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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	02/10/2020 17:27
Date Of Accident	30/09/2020 07:20
Exact Location Of Accident	PIE TWDS TUAS (AFTER THOMSON EXIT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB6112L
Insured/Policyholder	
Name Of Registered Owner	ALLAMSYAH SAPUTRA BIN SAMAD
NRIC No	SXXXX002F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87505868
Alternative Phone No	OFFICE-87505868
Vehicle Particulars	
Manufacturer	HARLEY-DAVIDSON
Model	XL 883R-883CC (M)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMMPHQ19-001364
Cover Note Number	
Driver	
Name of Driver	ALLAMSYAH SAPUTRA BIN SAMAD
NRIC No	SXXXX002F
Date Of Birth	02/02/1994
Occupation	INDOOR
Date Of Driving Pass	12/10/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87505868
Fax Number	

OFFICE-87505868

NOEMAIL

Address BLK 52 CIRCUIT RD #01-827

Postcode 370052

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

2

YES

NO

YES

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 1 CASSIA LINK, POSTCODE: 397618, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201001/2116

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

SMH8484M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name ALLAMSYAH SAPUTRA BIN SAMAD

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBB6112L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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. 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)
 - (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
- (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
- 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.
- 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 .:

		A) FBB 6112 L
	\(\frac{1}{8}\)	B) SMH 848YM
		PIE twots Tues
RIBE CIRCUMSTANCES	S OF THE ACCIDENT	
Ketel the attache	ed Police Report : Ti	/20201001/2116 .
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(If driver is not the policyholder)

Date & Time:

GIARMIC SketchPlanForm, V3

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





1 of 4

Report No. T/20201001/2116

Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618

Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No .: Station Diary No.: 01/10/2020 18:52 Informant's Particulars Name of Informant: Address: ALLAMSYAH SAPUTRA BIN SAMAD APT BLK 52 CIRCUIT ROAD #01-827 SINGAPORE 370052 ID Type / ID No .: Contact No.: NRIC NO / S9490002F Home/Office: Mobile: 87505868 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 26 02/02/1994 Rider Race: Language: Institution / School Name: Malay Occupation: Driving Licence Information: Paramedic Class: 2B,2A,2,3 Date of Expiry:

	mation of the Accident		2011年中国共2018年间的1000年间,1000年间	经过 有效。
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road
Location:		1110	30/09/2020 07:20	
PAN-ISLAND Weather:	EXPRESSWAY			
Clear		Road Surface: Dry		oad Speed Limit:
Clear Traffic Flow: Dual Carriage Type of Collision	The state of the s	A FAZSAR GOND PROBLEM CO. CO. CO.	90 Tr	oad Speed Limit:) Km/h affic Volume:

Vehicle No.	Type	Make	Model	Color	~ ~ ~	SALES SEASON
FBB6112L		THE RESERVE OF THE PARTY OF THE	THE REST NAME AND POST OF THE PARTY.	COIOI	Condition	No of Passenge
	Motorcycle	HARLEY DAVIDSON	XL883R	Orange	Seriously Damaged	0
SMH8484M	Car	BMW		Red	Slightly	0

MINISTER STATE OF THE PARTY OF	ehicle Insurance	是一个一个 TEN EN THE THE	5000 Mar 1500 March	一位在198 年10月1日
venicle No.	Insurance Company	Insurance No	Effective	Evale Det
FBB6112L	GREAT AMERICAN INSURANCE COMPANY		Linective	Expiry Date



Report No. T/20201001/2116

2 of 4

Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

CONTINUATION OF REPORT

No. of Pedestria	ns Injured: NIL		Use of I	Pedestric	n Cros	sing: NA
Rider	· 图图图 · 图图 · 图图 · 图图 · 图图 · 图图 · 图图 ·		030 011	euestria	III Cros	sing: NA
Name	ALLAMSYAH SAPUTRA BIN SAMAD		IDN	0.	S9490002F	
Related Vehicle	FBB6112L (Motorcycle)		Cont	act No.	87505868	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licen Expir	ng	Class: 2B,2A,2,3 Date of Expiry: NIL	
	ate Treatment 30/09/2020		Date Dis		The second second	0/2020
	ted Medical Leave	14		of Injury		
Driver Name	4年(2013年)建立了西北京	村市中省/80年前	他们就所得他们	汽生机械		新加州中央
Name	TEO THIAM GUAN		ID No		S6841862C	
Related Vehicle	SMH8484M (Car)		Contact No.		90992821	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	12 198	Date Dis	charge	NIL	SALE SALES
vo. of Days grant	ed Medical Leave	NIL	Degree o		NIL	

Brief Details.

