

# 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 Submission	15/09/2022 11:37 (SGT)
Reported by	Both
Date of Accident	14/09/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE TOWARDS BKE (WOODLANDS) BEFORE BKE EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP7465U

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALAWEYAH JAN D/O RASIK KHAN
NRIC No	SXXXX241C
Email Address	alaweyah_jan@hotmail.com
Mobile Phone No	(Phone) +65-93821125
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	1.5X CVT
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	ALAWEYAH JAN D/O RASIK KHAN
NRIC No	SXXXX241C
Date Of Birth	25/03/1981
Occupation	Indoor

Date Of Driving Pass	12/06/2009
Driving experience	13 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93821125
Alt. Phone Number	-
Email Address	alawayah_jan@hotmail.com
Address	BLK 242 YISHUN RING ROAD #03-1112
Address complement	-
Postcode	760242
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	Collided into Motorcyclist
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

ON 14/09/2022 AT ABOUT 0930HRS, I WAS DRIVING MY VEHICLE SLP7465U ALONG KRANJI EXPRESSWAY NEARING EXIT TO BUKIT TIMAH EXPRESSWAY NEAR LAMP POST NO. 70S37. TO MY RECOLLECTION THIS IS A THREE LANE ROAD AND I WAS DRIVING AT EXTREME RIGHT LANE. THERE WAS NO PASSENGER INSIDE MY VEHICLE AT THE POINT OF TIME. THE TRAFFIC AT THIS POINT WAS HEAVY AND ALL VEHICLES SLOWED DOWN AND WHEN I SLOWED MY VEHICLE AND APPLIED BRAKING TO GET READY TO STOP AS THE DRIVER OF ANOTHER VEHICLE IN FRONT OF MY VEHICLE HAD COME TO HALT. SUDDENLY, BEFORE I COULD HALT MY VEHICLE, I HEARD A LOUD BANG, AND THE RIDER OF MOTORCYCLE (FS1126T) FRONT SIDE OF HIS MOTORCYCLE COLLIDED ONTO THE LEFT REAR OF MY VEHICLE. I ALIGHTED FROM MY VEHICLE TO MAKE A CHECK AND REALISED THAT THIS RIDER WAS LYING SEMI-CONSCIOUS ON THE EXTREME LEFT LANE OF THE ROAD. I NOTICED HE WAS BLEEDING ON HIS FACE, HIS HANDS. I CALLED FOR AMBULANCE AND THE RIDER WAS CONVEYED TO HOSPITAL. POLICE ALSO RESPONDED REFERENCE INCIDENT NO: F/20220914/0047 - IN/CHARGE CASE : ABDILLAH (TEL: 65476246) I WAS NOT INJURED; NO GOVERNMENT PROPERTY WAS DAMAGE. I HAVE BEEN ADVICE BY TRAFFIC POLICE TO LODGE A ROAD TRAFFIC ACCIDENT REPORT. I HAVE ALSO KEPT MY VEHICLE INSURANCE COMPANY INOFRMEED OF THIS ACCIDENT, MY VEHICLE IS NOT INSTALLED WIT IN-CAR CAMERA. I WOULD LIKE TO STATE THAT BEFORE THIS MOTORCYCLES COLLIDED ONTO THE LEFT REAR MY VEHICLE. I DID NOTICED THIS RIDER RIDING ON THE SAME LANE AS MY VEHICLE FROM MY FRONT REAR VIEW MIROOR AND THIS IS ALL I KNW ACCORDING TO MY RECOLLECTION. DAMAGE TO OUR RESPECTIVE VEHICLE AS FOLLOW: SLP7465U - MY VEHLICE- NEAR LEFT BUMPER SLIGHT DAMAGE AND SIGNAL LIGHT CRACK.  
 FS1126T - OTHER PARTY  
 NAME: DHIYAURRAHMAN BIN OSMAN  
 NRIC: T0043327B  
 DOB: 14/12/2000  
 DAMAGE: FRONT LIGHT DAMAGE AND REAR SIDE DAMAGE

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 ..... FS1126T  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 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 ..... DHIYAURRAHMAN BIN OSMAN  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SEMI - CONSCIOUS, BLEEDING ON FACE AND HAND  
 Injured person in which vehicle? ..... FS1126T  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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)**

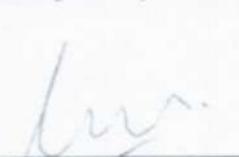
I understand, acknowledge, agree and consent that:

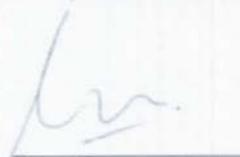
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

veh A: SLP74151  
 veh B: FS11267




**SINGAPORE  
POLICE FORCE**


T/20220914/7036

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

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Report No. T/20220914/7036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/09/2022 15:44	Vide Report No.: J/20220914/0047	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ALAWAYAH JAN D/O RASIK KHAN		Address: 242 YISHUN RING ROAD #03-1112 SINGAPORE 760242	
ID Type / ID No.: NRIC NO / S8108241C		Contact No.: Home/Office: Mobile: 93821125	
Nationality: SINGAPORE CITIZEN		Email: alawayah_jan@hotmail.com	
Sex: Female	Age: 41	Date of Birth: 25/03/1981	Type of Informant: Driver
Race: Pakistani		Language: English	Institution / School Name:
Occupation: company director		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/09/2022 09:30	Type of Location: Straight Road
Location: Expressway				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FS1126T	Motorcycle	HONDA		Blue	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220914/7036

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

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Report No. T/20220914/7036

## CONTINUATION OF REPORT

Driver			
Name	ALAWAYAH JAN D/O RASIK KHAN		ID No. S8108241C
Related Vehicle	FS1126T (Motorcycle)		Contact No. 93821125
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Rider			
Name	DHIYAURRAHMAN BIN OSMAN		ID No. T0043327B
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	14/09/2022		Date NIL
No. of Days granted Medical Leave	NIL		Degree of Slight

## Brief Details.

- On 14/09/2022 at about 0930 hrs, i was driving my vehicle Reg No: SLP7465U ( Silver car/Honda) along Kranji Expressway nearing exit to Bukit Timah Expressway near lamp post No: 70S37.
- To my recollection this is a three lane road and I was driving at the extreme right lane. There was no passenger inside my vehicle at this point of time.
- The traffic at this point of time was heavy and all vehicles slowed down and when I slowed my vehicle and applied braking to get ready to stop as the driver of another vehicle in front of my vehicle had come to a halt.
- Suddenly, before I could halt my vehicle, I heard a loud bang, and the rider a ( Male/Malay) of motorcycle Reg No: FS1126T ( Blue/Honda) front side of his motorcycle collided onto the left rear of my vehicle.
- I alighted from my vehicle to make a check and realized that this rider was lying semi-conscious on the extreme left lane of the road. I noticed he was bleeding on his face, his hands.
- I called for ambulance and the rider was conveyed to Hospital. Police also responded reference incident No: F/20220914/0047 - In/charge case: Abdullah ( Tel: 65476246. I was not injured, no government property was damage. I have been advise by traffic Police to lodge a Road Traffic Accident report. I have also kept my vehicle insurance company



**SINGAPORE  
POLICE FORCE**



T/20220914/7036

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

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Report No. T/20220914/7036

**CONTINUATION OF REPORT**

Informed of this accident. My vehicle is not installed with in-car camera.

7. I would like state that before this motorcycle collided onto the left rear of my vehicle, I did noticed this rider riding on the same lane as my vehicle from my front rear view mirror and this is all I know according to my recollection.

8. Damage to our respective vehicles as follow:  
SLP7465U - My vehicle  
- rear left bumper slight damage and signal light crack.

FS1126T - Other Party  
Name: Dhiyaurrahman Bin Osman  
NRIC: T0043327B  
DOB: 14/12/2000  
- front light damage and rear side damage



**SINGAPORE  
POLICE FORCE**



T7202209147036

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

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Report No. T7202209147036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No : 65476187

This report is lodged at Yishun North NPC Kiosk 1  
NP16E

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

Date/Time:  
14/09/2022 15:44

Classification Of Case