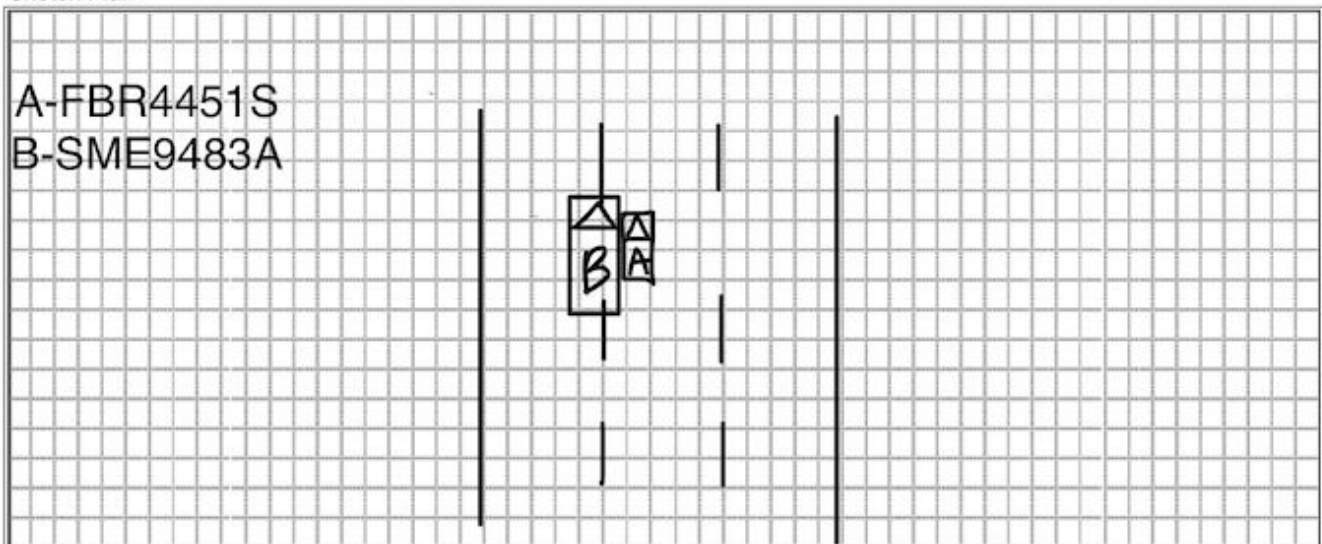

TIEN TOH KIAT HENRY

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

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

Sketch Plan

A-FBR4451S
B-SME9483A



2 of 2

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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

