SN0923650003-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 05/06/2023 12:23 (SGT)
SUBMITTED BY: NIVITHA
VERSION: 2 (22/06/2023 13:25 (SGT))

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.
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 your vehicle?	Yes
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	Male
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	2
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)	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

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
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 - 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 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 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.

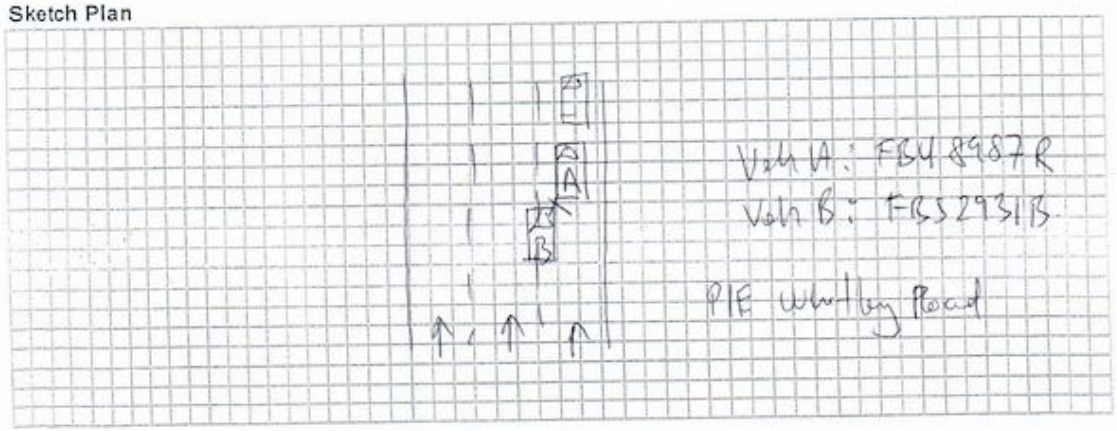
(collectively the "**Purposes**")

(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



Describe Circumstance of the Accident

Refer To Police Report No: T/20230601/7059.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

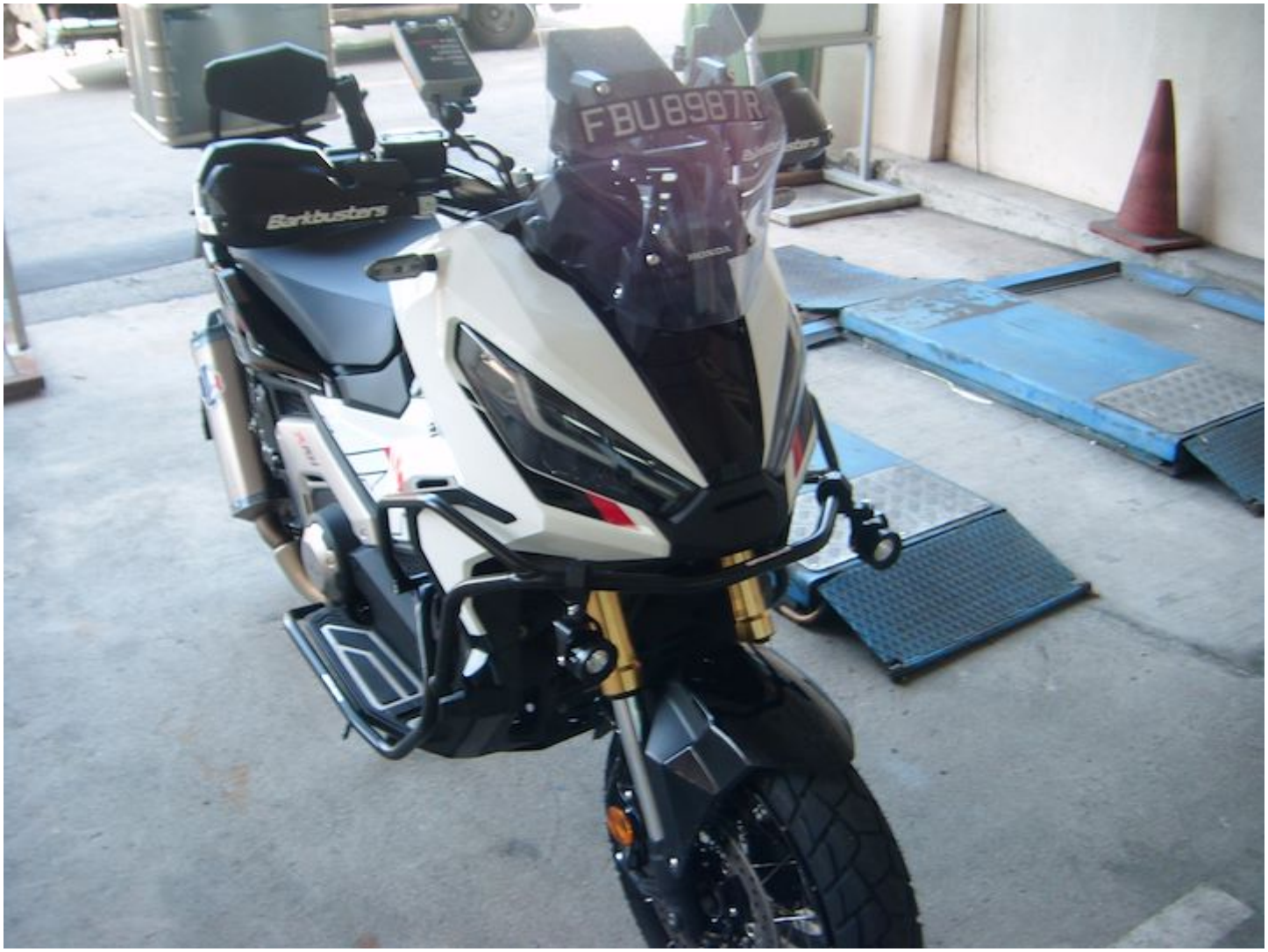
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

v.Jun2022

IMAGES



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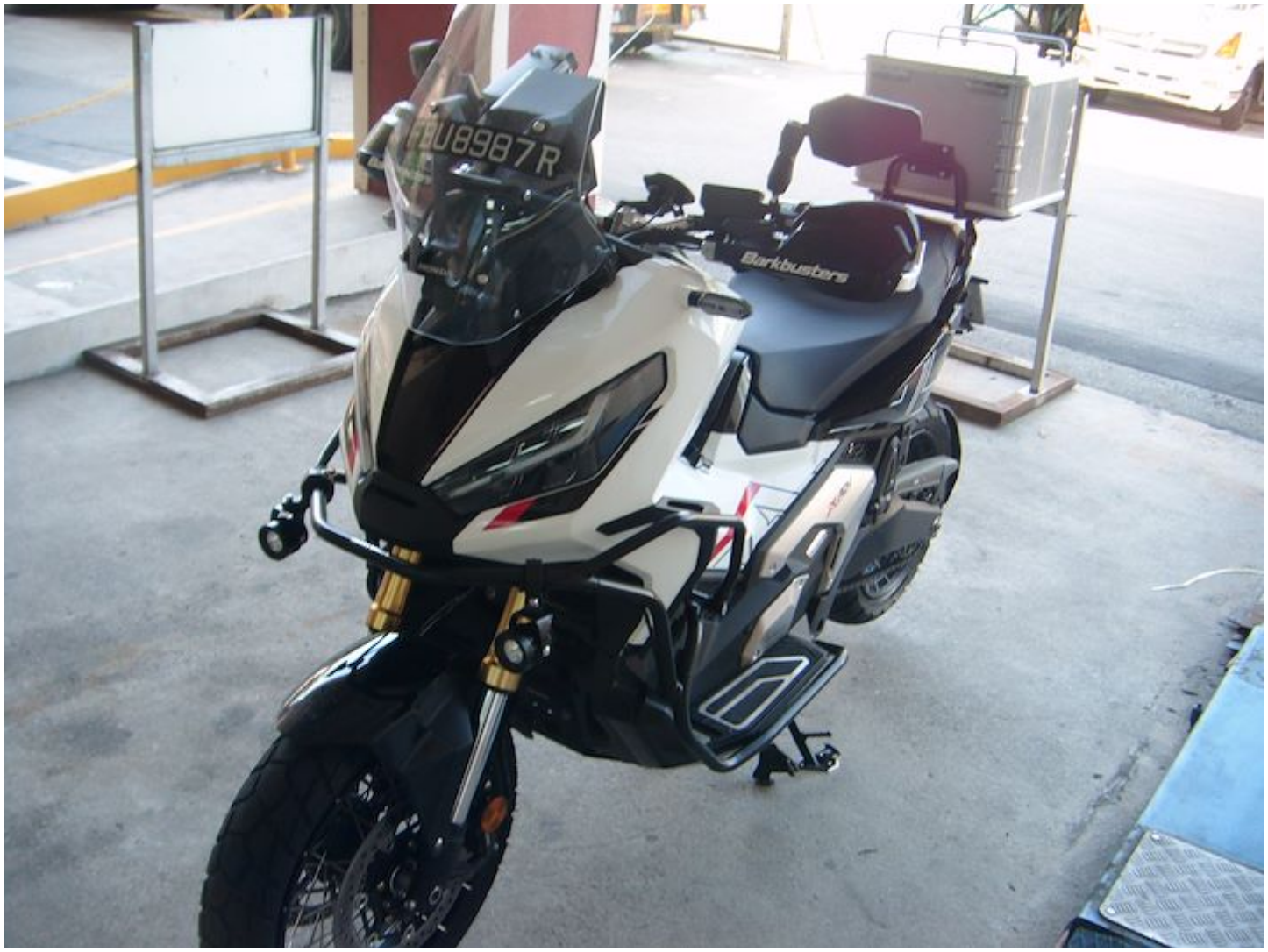

