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 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.

- 4. The issue and acceptance of this is form by instrained 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 05/06/2023 12:23 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 01/06/2023 09:15 (SGT) Exact Location of Accident Singapore Additional Location Information PIE WHITLEY ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBU8987R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **DHIYAUDDIN BIN RAHMAT** NRIC No SXXXX787A Email Address DHIYAUDDIN RAHMAT@HOTMAIL.COM Mobile Phone No (Phone) +65-96394473 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Adv 750 Variant

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

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual CC 745

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD23V05342/VMS/R00

DRIVER

Name of Driver **DHIYAUDDIN BIN RAHMAT** NRIC No SXXXX787A Date Of Birth 02/06/1989 Occupation Outdoor

Date Of Driving Pass 12/12/2011 Driving experience 11 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96394473 Alt. Phone Number Email Address DHIYAUDDIN_RAHMAT@HOTMAIL.COM Address 666A JURONG WEST ST 65 Address complement #02-201 Postcode 641666 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 Collision - Head to Rear Weather Conditions **DRIZZLING** Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT NO: T/20230601/7039 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 FBS2931B Vehicle Manufacturer

Harley Davidson

Official Accident report SN0923650003

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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1 Plase report correctly the details of the accident to speed up the claims process.
- 2 Tis 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 a flow 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 Ally 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 Sigapore (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)

Lunderstand, 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/ar process my personal data/personal information set out in this [form] and any other personal information provided by me or plossessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) with holave 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 law yers/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 discosure 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.

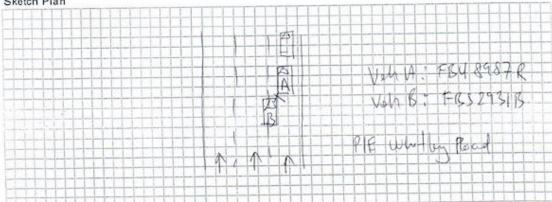
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

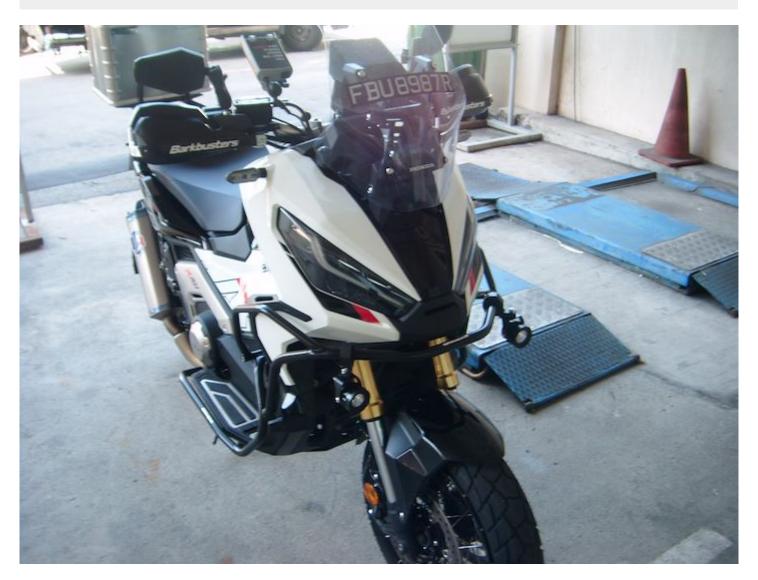
Policyholder's Signature / Date & Time Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



				<u>_</u>	
e Circumstano	ce of the Accident				
		0:0:1	No: T/2023	0601/7039.	
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Declaration	n the foregoing particulars	are true in every respect.			
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6.		1		full.	,
Z	+	- M. 14	wells not the policyholder) Witne	ased by Reporting Centre Po	ersonnel
Policyholde	er's Signature / Date & Tin	ne Actual Driver's Signature (if dri / Date & Time	(Nam	e as in NRICAD card)	
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vJun2022			20		

























