

## 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	27/04/2020 17:19
Date Of Accident	24/04/2020 13:35
Exact Location Of Accident	TPE TOWARD PIE CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB8129B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PANG SEE CHANG
NRIC No	SXXXX909Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90298436
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED.
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00640202
Cover Note Number	30/07/2019 TO 29/07/2020

### Driver

Name of Driver	PANG SEE CHANG
NRIC No	SXXXX909Z
Date Of Birth	05/09/1958
Occupation	INDOOR
Date Of Driving Pass	11/05/1980
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90298436
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	BLK 165 YISHUN RING ROAD #06-707
Postcode	760165
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### 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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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	THOMSON NPP 25 SIN MING ROAD
Police Station Address	<b>ROAD:</b> 25 SIN MING ROAD #01-180 , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT T/20200427/2069

#### 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	YP3049E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUDIRMAN BIN YAAKOB
NRIC/Passport Number	SXXXX282E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

**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:

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



Reporting Centre Personnel's Signature  
Name: Gerald  
NRIC/FIN No.: 27/04/2020

## Sketch Plan Pg. 2

Date of accident: 24/04/2020 Time: 1.35pm Location: TPE Toward Pichang  
My Vehicle A: FBB 8129B Vehicle B: YP 3049 E Vehicle C: \_\_\_\_\_

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

☐ Claim OD/TP at Ah Lim Motor    ☒ Claim OD/TP at other workshop    ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

**Note:** Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## 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: Gerald  
NRIC/FIN No.: 27/04/2020

AH LIM MOTOR COMPANY



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1294909Z



Name  
**PANG SEE CHANG**



Race  
**CHINESE**  
Date of birth  
**05-09-1958**  
Country/Place of birth  
**SINGAPORE**

Sex  
**M**



STRICTLY  
FOR WORKSHOP USAGE  
USE FOR ACCIDENT  
REPORTING ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1294909Z**

Name  
**PANG SEE CHANG**

Birth Date **05 Sep 1958**

Issue Date **07 Feb 2003**



NRIC No. **S1294909Z**



Date of issue  
**14-10-2019**

Address  
**APT BLK 165 YISHUN RING ROAD  
#06-707  
SINGAPORE 760165**

6309032

STRICTLY  
FOR WORKSHOP USAGE  
USE FOR ACCIDENT  
REPORTING ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200cc	11 May
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Mar



NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1294909Z



Name  
**PANG SEE CHANG**

Race  
**CHINESE**  
Date of birth  
**05-09-1958**  
Country/Place of birth  
**SINGAPORE**

Sex  
**M**



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FOR WORKSHOP USAGE  
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NRIC No. **S1294909Z**



Date of issue  
**14-10-2019**

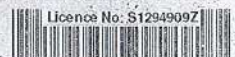
Address  
**APT BLK 165 YISHUN RING ROAD  
#06-707  
SINGAPORE 760165**

6309032

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REPORTING ONLY

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NP 428A



POLICE REPORT Pg. 1



SINGAPORE  
POLICE FORCE



T/20200427/2069

1 of 4

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20200427/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2020 18:26	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars			
Name of Informant: PANG SEE CHANG		Address: APT BLK 165 YISHUN RING ROAD #06-707 SINGAPORE 760165	
ID Type / ID No.: NRIC NO / S1294909Z		Contact No.: Home/Office: Mobile: 90298436	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 05/09/1958	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: TECHNICAL MAINTENANCE OFFICER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/04/2020 14:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS CHANGI LANE 3				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB8129B	Motorcycle	BAJAJ CHETAK	PULSAR DTS-I 180 MANUAL	Red	Seriously Damaged	0
YP3409E	Lorry	HINO	HINO XZU700R- HKFMS3	White	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



## POLICE REPORT Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20200427/2069

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

2 of 4

Report No. T/20200427/2069

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB8129B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00640202	30/07/2019	29/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	PANG SEE CHANG		ID No.	S1294909Z
Related Vehicle	FBB8129B (Motorcycle)		Contact No.	90298436
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/04/2020		Date Discharge	26/04/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	SUDIRMAN BIN YAAKOB		ID No.	S8541282E
Related Vehicle	YP3409E (Lorry)		Contact No.	NIL
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 24/04/2020 at about 1400hrs, I was riding my motorcycle FBB8129B (V1) along PIE towards Changi at lane 3. Suddenly a lorry YP3409E (V2) from the rear collided onto my motorcycle. I wish to state it was heavy rain and road surface was wet. Thus, I lost my balance and fall out from my motorcycle. I did not suffer any abrasions. However my motorcycle exhaust came out fully and could not be ridden. I manage to exchange particulars with the driver of V2.

On 25/04/2020 I felt pain on my right leg, right side of the chest as such I went to Yishun Polyclinic and was given only 2 days MC from 25/04/2020 till 26/04/2020. However on 26/04/2020 I still feel pain on my right side of the chest and I went to Khoo Teck Puat Hospital and was given 3days MC from 26/04/2020 till 28/04/2020.

**POLICE REPORT Pg. 3**



**SINGAPORE  
POLICE FORCE**



T/20200427/2069

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Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

Report No. T/20200427/2069

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20200427/2069

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20200427/2069

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:

E /

Sgt 2 JEFFREY LOIS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

27/04/2020 18:26

Classification Of Case:

Authentication Stamp

NP168

SN 070

SIGNATURE

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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