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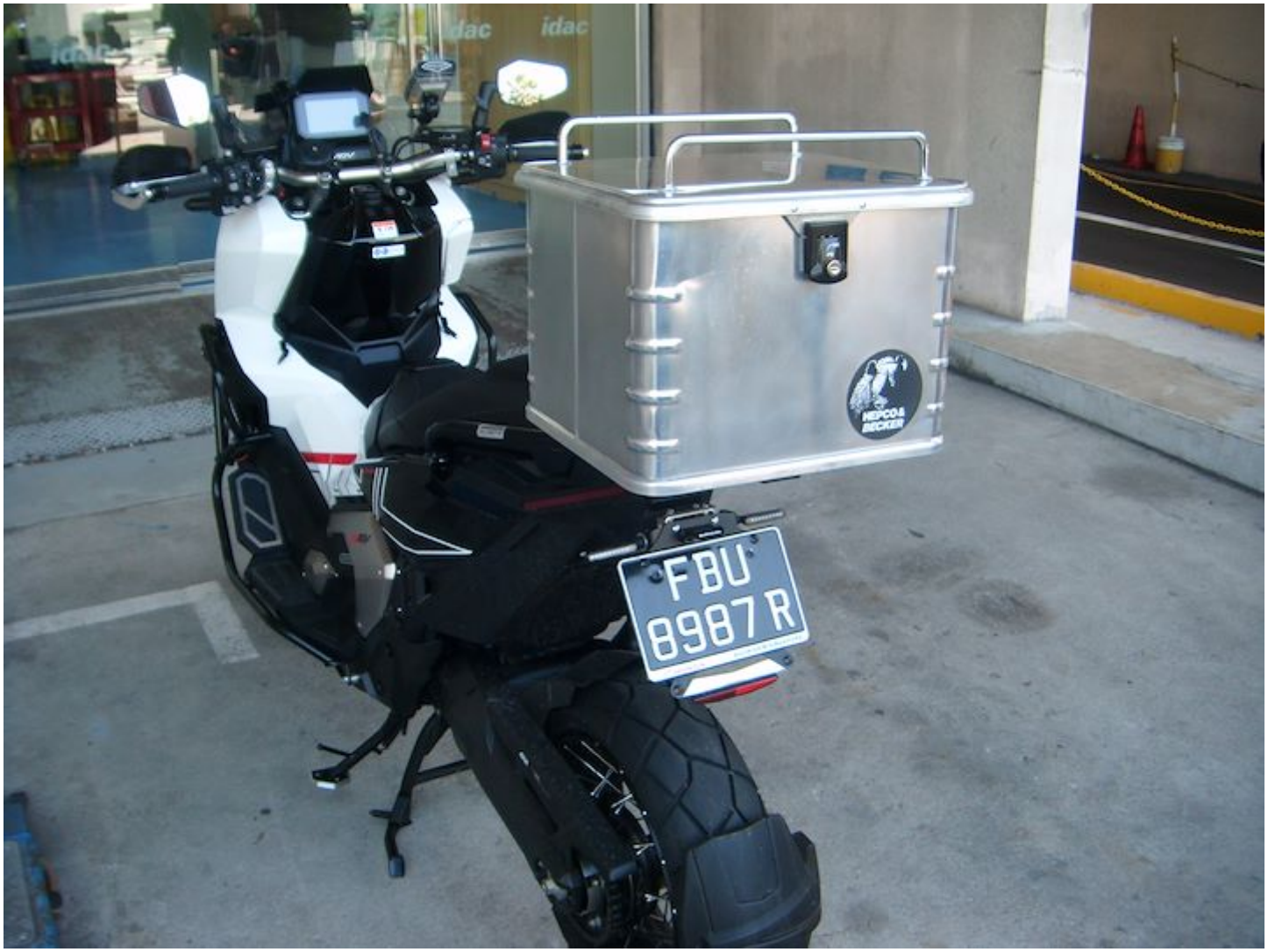

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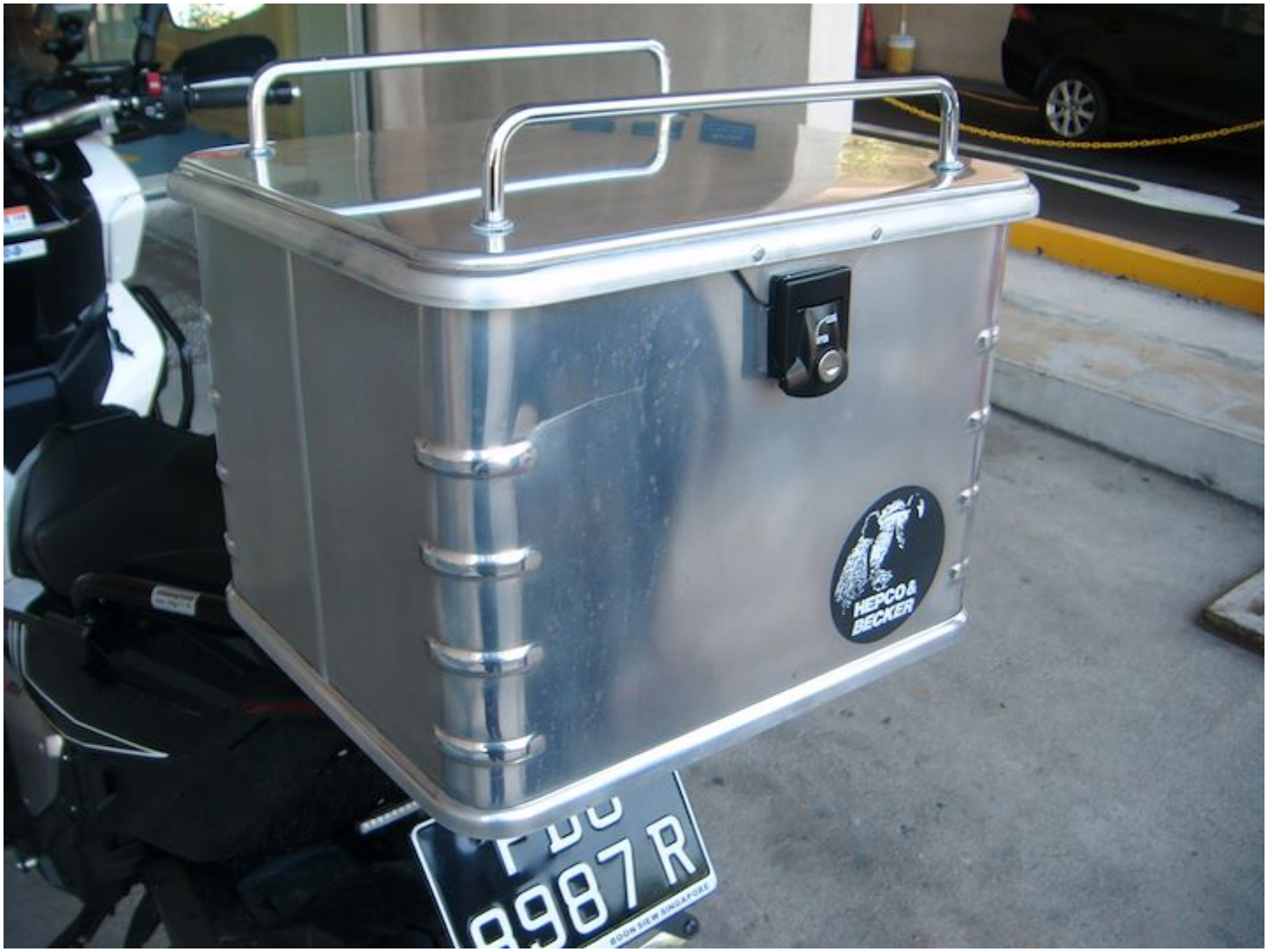

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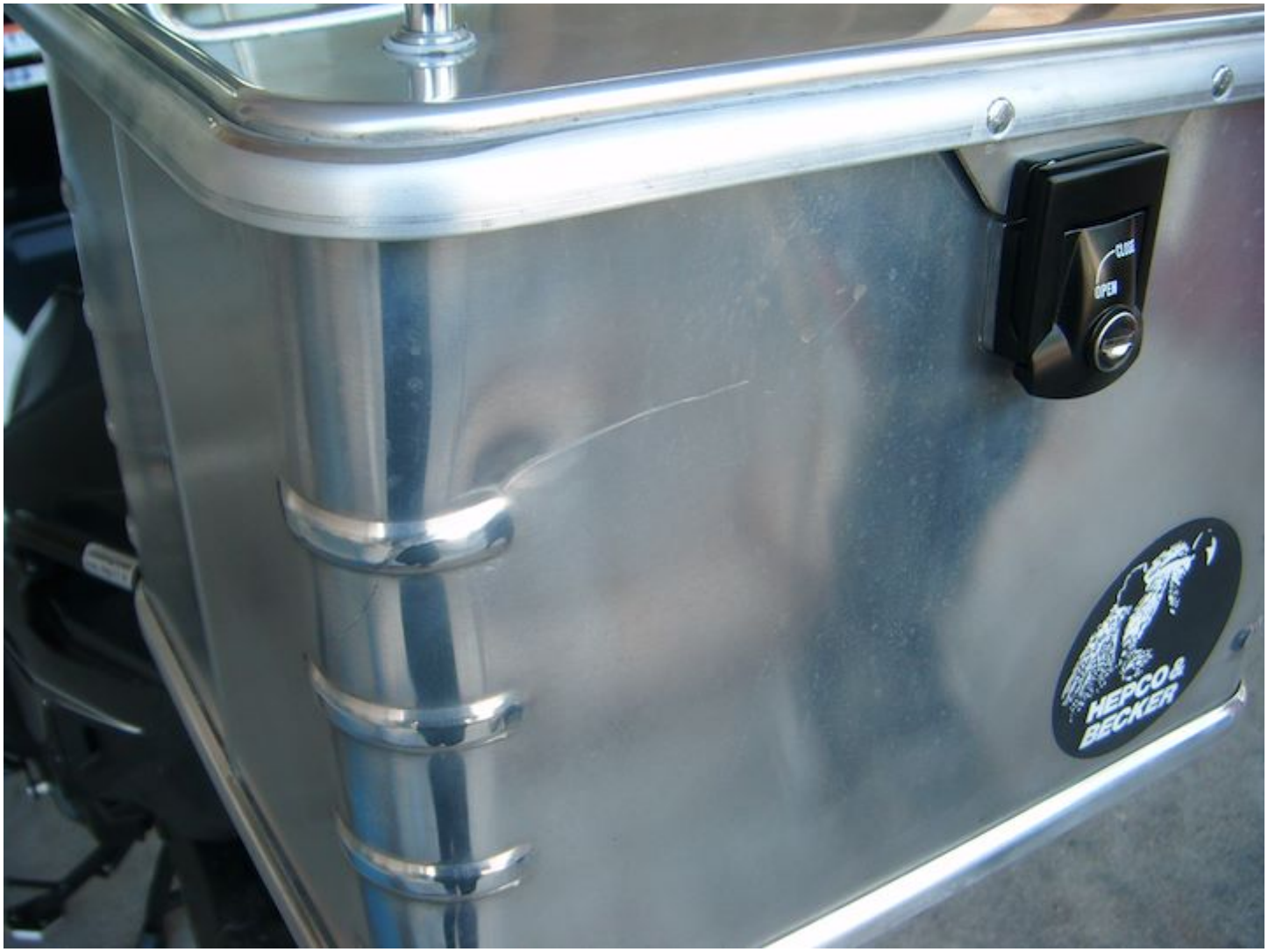

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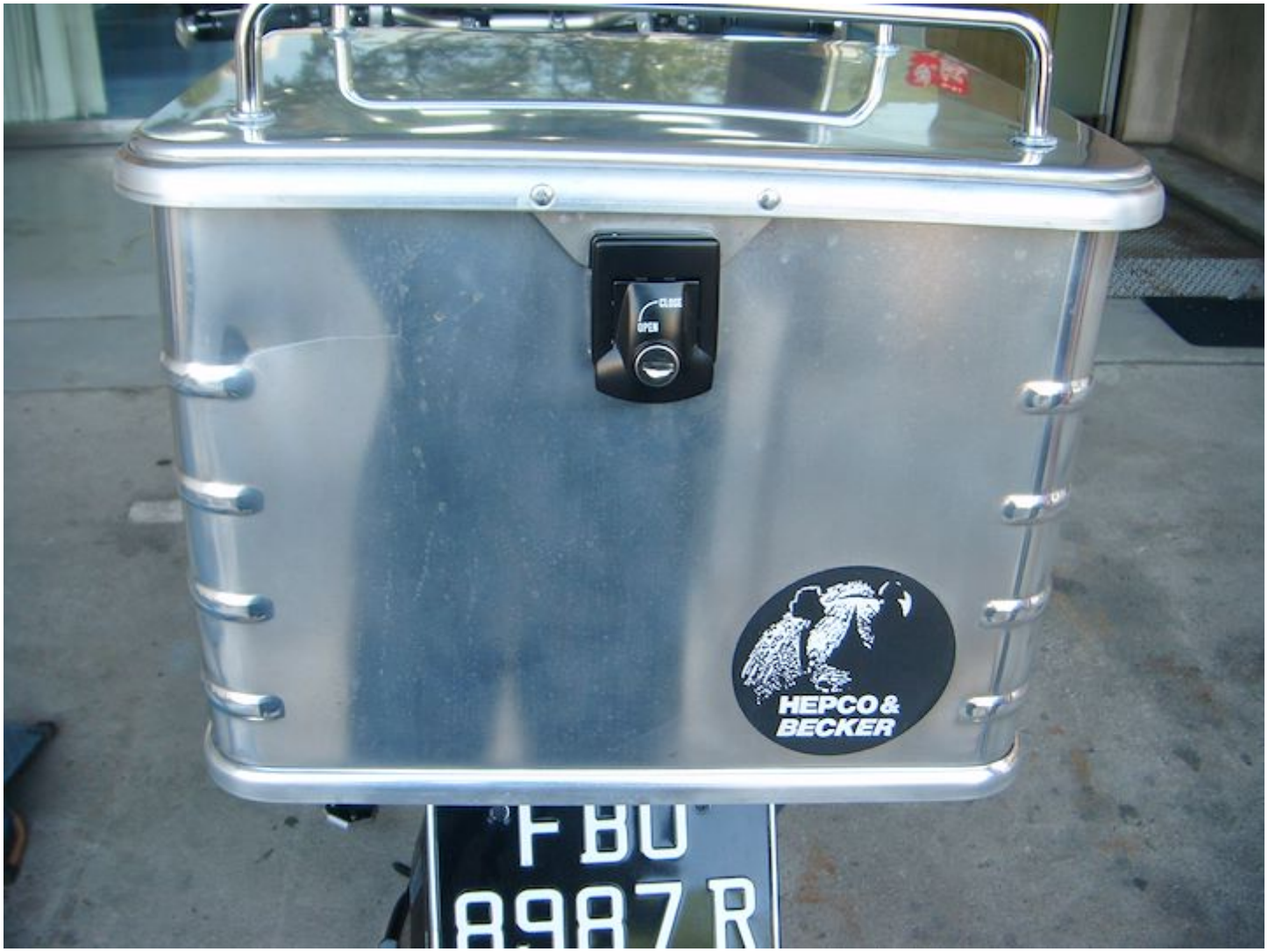

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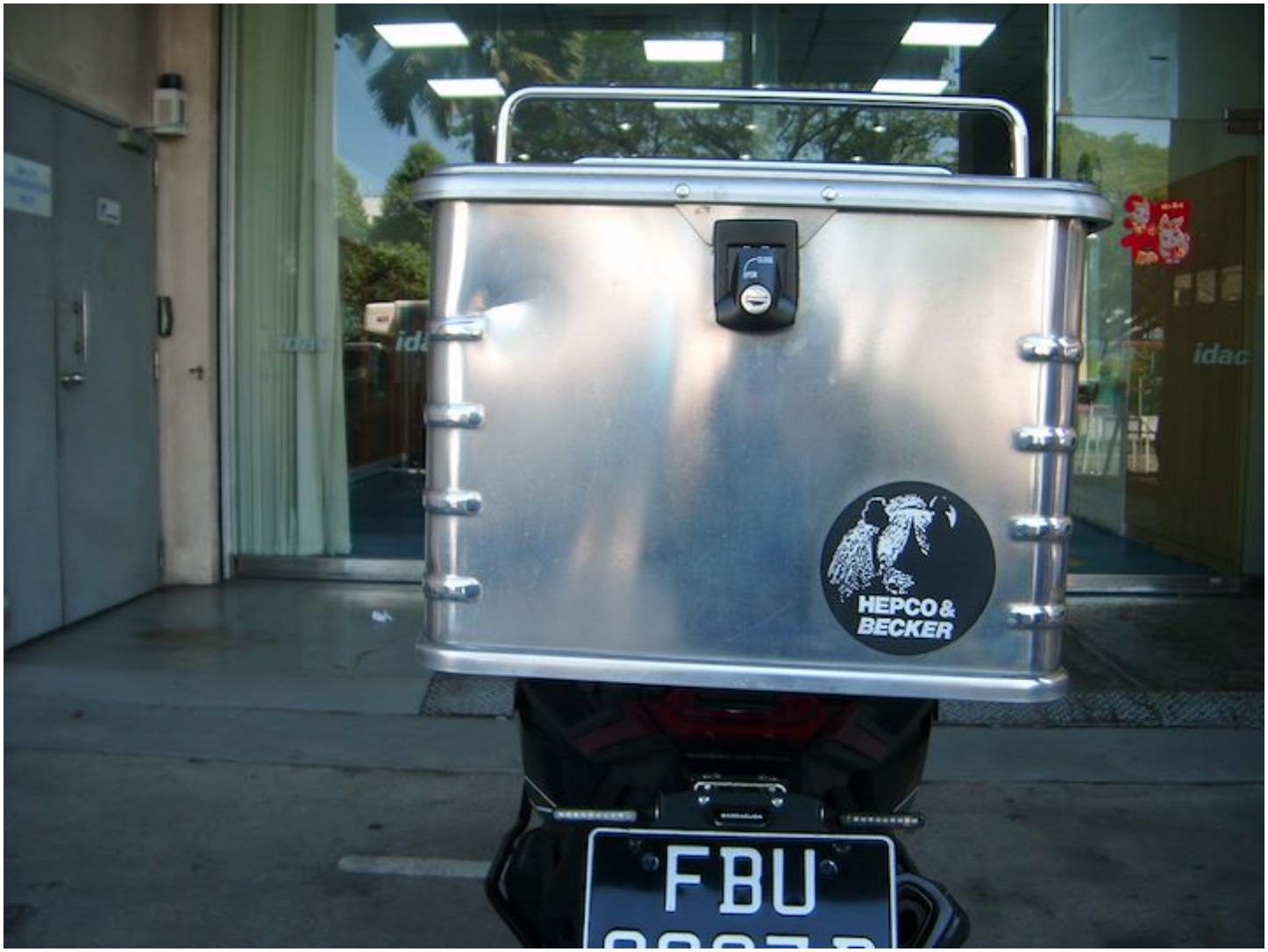

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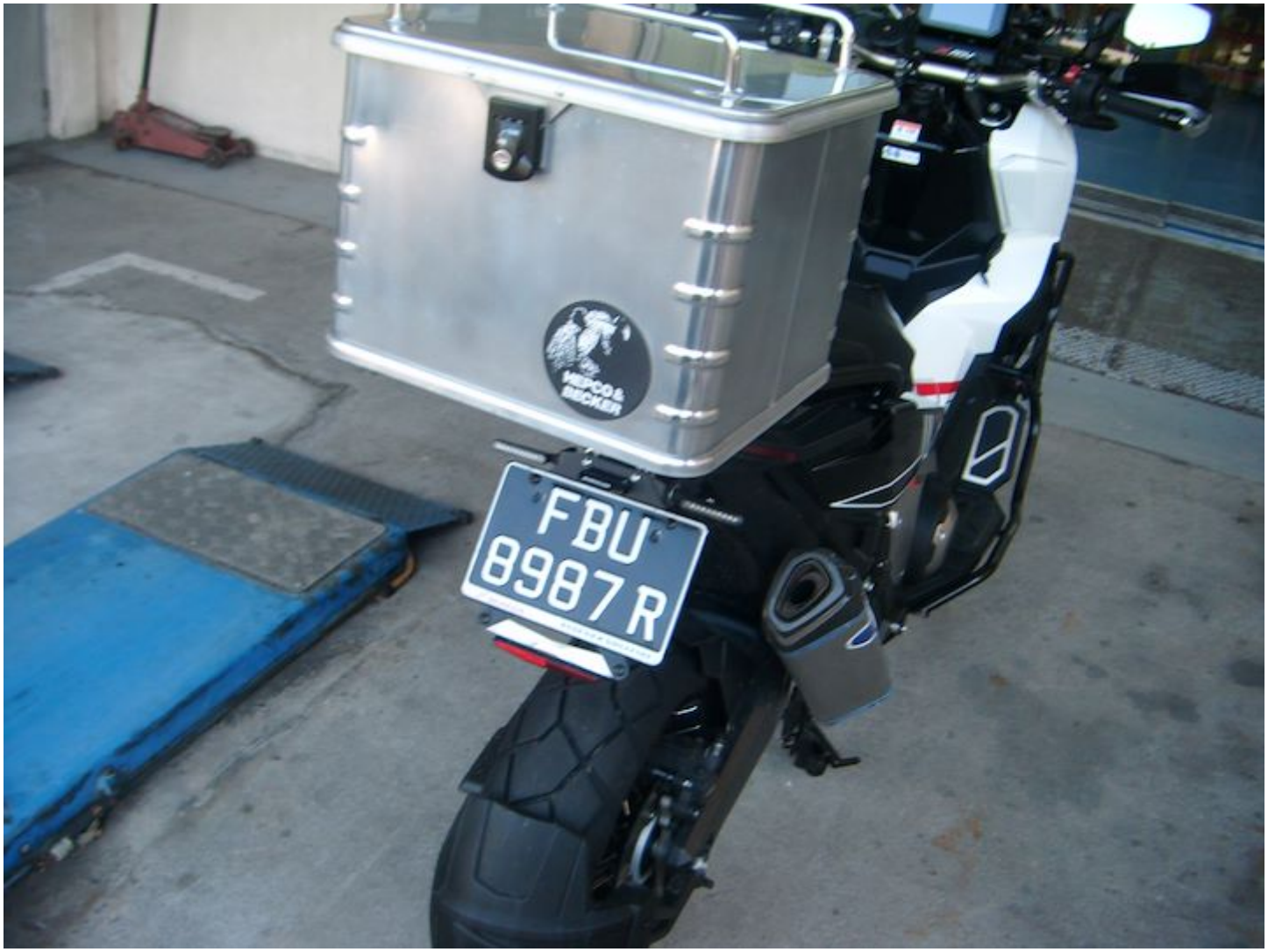

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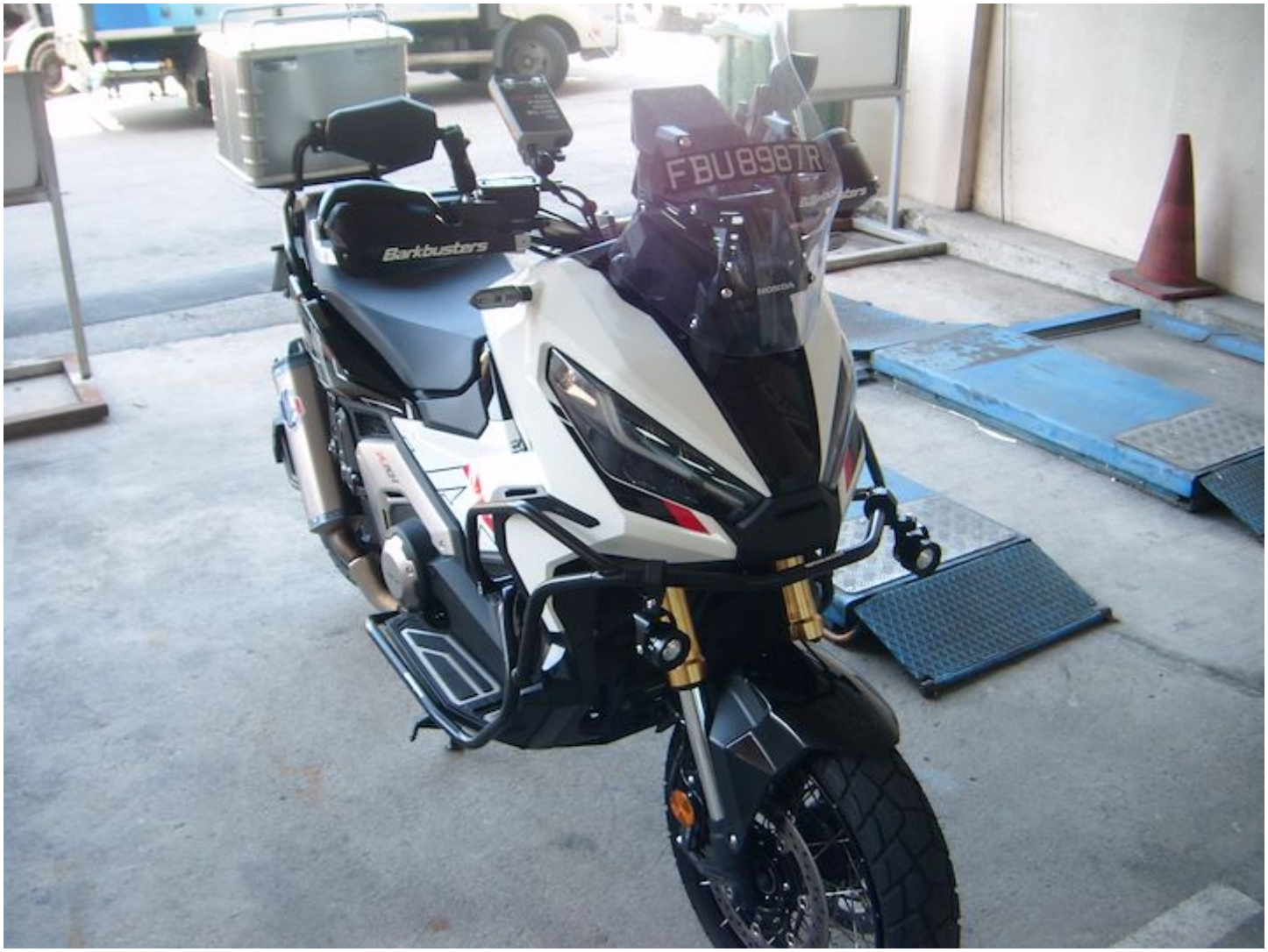

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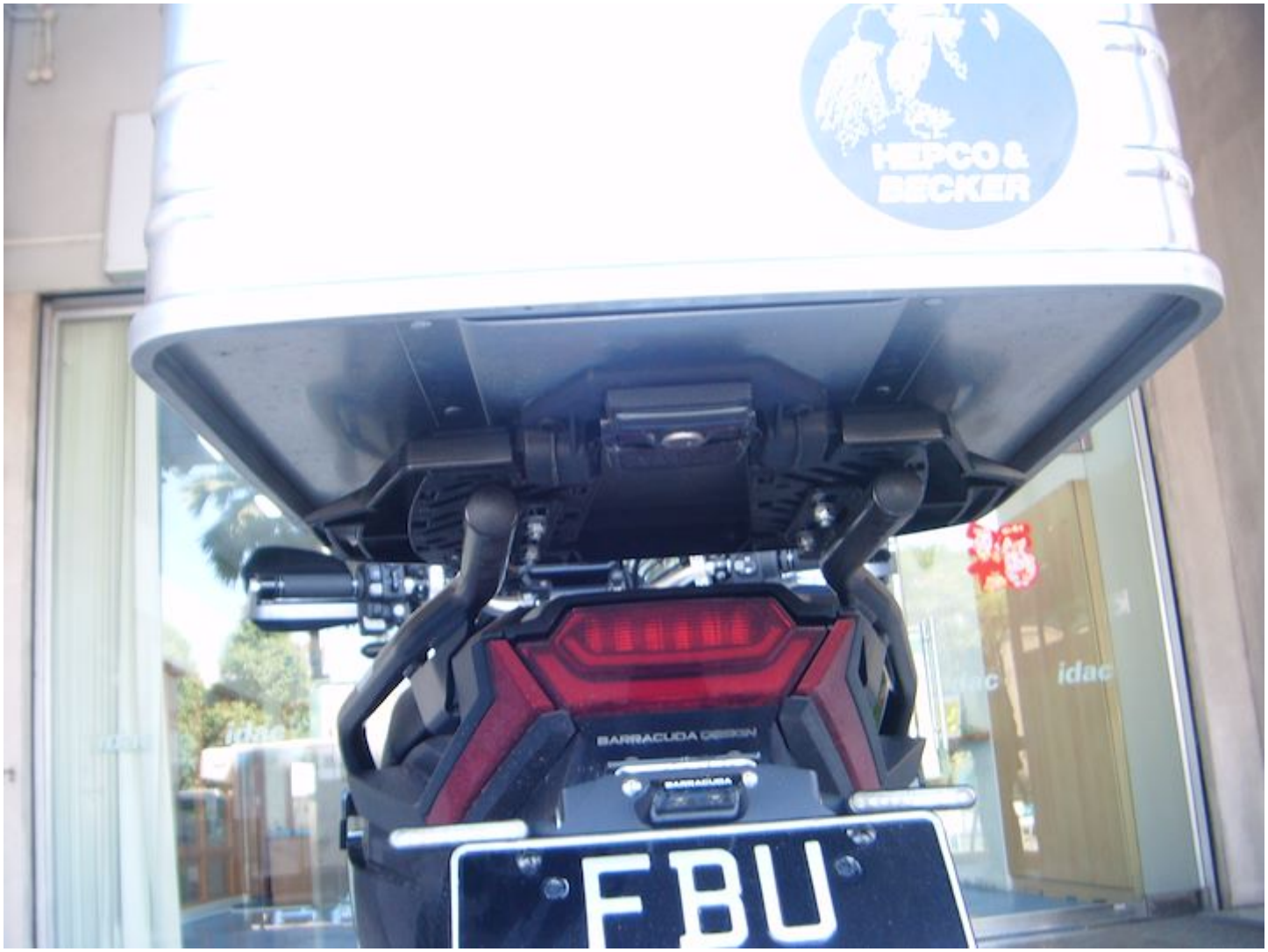

SINGAPORE POLICE FORCE

T/20230601/7039

Report No. T/20230601/7039

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
01/06/2023 16:02		

Informant's Particulars

Name of Informant: DHIYAUDDIN BIN RAHMAT			Address: 666A JURONG WEST STREET 65 #02-201 SINGAPORE 641666
ID Type / ID No.: NRIC NO / S8917787A			Contact No.: Home/Office: Mobile: 96394473
Nationality: SINGAPORE CITIZEN			Email: dhiyauddin_rahmat@hotmail.com
Sex: Male	Age: 33	Date of Birth: 02/06/1989	Type of Informant: Rider
Race: Malay			Language: English
Occupation: Police officer			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/06/2023 09:15	Type of Location: Pan Island Expressway
Location: WHITLEY ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS2931B	Motorcycle	HARLEY DAVIDSON		Black		0
FBU8987R	Motorcycle	HONDA	XADV 750	White	Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20230601/7039

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

Report No. T/20230601/7039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LAWRENCE YAP	ID No.	NIL
Related Vehicle	FBS2931B (Motorcycle)	Contact No.	88384982
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
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 granted Medical Leave	NIL	Degree of	NIL

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

SINGAPORE POLICE FORCE

T/20230601/7039

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

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.

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0923650003 Vehicle Registration No: FBU 8987R

Name (as shown in NRIC): Dhiyauddin Bin Rahmat NRIC/FIN/Passport No: S8917787A

(~~Vehicle Driver~~/Policyholder) (*) Please delete as appropriate

Address: 666A Jurong West st 65 # 02-201 Singapore (641666)

Contact (Tel): Mobile No.: 96394473

Email Address: DHIYAUDDIN_RAHMAT@HOTMAIL.COM

Date of Accident: 01/06/2023 Time of Accident: 09:15

Place of Accident: PIE WHITLEY ROAD

Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend to OD claim

Policyholder / Actual Driver's Signature
Date: 22/6/2023

22/06/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: