

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 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. 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 27/01/2022 14:28 (SGT)
Date of Accident 22/01/2022 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information SEMBAWANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number AR3463X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TRI SUSILA INDRAJAYA
NRIC No S1660924B
Email Address TRISUSILAI@GMAIL.COM
Mobile Phone No (Phone) +65-92390322
Alternative Phone No +65-92390322

VEHICLE PARTICULARS

Manufacturer Harley Davidson
Model STREET GLIDE
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 1690

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5118713602-01
Cover Note Number -

DRIVER

Name of Driver TRI SUSILA INDRAJAYA
NRIC No S1660924B

Date Of Birth	02/09/1964
Occupation	Indoor
Date Of Driving Pass	01/12/2009
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92390322
Alt. Phone Number	+65-92390322
Email Address	TRISUSILAI@GMAIL.COM
Address	BLK 834 YISHUN STREET 81 #06-422
Address complement	-
Postcode	760834
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?	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

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

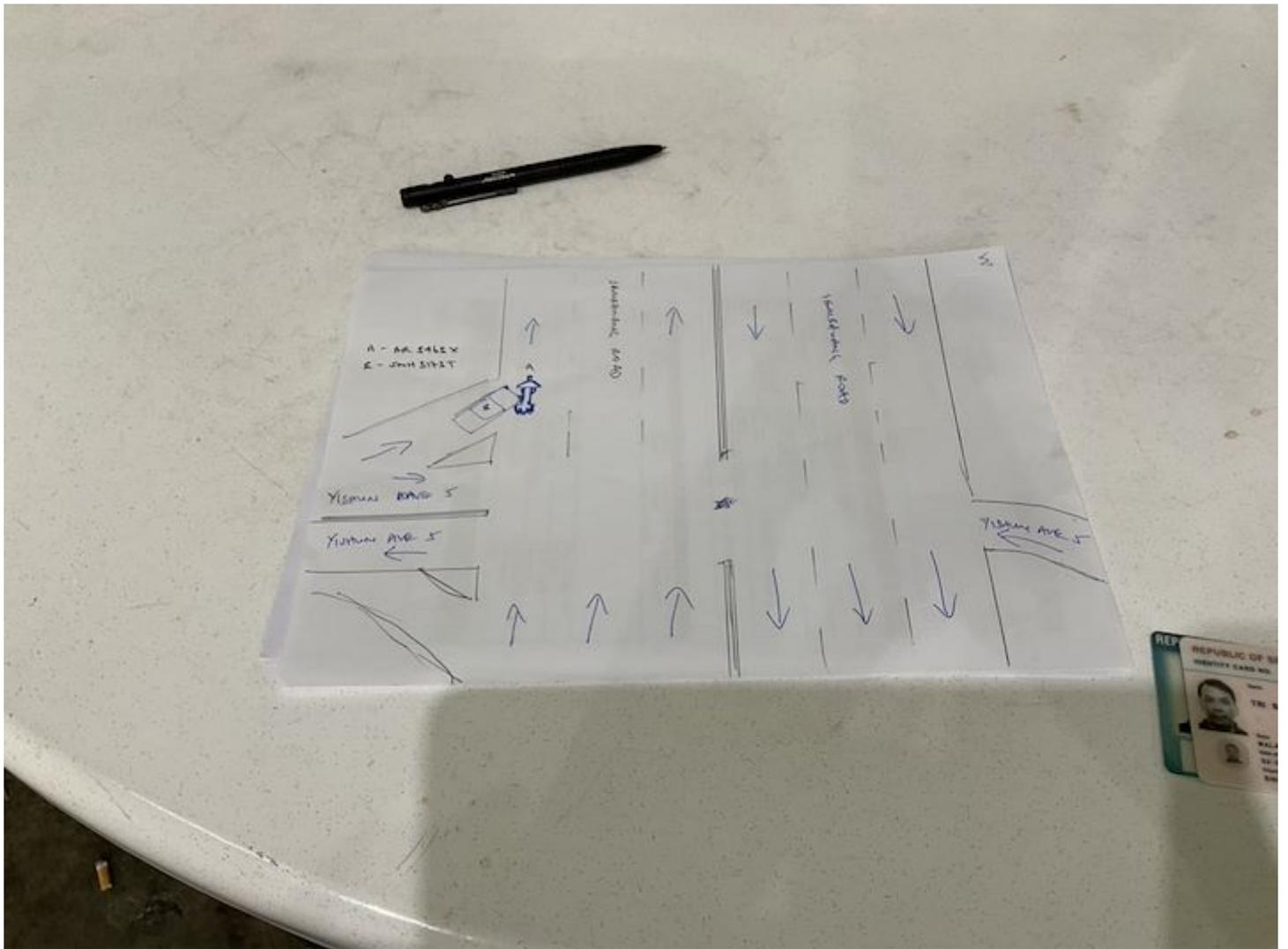
Vehicle Registration Number	SMH3173T
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	KANITHA D/O JAGATHESON
Contact Number	(Phone) +65-93252618
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TRI SUSILA INDRAJAYA
Gender	Male
Phone No	(Phone) +65-92390322
Address	BLK 834 YISHUN STREET 81 #06-422
Address Complement	-
Post Code	760834
Approximate Age Years Old	57
Injuries Sustained	1- LEFT 3-7TH RIB FRACTURES 2- LEFT APICAL OCCULT PNEUMOTHORAX >STABLE ON SERIAL XRS,PT ASYMPTOMATIC 3-ABRASIONS OVER RIGHT AND LEFT KNEE AND LEFT ELBOW ABRASION.
Injured person in which vehicle?	AR3463X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN**IMPORTANT NOTICE**

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

27/01/2021
1415Hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Henry
S992277

SKETCH PLAN

REFER TO ATTACHMENT	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS	
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DECLARATION

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

Policyholder's Signature

Date & Time: 27/01/2021
1415HRS

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Henry
NRIC/FIN No.: S992277































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



1/20220123/7016

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Report No. T-20220123/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
AR3463X	NTUC Income Insurance Co-Operative Limited	5118713602-01	20/08/2021	19/08/2022

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Rider			
Name	TRI SUSILA INDRAJAYA	ID No.	S1660924B
Related Vehicle	AR3463X (Motorcycle)	Contact No.	92390322
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/01/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

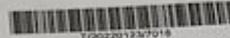
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was riding my motorcycle along Sembawang Road (from Woodlands heading to my home at Blk 834 Yishun St 81) just passing the junction with Yishun Ave 5 (near Yishun Blk 701C) at a speed of 60-65km/hr, along the left most lane. I had safely passed that junction but soon I felt something hit me hard from the left rear of my motorcycle. I lost control of the vehicle and was flung off. There was momentary loss of consciousness, for a few seconds at least. When I regained consciousness, I saw 2-3 passers-by picking up my motorcycle (I managed to tell them it's a heavy motorcycle) and park it at the side of the road. I saw a silver Hyundai car parked right behind where I was knocked down. I felt pain over my right knee, left shoulder and left side of my chest but was still able to snap some photos of both vehicles. The Indian lady who was the driver of the silver car told me, "I thought you had rode pass already". Exchange of particulars was done with the help of an eye witness, Brian, as I was in pain, having sustained multiple abrasions and left sided chest pain. No ambulance or police arrived...as I believe nobody called for them. After about 10-15mins the Indian lady Ms Kanitha D/O Jagatheson was joined by 2 Indian men. I believe they were her



**SINGAPORE
POLICE FORCE**



1/202201237016

1 of 4

Report No. T 202201237016

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2022 15:33	Video Report No.:	Station Diary No.:
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Informant's Particulars

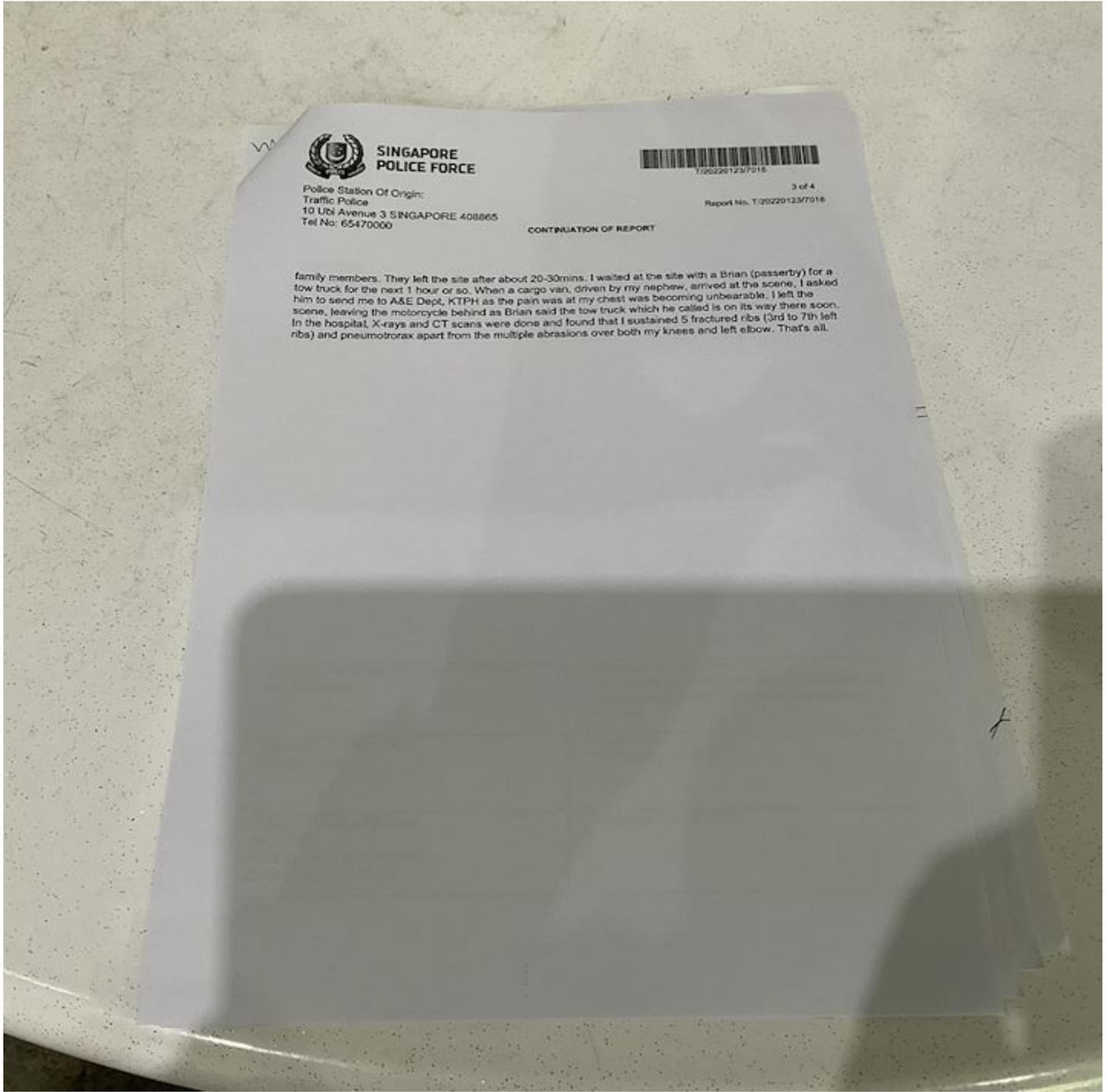
Name of Informant: TRI SUSILA INDRAJAYA			Address: 834 YISHUN STREET 81 #06-422 SINGAPORE 760834		
ID Type / ID No.:			Contact No.:		
NRIC NO / S1660924B			Home/Office: Mobile: 92390322		
Nationality: SINGAPORE CITIZEN			Email: TRISUSILA@GMAIL.COM		
Sex:	Age:	Date of Birth:	Type of Informant:		Institution / School Name:
Male	57	02/09/1964	Rider		
Race: Malay			Language: English		
Occupation: Registered nurse			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2022 13:00	Type of Location: T-Junction
Location: SEMSAWANG ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 65 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
AR3463X	Motorcycle	HARLEY DAVIDSON	STREET+GL IDE+SPECI AL	Black		0
SMH3173T	Car	HYUNDAI	Avante	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

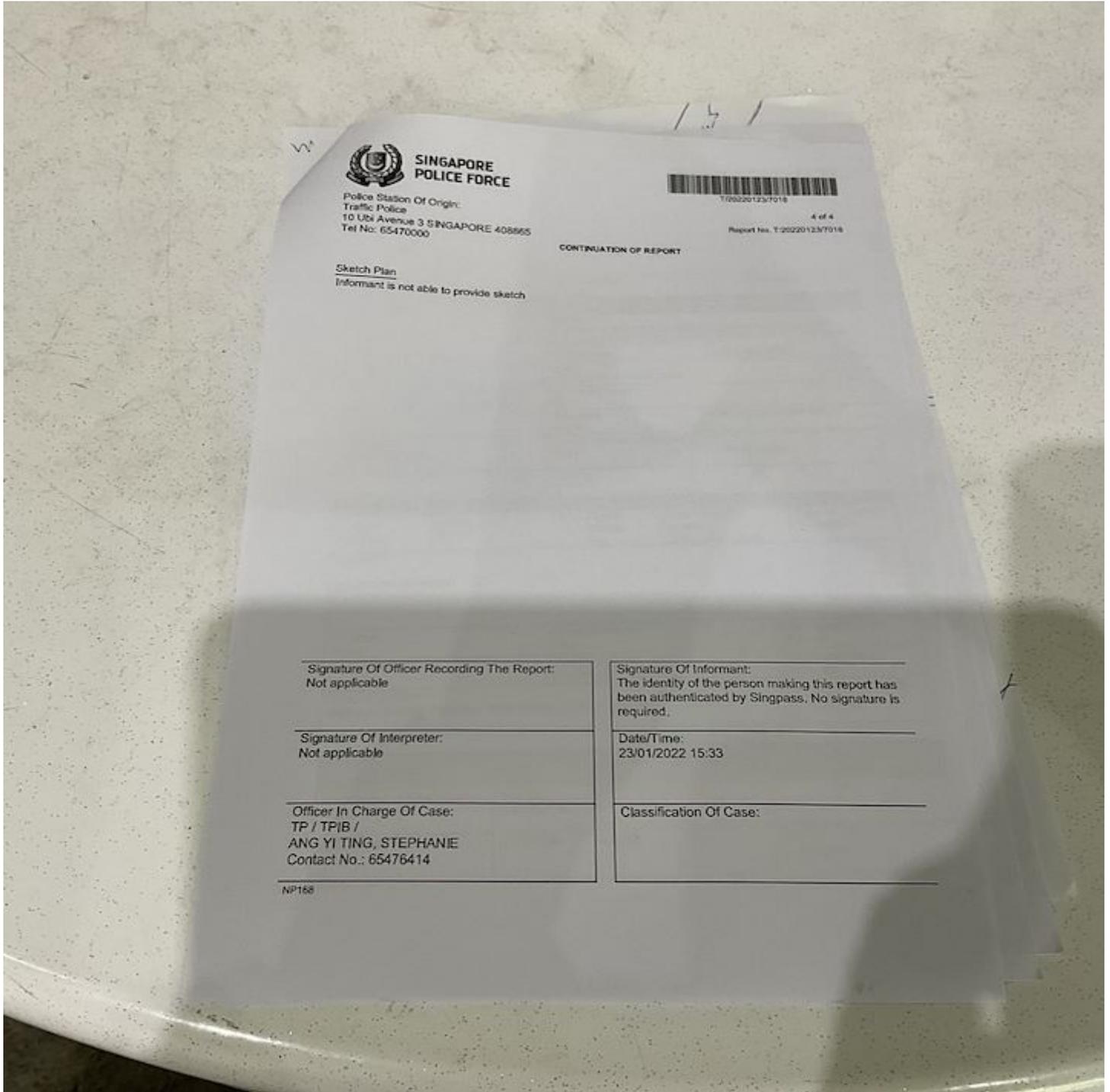


Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T20220123/7016

CONTINUATION OF REPORT

family members. They left the site after about 20-30mins. I waited at the site with a Brian (passerby) for a tow truck for the next 1 hour or so. When a cargo van, driven by my nephew, arrived at the scene, I asked him to send me to A&E Dept, KTPH as the pain was at my chest was becoming unbearable. I left the scene, leaving the motorcycle behind as Brian said the tow truck which he called is on its way there soon. In the hospital, X-rays and CT scans were done and found that I sustained 5 fractured ribs (3rd to 7th left ribs) and pneumotorax apart from the multiple abrasions over both my knees and left elbow. That's all.



 **SINGAPORE
POLICE FORCE**

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



17002201237018
4 of 4
Report No. T.202201237018

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

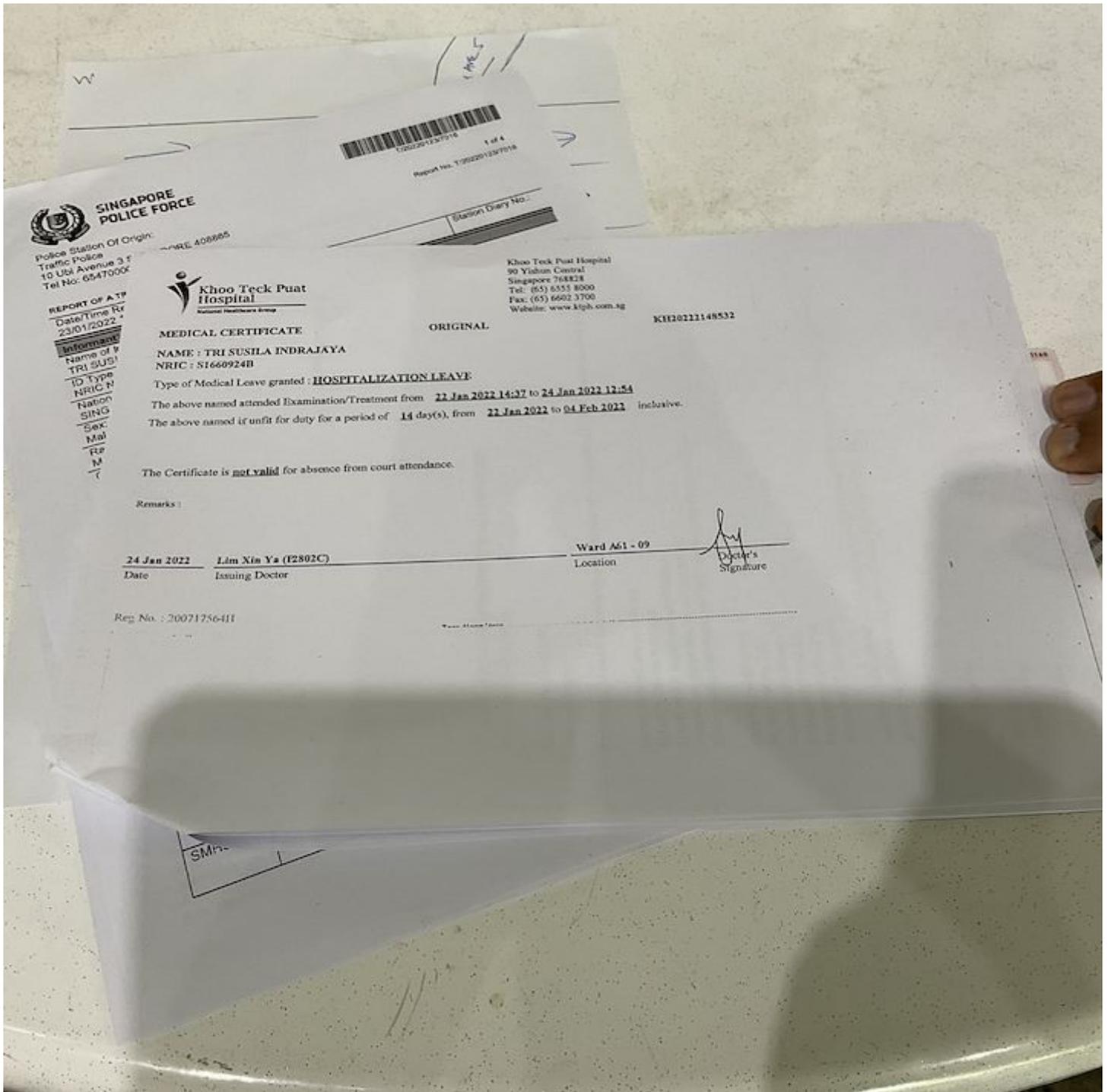
Officer In Charge Of Case:
TP / TP/B /
ANG YI TING, STEPHANIE
Contact No.: 65476414