28/10/2024
1430hrs

Policyholder's Signature / Date & Time

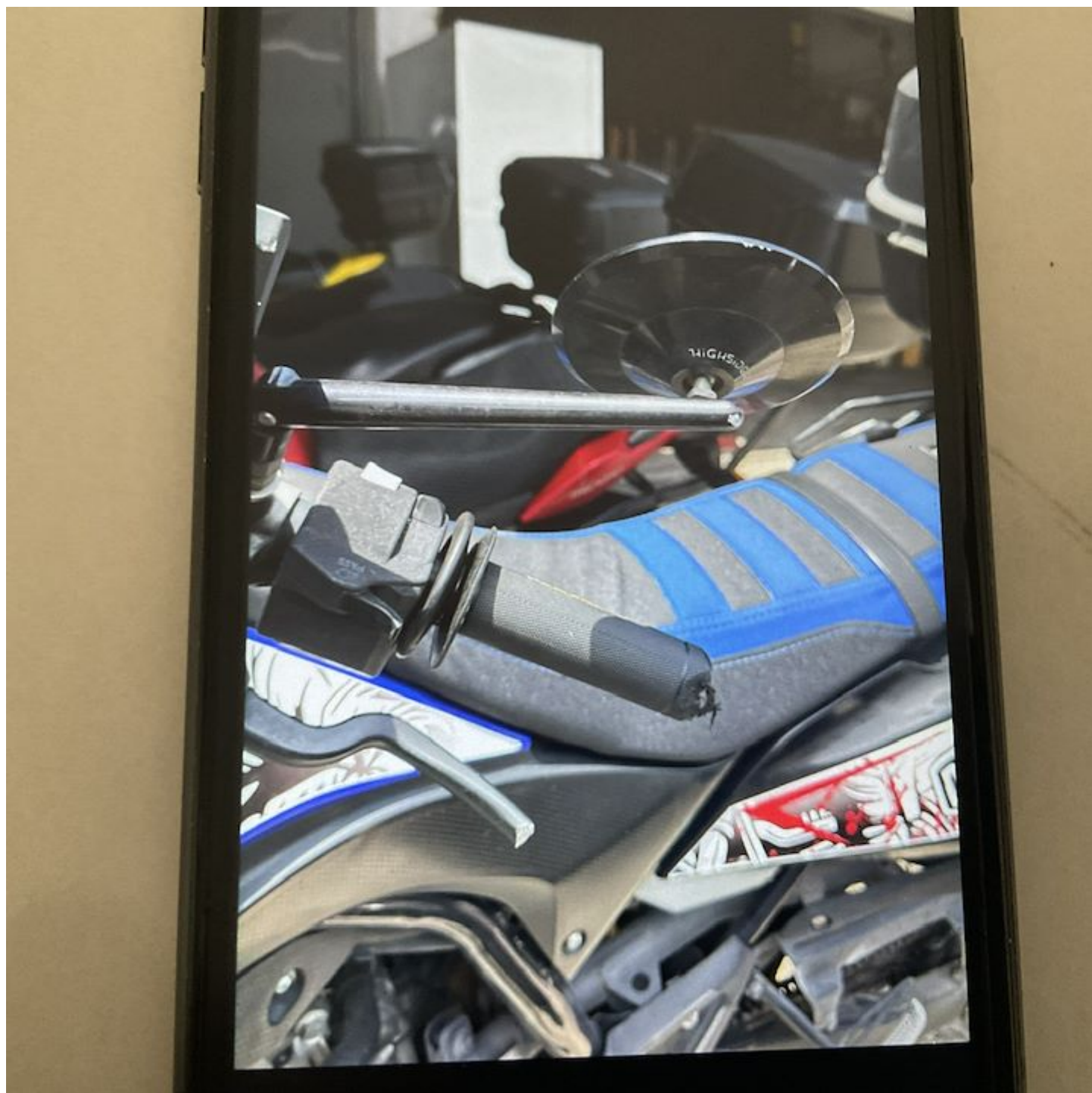
Driver's Signature (if driver is not the policyholder) / Date
& Time

TIEN TOH KIAT HENRY

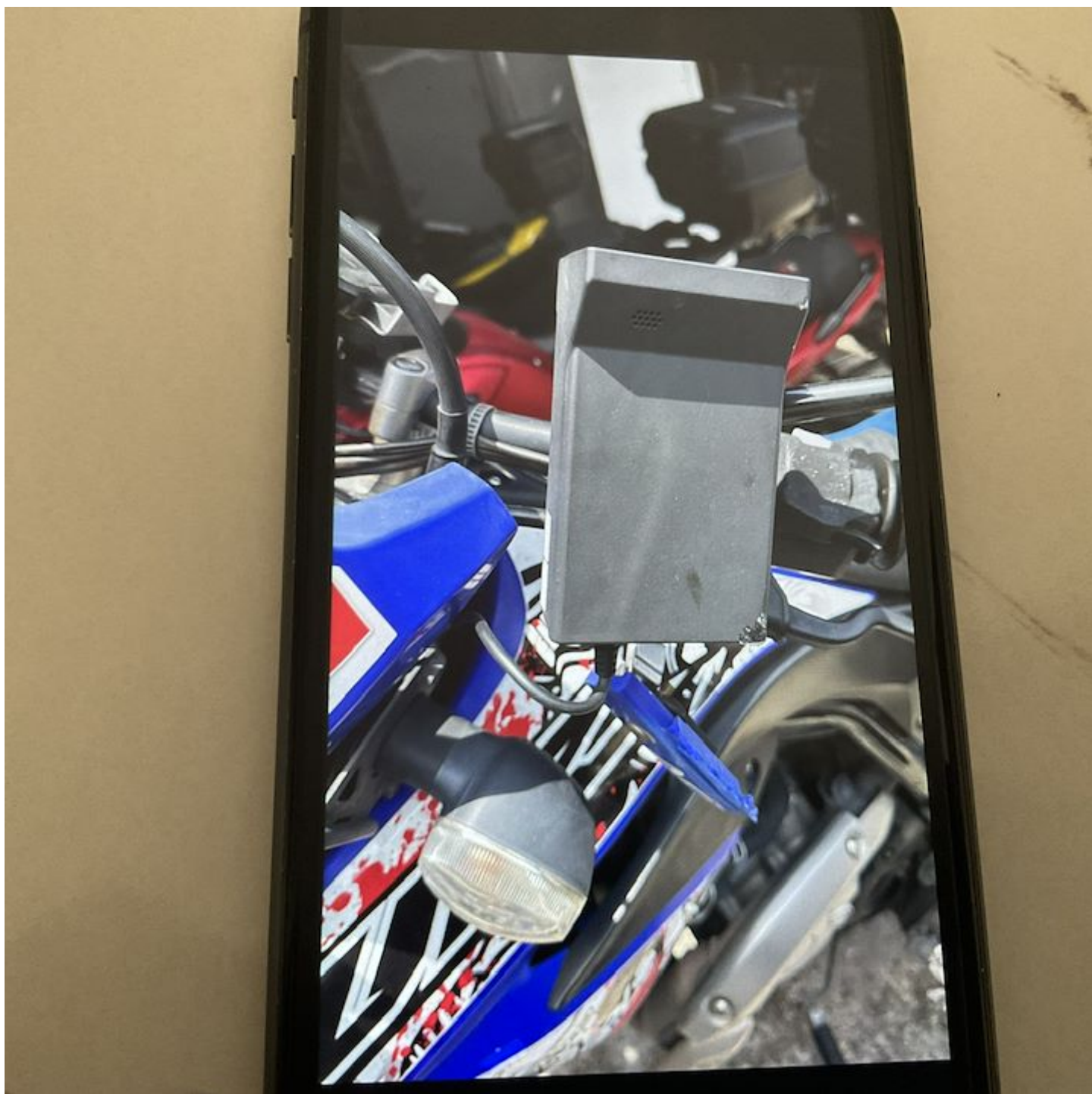
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

