

## 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	15/11/2024 17:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/11/2024 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER PAYA LEBAR ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH813E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GAN KIM SIONG
NRIC No	S2718499E
Email Address	SAKAIGAN@GMAIL.COM
Mobile Phone No	(Phone) +65-98583398
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	JUPITER 135 MANUAL
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	134
Vehicle Fuel	Petrol
First Registration Date	01/03/2013
Chassis no	MH355S002CK089961
Effective Date/Time of Ownership	01/03/2013 04:03 (SGT)

### INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MX106375

### DRIVER

Name of Driver	GAN KIM SIONG
NRIC No	S2718499E
Date Of Birth	20/03/1964
Occupation	Indoor
Driving Pass Date	22/11/1984
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	40 YEARS
Gender	Male
Mobile Number	(Phone) +65-98583398
Alt. Phone Number	-
Email Address	SAKAIGAN@GMAIL.COM
Address	BLK 710 BEDOK RESERVOIR ROAD 06-3126 SINGAPORE 470710
Address complement	-
Postcode	-
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 - Head to Rear
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 ATTACHED

#### 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	SMH1786M
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	GAN KIM SIONG
Gender	Male
Phone No	(Phone) +65-98583398
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH813E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-


**SKETCH PLAN**

**IMPORTANT NOTICE**

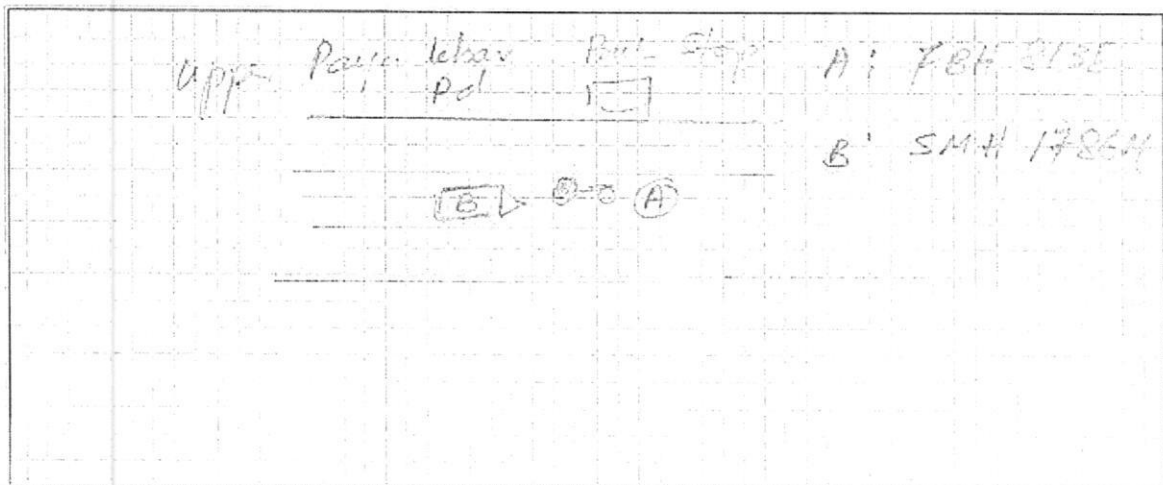
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) 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

 15/10/24 11:35 AM  
Driver's Signature (if driver is not the policyholder) / Date & Time

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

**Sketch Plan**



Describe Circumstance of the Accident

*Refer Police Report*

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy. please check your policy for more information.

**Declaration**

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

*[Signature]*  
Policyholder's Signature / Date & Time

*[Signature]* 15/11/24 11:35am  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by *[Signature]* Centre Personnel  
(Name as in NRIC ID card)



# SINGAPORE POLICE FORCE



T/20241115/7035

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

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Report No. T/20241115/7035

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2024 11:42		Vide Report No.: F/20241112/0082		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GAN KIM SIONG			Address: 710 BEDOK RESERVOIR ROAD #06-3126 SINGAPORE 470710		
ID Type / ID No.: NRIC NO / S2718499E			Contact No.: Home/Office: Mobile: 98583398		
Nationality: MALAYSIAN			Email: SAKAIGAN@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 20/03/1964	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Admin			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/11/2024 10:20	Type of Location: Straight Road
Location:  UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH813E	Motor car	YAMAHA	JUPITER 135 MANUAL	Red		0
SMH1786M	Motor car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBH813E	ETIQA INSURANCE BERHAD	AN3218437	01/03/2024	28/02/2025



**SINGAPORE  
POLICE FORCE**



T/20241115/7035

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

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Report No. T/20241115/7035

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	GAN KIM SIONG	ID No.	S2718499E
Related Vehicle	FBH813E (Motor car)	Contact No.	98583398
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/11/2024	Date Discharge	12/11/2024
No. of Days granted Medical Leave (MC)	14	Degree of Injury	Serious

**Brief Details.**

I was traveling along upper paya Lebar road towards paya Lebar road. I was traveling straight at my own lane at lane 2. Suddenly vehicle B(SMH1786M) hit me from behind. I was convey by the ambulance and was given 2 weeks of mc.



**SINGAPORE  
POLICE FORCE**



T/20241115/7035

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

3 of 3

Report No. T/20241115/7035

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI  
Contact No.: 96207105

NP168

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

Date/Time:  
15/11/2024 11:42

Classification Of Case: