

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 willful 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	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	
Contact Number	OFFICE-87505868
Email Address	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	-
	-

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	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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
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	

No. Of Passenger (Including Driver)

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	

Accident Sketch Plan

SKETCH PLAN

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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.:

Accident Sketch Plan

SKETCH PLAN

A) FBB 6112 L
B) SMH 8484 M
PIE towards TWRSS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer the attached Police Report : T/20201001/2116 .

DECLARATION

(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.:

CIARU/CIARU/CIARU/CIARU/CIARU

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T20201001/2116

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

1 of 4
Report No. T20201001/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2020 18:52	Vide Report No.:	Station Diary No.: 93
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Informant's Particulars			
Name of Informant: ALLAMSYAH SAPUTRA BIN SAMAD		Address: APT BLK 52 CIRCUIT ROAD #01-827 SINGAPORE 370052	
ID Type / ID No.: NRIC NO / S9490002F		Contact No.: Home/Office: Mobile: 87505868	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 02/02/1994	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Paramedic		Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/09/2020 07:20	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	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	Condition	No of Passenger
FBB6112L	Motorcycle	HARLEY DAVIDSON	XL883R	Orange	Seriously Damaged	0
SMH8484M	Car	BMW		Red	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
FBB6112L	GREAT AMERICAN INSURANCE COMPANY				

POLICE REPORT



**SINGAPORE
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T/20201001/2116

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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20201001/2116

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ALLAMSYAH SAPUTRA BIN SAMAD	ID No.	S9490002F
Related Vehicle	FBB8112L (Motorcycle)	Contact No.	87505868
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/09/2020	Date Discharge	01/10/2020
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	TEO THIAM GUAN	ID No.	S6841862C
Related Vehicle	SMH8484M (Car)	Contact No.	90982821
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

At 30/09/2020 at about 0720hrs, I was riding my motorcycle, FBB8112L 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 sustained 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.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201001/2116

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

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Report No. T/20201001/2116

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 REPORT



**SINGAPORE
POLICE FORCE**



T/20201001/2116

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

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Report No. T/20201001/2116

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 /
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

NP168