

ASS. FREQ. BY:

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

/	
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLP746SU Yr Regn: 2017, June

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496

Colour: Silves. A/C: Insured / Std / NI / NA

Sp. Reading: 141604 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU11205621

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: 215/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 27/10/22

Survey held at HD Perfect

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear n/s.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP INC.</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to? : Prel. Report : Final Report

1) _____ Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Others	

Add Fee: : Site Insp (\$) : Interview (\$) : Tech. Inve (\$)

Report Format: _____

Form 1000 (1/1/17)

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	ALAWAYAH JAN D/O RASIK KHAN
NRIC No	SXXXX241C
Email Address	alawayah_jan@hotmail.com
Mobile Phone No	(Phone) +65-93821125
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezele
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	ALAWAYAH 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	alaweyah_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 ADVISED BY TRAFFIC POLICE TO LODGE A ROAD TRAFFIC ACCIDENT REPORT. I HAVE ALSO KEPT MY VEHICLE INSURANCE COMPANY INFORMED OF THIS ACCIDENT, MY VEHICLE IS NOT INSTALLED WITH IN-CAR CAMERA. I WOULD LIKE TO STATE THAT BEFORE THIS MOTORCYCLES COLLIDED ONTO THE LEFT REAR MY VEHICLE. I DID NOTICE 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. DAMAGE TO OUR RESPECTIVE VEHICLE AS FOLLOWS: SLP7465U - MY VEHICLE - NEAR LEFT BUMPER SLIGHT DAMAGE AND SIGNAL LIGHT CRACK.

FS1126T - OTHER PARTY

NAME: DHIYAUURRAHMAN 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 DHIYAUURRAHMAN 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

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. 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 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.

[Handwritten Signature]

 Policyholder's Signature / Date & Time

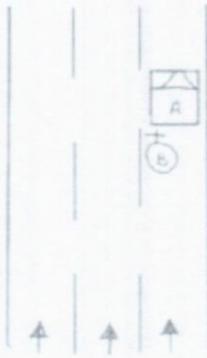
[Handwritten Signature]

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

 Witnessed by Reporting Centre Personnel

Sketch Plan

veh A: SL7741511
 veh B: FS11267




**SINGAPORE
POLICE FORCE**


T/20220914/7036

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

1 of 4

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: ALAWEYAH 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: alaweyah_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	Conditio	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/20220914/7038

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

3 of 4
Report No. T/20220914/7038

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**



T/20220914/7036

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

4 of 4
Report No. T/20220914/7036

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
NP168

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