2

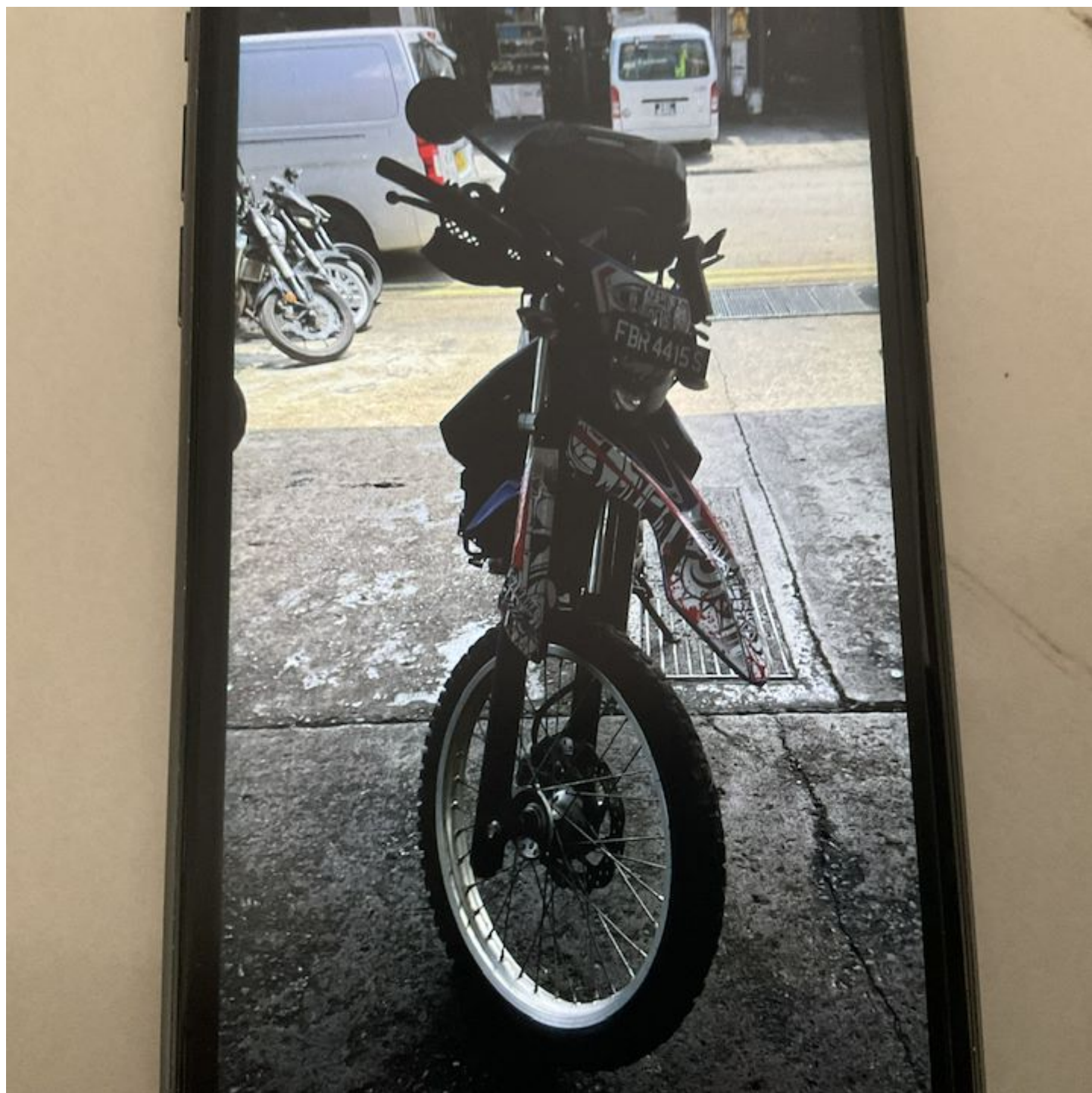






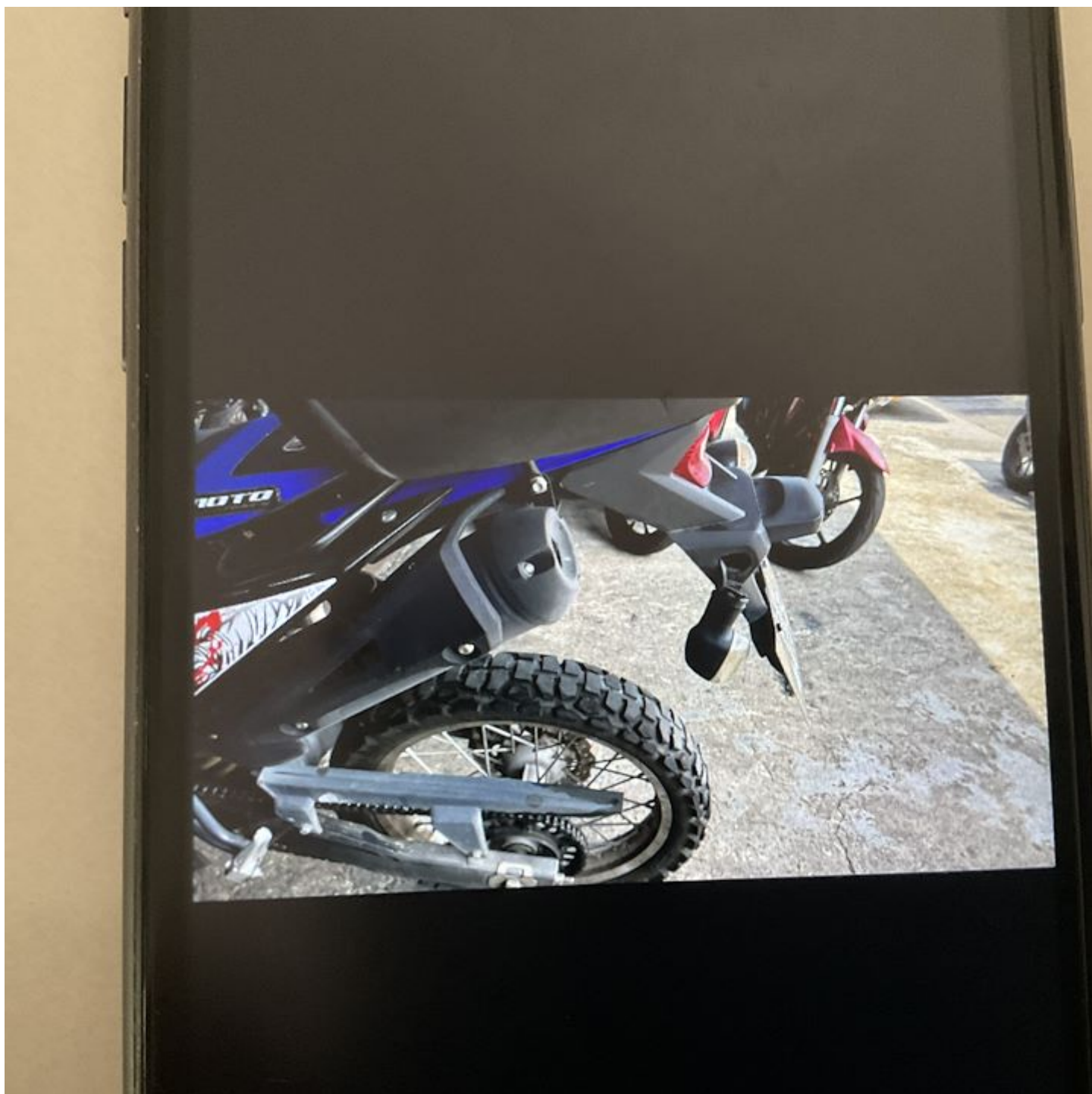




















T202410117043

SINGAPORE
POLICE FORCE

T/20241011/7043

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No: T/20241011/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2024 13:38	Vide Report No.: F/20241007/0068	Station Diary No.:
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Informant's Particulars

Name of Informant: FIDIE MIRANA PUTRA BIN EDYSON			Address: 5A MARSILING DRIVE #04-457 SINGAPORE 732005		
ID Type / ID No.: NRIC NO / S81362420			Contact No.: Home/Office: Mobile: 90724767		
Nationality: SINGAPORE CITIZEN			Email: FIDIEEDYSON@GMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 22/10/1981	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Occupational health and safety professional			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive:	No	Date/Time of Accident:	07/10/2024 08:20	Type of Location:	Straight Road
Location: UPPER THOMSON ROAD							
Weather: Clear		Road Surface: Dry					
Traffic Flow: Two Way		Traffic Control: Not Controlled				Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction						Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR4415S	Motorcycle	YAMAHA	WR155	Blue	Seriously Damaged	1
SME9483A	Motorcycle					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBR4415S	NTUC Income Insurance Co-Operative Limited	5118189517-04	09/07/2024	08/07/2025

SINGAPORE
POLICE FORCE

T/20241011/7043


2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665

Report No: T/20241011/7043


102410117043

Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
FBR44155	NTUC Income Insurance Co-Operative Limited	5118189517-04	09/07/2024	08/07/2025



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20241011/7043



2 of 3





Report No: 1/20241011/7043


CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FIDIE MIRANA PUTRA BIN EDYSON	ID No.	S8136242D
Related Vehicle	FBR44155 (Motorcycle)	Contact No.	90724767
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	07/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious
Rider			
Name	FIDIE MIRANA PUTRA BIN EDYSON	ID No.	S8136242D
Related Vehicle	SME9483A (Motorcycle)	Contact No.	90724767
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.
I was moving lightly along Upper Thomson towards Braddell Road on the left most lane when I was hit on the left side by a car.

 SINGAPORE POLICE FORCE		 T/20241011/7043
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		3 of 3 Report No.: T/20241011/7043
CONTINUATION OF REPORT		
Signature Of Officer Recording The Report: Not applicable		Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable		Date/Time: 11/10/2024 13:38
Officer In Charge Of Case: TP / TP1B / MUHAMMAD FARHAN BIN MOHAMED Contact No.: 65476224		Classification Of Case:
NP168		



 **Khoo Teck Puat Hospital**
National Healthcare Group

MEDICAL CERTIFICATE (Ref: 1605069622) ORIGINAL

NAME: FIORE MIRANA PUTRA BIN EDYSON NRIC: 58136242D

Type of Medical Leave granted: **Hospitalisation Leave**

The above-named patient is unfit for duty for **28** day(s) from **07/10/2024** to **03/11/2024** Inclusive.

The certificate is not valid for absence from court attendance.

Hospitalisation information can be found on issued Patient Visit Summary or via mobile apps: HealthHub, NUHS App for NUHS, NHG Cares for NHG.

21/10/2024 Dr. Jia Ying TAN, MD (P4682Z)
Date Issued by

Location: Ward B86

This certificate is electronically generated. No signature is required.