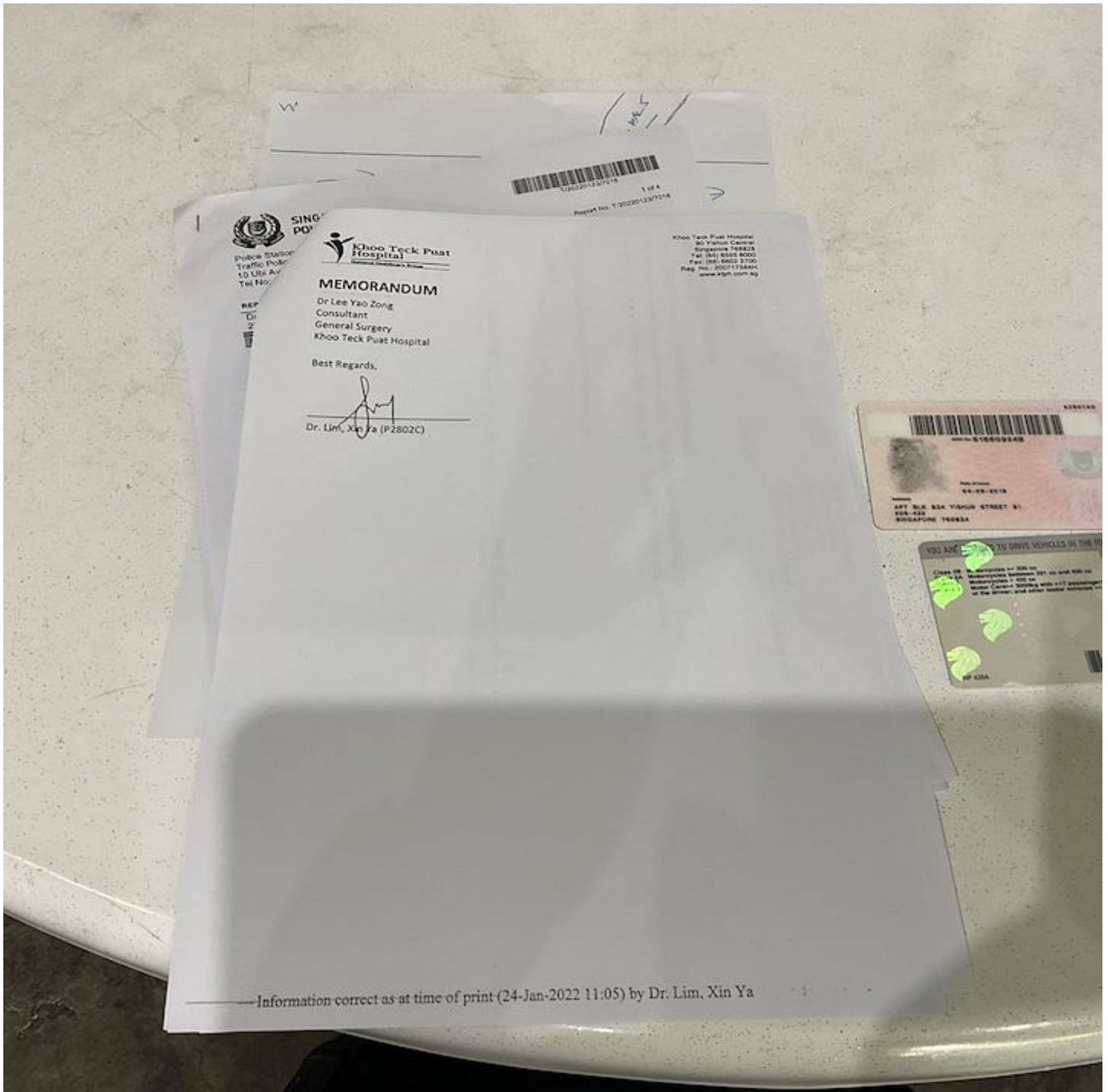
Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
23/01/2022 15:33

Classification Of Case:

NP168





Police Station
Traffic Police
10 Ulu Areal
Tel No.

REP
Dr
2



MEMORANDUM
Dr Lee Yao Zong
Consultant
General Surgery
Khoo Teck Puat Hospital

Best Regards,

Dr. Lim, Xin Ya (P2802C)

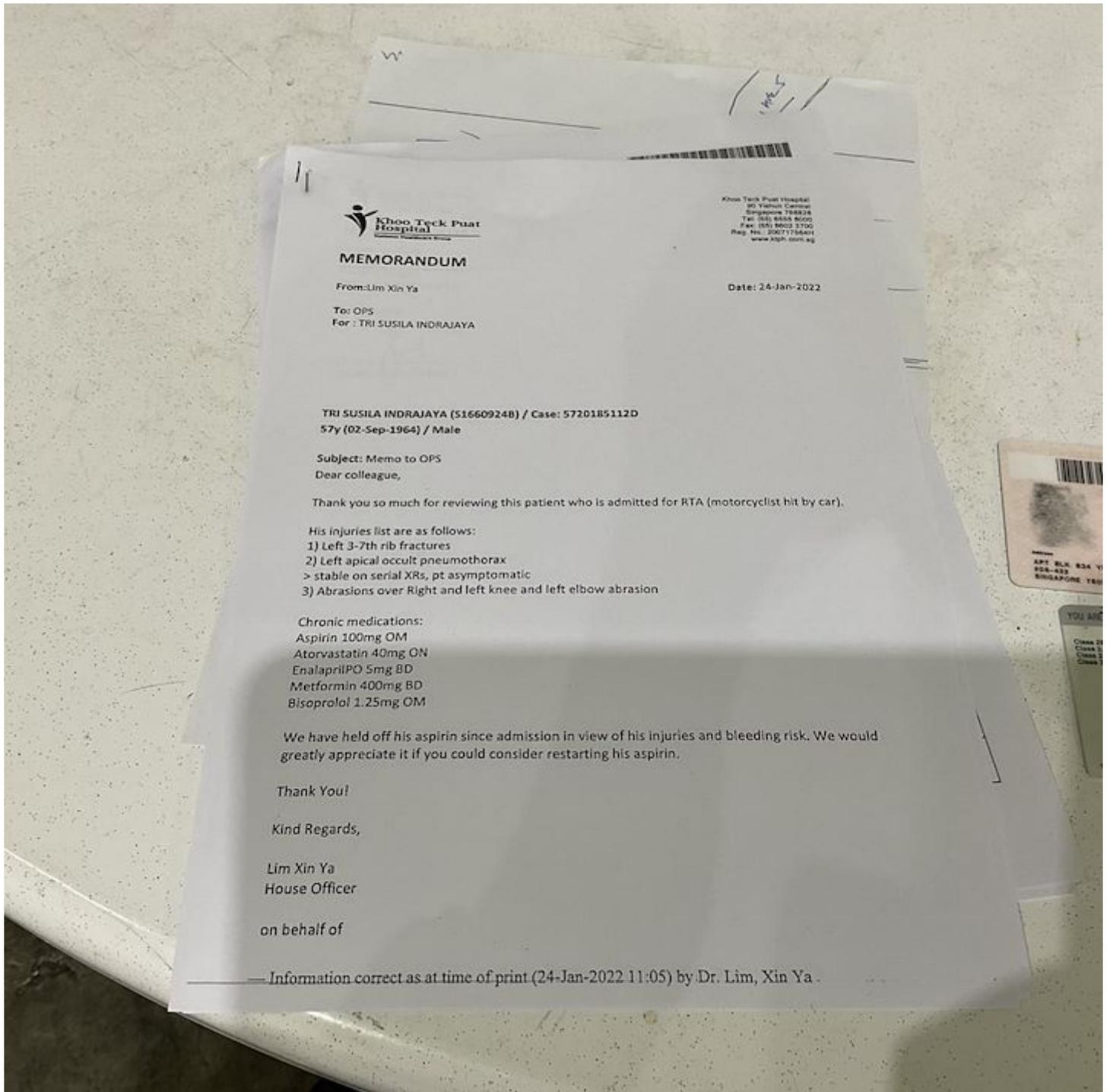


1 of 4
Report No. 120220-1297218

Khoo Teck Puat Hospital
80 Yahoon Central
Singapore 788828
Tel: (65) 8885 8000
Fax: (65) 8882 3700
E-Mail: info@kth.com.sg
www.kth.com.sg



Information correct as at time of print (24-Jan-2022 11:05) by Dr. Lim, Xin Ya



Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768228
Tel: (65) 6355 8000
Fax: (65) 6352 3700
Reg. No. 2007176491
www.ktp.hk.com.sg

MEMORANDUM

From: Lim Xin Ya

Date: 24-Jan-2022

To: OPS
For: TRI SUSILA INDRAJAYA

TRI SUSILA INDRAJAYA (S16609248) / Case: 5720185112D
57y (02-Sep-1964) / Male

Subject: Memo to OPS
Dear colleague,

Thank you so much for reviewing this patient who is admitted for RTA (motorcyclist hit by car).

His injuries list are as follows:

- 1) Left 3-7th rib fractures
- 2) Left apical occult pneumothorax
> stable on serial XRs, pt asymptomatic
- 3) Abrasions over Right and left knee and left elbow abrasion

Chronic medications:

- Aspirin 100mg OM
- Atorvastatin 40mg ON
- EnalaprilPO 5mg BD
- Metformin 400mg BD
- Bisoprolol 1.25mg OM

We have held off his aspirin since admission in view of his injuries and bleeding risk. We would greatly appreciate it if you could consider restarting his aspirin.

Thank You!

Kind Regards,

Lim Xin Ya
House Officer

on behalf of

Information correct as at time of print (24-Jan-2022 11:05) by Dr. Lim, Xin Ya