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20230601/7039

Date/Tim	F A TRAFFIC e Report M 23 16:02		Vide Report No.:	Station Diary No.
Informar	nt's Particu	lars	The second second	
Name of	Informant: DDIN BIN F		Address: 666A JURONG WEST STREE 641666	T 65 #02-201 SINGAPORE
ID Type NRIC NO	/ ID No.: D / S891778	37A	Contact No.: Home/Office:	Mobile: 96394473
National			Email: dhiyauddin_rahmat@hotmail.c	com
Sex: Male	Age:	Date of Birth: 02/06/1989	Type of Informant: Rider	
Race: Malay			Language: English	
Occupat Police o			Driving Licence Information: Class:	Date of Expiry:

	mation of the Accide	Drink	Date/Time of	Type of Location
Type of Accident:	Non-Injury Hit and Run	Drive: No	Accident: 01/06/2023 09:15	Pan Island Expressway
Location: WHITLEY RO	DAD			
Weather:		Road Surface: Wet		
		AAGI		
Drizzling Traffic Flow: Dual Carriag		Traffic Control: Not Controlled		Traffic Volume: Heavy Anyone conveyed by

THE RESERVE OF THE PARTY OF THE	ehicle Involve	Make	Model	Color	Conditio	No of
Vehicle No.	Type		1000	Disale		0
FBS2931B	Motorcycle	DAVIDSON		Black		
FBU8987R	Motorcycle	HONDA	XADV 750	White	Slightly	0



T/20230601/7020

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 4 Report No. T/20230601/7039

CONTINUATION OF REPORT

Details of Person				
Any Pedestrian	nvolved: No			
No. of Pedestria	ns Injured: NIL	Use of Pe	edestrian Cro	pocina, NA
Rider	EMPLOYED A POLICY OF THE PARTY	000 011 0	destrian Cr	issing, NA
Name	LAWRENCE YAP	ID No.	NIL	
Related Vehicle	FBS2931B (Motorcycle)	Contact No	o. 88384982	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL Date		NIL	
No. of Days gran	Degree of			
Rider	ted Medical Leave NIL	- Dogree of	INIL	
Name	DHIYAUDDIN BIN RAHMAT		ID No.	S8917787A
Related Vehicle	FBU8987R (Motorcycle)		Contact No	. 96394473
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days grant	ed Medical Leave NIL	Degree of		

Brief Details.

On 1st June 2023 at about 0917hrs, I was riding my white colour Honda XADV 750 with registration number: FBU8987R along Pan Island Expressway towards Changi before Old Police Academy. It was heavy and slow-moving traffic at that point of time. I was in the outer most right lane when I felt an impact from my rear. The impact caused me to wobble but I was able to regain my balance. I turned to the left and saw one Male rider on a black colour Harley Davidson with registration number: FBS2931B. He was swerving to the 2nd lane and out of balance. He then raised his right hand and continued riding off.

After the collision, I honked and shouted at the said rider to stop at the side but to no avail. I continued to follow, honked and shouted at him to stop at the side for a whole minute before he eventually stopped. It seemed that he had no intention to stop and only did so after the constant honking and shouting. I asked him why he did not stop after hitting onto me. He replied saying that it was a minor accident, and no one dropped nor injured. I explained to him regardless of the severity, we should stop at the side and check with the other party after we hit anybody on the road. He was neither apologetic nor remorseful and insisted that it was only a 'small hit'. I got his name as Lawrence Yap with HP number 88384982.

I then made a visual check on my bike and noticed that my top box and bracket have dents and is misaligned. I went to Boon Siew Honda Singapore to have my motorcycle inspected. However, the person in-charge is only back on 3rd June 2023. At the present moment of this





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

3 of 4 Report No. T/20230601/7039

CONTINUATION OF REPORT

report, I am not sure nor aware of any other damage to my bike.

I have a video recording of the whole incident.