

### 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 Report	04/06/2019 12:49
Date Of Accident	01/06/2019 20:00
Exact Location Of Accident	ALONG GEYLANG ROAD TOWARDS TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY5260E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AMIRUL SIDDIQ BIN ABDUL RAHMAN
NRIC No	S9414456F
Email Address	AMIRVN1@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94698189
Alternative Phone No	OFFICE-94698189

#### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF4J-399CC

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category MOTORCYCLE

#### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT2019TR00363
Cover Note Number	01/06/2019 - 12/10/2019

#### Driver

Name of Driver	MUHAMMAD AMIRUL SIDDIQ BIN ABDUL RAHMAN
NRIC No	S9414456F
Date Of Birth	28/04/1994
Occupation	INDOOR
Date Of Driving Pass	01/11/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94698189
Fax Number	
Contact Number	OFFICE-94698189
Email Address	AMIRVN1@HOTMAIL.COM

Address BLK 104 PASIR RIS STREET 12 #09-141  
 Postcode 510104  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? YES  
 Was any injured conveyed to hospital by ambulance? YES  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

ON 01/06/2019 AT ABOUT 8.00PM, I WAS TRAVELING ON MY MOTORCYCLE ALONG GEYLANG ROAD HEADING TOWARDS TANJONG KATONG ROAD. I WORK FOR FOOD PANDA AND WAS HEADING TO PICK UP AN ORDER. AS I WAS JUST PASSING THE JUNCTION OF ENKU AMAN ROAD, I DECIDED TO CHANGE LANES FROM THE MIDDLE LANE INTO THE LEFT MOST LANE (BUS LANE). AS I WAS CHANGING I NOTICED A TAXI (SHC7779E) IN FRONT OF ME ON THE MIDDLE LANE WHICH WAS STOPPED AT THE TRAFFIC JUNCTION DUE TO A RED LIGHT. I MANAGED TO CHANGE LANES SAFELY AND TRAVELED A SHORT DISTANCE, PAST THE JUNCTION AND OVERHEAD BRIDGE, JUST APPROACHING THE TRAFFIC JUNCTION. THE TAXI WHICH WAITING AT THE TRAFFIC JUNCTION IN FRONT OF ME ON THE MIDDLE LANE SUDDENLY CHANGED LANES INTO THE LEFT MOST LANE WITHOUT WARNING. I WAS UNABLE TO REACT IN TIME, AND KNOCKED INTO THE LEFT FRONT SIDE OF HIS TAXI, NEAR THE LEFT SIDE-VIEW MIRROR. I FELL OFF MY MOTORCYCLE AND LANDED ON THE ROAD. THERE WERE A FEW PASSERBY AROUND THE AREA AND THEY CAME OVER TO HELP ME. I BELIEVE IT WAS ONE OF THEM WHO CALLED FOR AMBULANCE. THE TAXI DRIVER, AFTER CHECKING WHAT HAPPENED THEN CAME OVER TO ME TO SEE IF I WAS INJURED. I RECEIVED ON SOME ABRASIONS ON MY RIGHT ELBOW AND RIGHT KNEE, I ALSO RECEIVED BRUISES ON MY RIGHT HIP AREA, RIGHT SHOULDER AND RIGHT SIDE OF MY NECK. THE AMBULANCE SOON ARRIVED AND I WAS ASSISTED BY THE PARAMEDICS. I WAS THEN INFORMED THAT I WOULD BE CONVEYED BY THE AMBULANCE. TRAFFIC POLICE WAS ALSO AT THE ACCIDENT, THE OFFICER SPOKE TO ME ABOUT MY MOTORCYCLE WHICH WAS GOING TO BE TOWED AWAY BY POLICE, RIGHT BEFORE I WAS CONVEYED BY THE AMBULANCE TO TAN TOCK SENG HOSPITAL. I RECEIVED TREATMENT AT THE HOSPITAL AND WAS DISCHARGED ON THE DAY ITSELF. I WAS GIVEN 4 DAYS MEDICAL LEAVE. MY FRIEND TOOK SOME PHOTOS OF THE ACCIDENT AND I WAS ABLE TO SEE THE DAMAGES ON MY MOTORCYCLE AND THE OTHER DRIVER'S TAXI. MY MOTORCYCLE RECEIVED A FEW DENTS ON THE RIGHT SIDE OF THE BODY AND THE TOP CROWN WAS BROKEN. REFER 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 SHC7779E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD AMIRUL SIDDIQ BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? FY5260E

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 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:

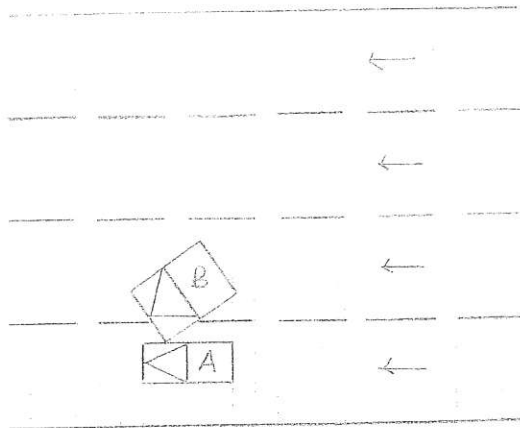
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GIA REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD/TP at other workshop

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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





# SINGAPORE POLICE FORCE



T/20190602/2083

1 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20190602/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/06/2019 17:47	Vide Report No.:	Station Diary No.: 54
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**Informant's Particulars**

Name of Informant: MUHAMMAD AMIRUL SIDDIQ BIN ABDUL RAHMAN			Address: APT BLK 104 PASIR RIS STREET 12 #09-141 SINGAPORE 510104		
ID Type / ID No.: NRIC NO / S9414456F			Contact No.: Home/Office: Mobile: 94698189		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 28/04/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: FOOD DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/06/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 GEYLANG ROAD TANJONG KATONG ROAD Along Geylang Road towards Tanjong Katong Road, just after Engku Aman Road near the bus stop.				
Weather: Clear		Road Surface: Sandy		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Light
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
FY5260E	Motorcycle	HONDA	CB400SF4J M	Red	Slightly Damaged	0
SHC7779E	Car	HYUNDAI	SONATA	Yellow	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY5260E	GREAT AMERICAN INSURANCE COMPANY	MT2019TR00363	01/06/2019	12/10/2019



**SINGAPORE  
POLICE FORCE**



T/20190602/2083

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Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20190602/2083

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD AMIRUL SIDDIQ BIN ABDUL RAHMAN	ID No.	S9414456F
Related Vehicle	FY5260E (Motorcycle)	Contact No.	94698189
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	01/06/2019	Date Discharge	01/06/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Witness</b>			
Name	HOI	ID No.	NIL
Related Vehicle	NIL	Contact No.	88764727
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 01/06/2019 at about 8:00pm, I was traveling on my motorcycle along Geylang Road heading towards Tanjong Katong Road. I work for Food Panda and was heading to pick up an order. As I was just passing the junction of Engku Aman Road, I decided to change lanes from the middle lane into the left most lane (Bus Lane). As I was changing I noticed a taxi (SHC7779E) in front of me on the middle lane which was stopped at the traffic junction due to a red light.

I managed to change lanes safely and traveled a short distance, past the junction and overhead bridge, just approaching the traffic junction. The taxi which waiting at the traffic junction in front of me on the middle lane suddenly changed lanes into the left most lane without warning. I was unable to react in time, and knocked into the left front side of his taxi, near the left side-view mirror. I fell off my motorcycle and landed on the road. There were a few passerby around the area and they came over to help me, I believe it was one of them who called for ambulance.

The taxi driver, after checking what happened then came over to me to see if I was injured. I received on some abrasions on my right elbow and right knee, I also received bruises on my right hip area, right shoulder and right side of my neck.

The ambulance soon arrived and I was assisted by the paramedics. I was then informed that I would be conveyed by the ambulance. Traffic police was also at the accident, the officer spoke to me about my motorcycle which was going to be towed away by police, right before I was conveyed by the ambulance to



**SINGAPORE  
POLICE FORCE**



T/20190602/2083

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Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20190602/2083

**CONTINUATION OF REPORT**

Tan Tock Seng Hospital.

I received treatment at the hospital and was discharged on the day itself. I was given 4 days medical leave. My friend took some photos of the accident and I was able to see the damages on my motorcycle and the other driver's taxi. My motorcycle received a few dents on the right side of the body and the top crown was broken. The taxi, had its light side view mirror damaged and the glass mirror fell out.

I do not have any on board camera with me, but a passerby witness the accident.



SINGAPORE  
POLICE FORCE



T/20190602/2083

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Report No. T/20190602/2083

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G/I

Sgt 2 LECK WEN HAO, DANIEL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Signature Of Informant:

Date/Time:

02/06/2019 17:47

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

  
SIGNATURE