At 30/09/2020 at about 0720hrs, I was riding my motorcycle, FBB6112L along Pan-Island Expressway towards Tuas near Thomson Exit. I was on lane 2 of the three lane expressway travelling at the speed of 60km/h. All of a sudden, the car SMH8484M which was on lane 1, without giving any warning or signal, suddenly changed lane from lane 1 to lane 2 and collided onto my motorcycle. The car, SMH8484M failed to give way to me when I had the right of way along lane 2. As a result of the collision, I was flung off my motorcycle and suffered serious injuries. I was later conveyed by the ambulance to Tan Tock Seng Hospital (TTSH).

Both of us had already exchange contact number and our particulars. Regarding the damage parts on the vehicles I am not really sure at which part or the exact area is the dents.

I was admitted into TTSH on the 30/09/2020 staying at Ward 12B having a patient class B2 and was discharged on the 01/10/2020 at about 1747hrs. The following were the injuries I substained from the accident:

Pain over left wrist pain over groin region pain on right foot abrasion on chin, neck and chest abrasion on both shins.





T/20201001/2116

3 of 4

Report No. T/20201001/2116

Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

CONTINUATION OF REPORT

I wish to state that this report is to aid in TP IO's investigation and my own record purposes. I wish to vide a report number T/20200930/2014.





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

4 of 4 Report No. T/20201001/2116

CONTINUATION OF REPORT

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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 / Sgt 2 NEO HAO CHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2020 18:52
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476200	Classification Of Case:
Authentication Stamp	

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

MOTORCYCLE Third Party Fire & Theft

Certificate No.: DMMPHQ19-001364

Form: MY1 Excess: S\$1250.00

EQI Motor Accident

Hotline

6311 3211

1. Index Mark and Registration Number of Vehicles FBB6112L

2. Name of Policyholder ALLAMSYAH SAPUTRA BIN SAMAD

3. Effective Date of the Commencement of Insurance for the purpose of the Act 23/12/2019

4. Date of Expiry of Insurance 22/12/2020

Please note that this vehicle

5. Person or Classes of persons entitled to drives under hire purchase with

Restricted to Named Drivers Only 1) The Policyholder / Insured

2) ABDUL MU'IZ BIN ABDUL MAJID

Bike Production Pte Ltd

No transler or endorsement is allowed unless with our written consent

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

THE POLICY DOES NOT COVER:

Use for hire or reward

(2) Use for racing pace-making reliability trial or speed-testing

(3) Use for the carriage of goods (other than samples) in connection with any trade or business

(4) Use for any purpose in connection with the Motor Trade

*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase: Bike Production Pte Ltd

A000338/Ban Hock Hin Co. Pte Ltd Date of Issue: 25/11/2019 18:13

Authorised Signatory EQ Insurance Company Limited

BIKE PRODUCTION PTE LTD

Co Reg No: 200007407G 610 Serangoon Road Singapore 218216

Tel: 63922555 Fax: 62975400



Date of Accident	: 30 . 09 . 2020 Accident Time: 7 . 20 am (24-HR-Format)
Accident Place	: PIE Towards Tuas (After Thomson Exit)
Vehicle, No. (Car Plate No.)	: FBB 6112L Make/Model: Harley Davidson XL 883F
Insurace Company	: EQ Policy No: DMMPHQ 19 - 001364.
Owner or Company Name /IC No.	All
Owner or Company Contact No.	:8750_5868 - Owner's Hp Company Tel
DRIVER'S Name / IC No.	: as above.
DRIVER'S Date Of Birth	: 01.01. 1994 DRIVER'S License Pass Date 12.10.2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: WM(.
DRIVER'S Address	: BIK 52 Circuit Road # 01-827 (S) 370052.
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): 1 Driver
Was there any video Captured by captured by captured purpose for which vehicle was Any Injury (If YES, Pls state):	ar camera: YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other	Party Driver's Particular (if any)
Vehicle, No: SMH 8484	M Vehicle, No:
Vehicle Make\Model:	N. C.
Name Driver:	Name Driver:
IC No. Driver/Contact:	
* NEW - Passenger's name &	gender: