

# 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 First Submission ..... 21/08/2024 16:08 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 20/07/2024 16:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SERANGOON AVENUE 3 ROUNDABOUT ENTERING BLOCK  
235 SERANGOON AVE 3 CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBV3303S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SOFEA AISYARA BINTE MOHAMED NASIR  
NRIC No ..... S9537301A  
Email Address ..... SOFEA\_AISYARA@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-97786404  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Mtn155  
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? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 160  
Vehicle Fuel ..... -  
First Registration Date ..... -  
Chassis no ..... -  
Effective Date/Time of Ownership ..... -

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5147428121

### DRIVER

Name of Driver .....	SOFEA AISYARA BINTE MOHAMED NASIR
NRIC No .....	S9537301A
Date Of Birth .....	07/10/1995
Occupation .....	Indoor
Driving Pass Date .....	15/06/2023
Driving License Pass Class .....	2B
Driving License Validity .....	Valid
Driving experience .....	1 YEAR AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-97786404
Alt. Phone Number .....	-
Email Address .....	SOFEA_AISYARA@HOTMAIL.COM
Address .....	BLK 235 SERANGOON AVENUE 3
Address complement .....	#02-02
Postcode .....	550235
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 - Roundabout
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

REFER TO POLICE REPORT T/20240720/7096

#### 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 .....	SHA2195H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	SOFEA AISYARA BINTE MOHAMED NASIR
Gender .....	Female
Phone No .....	(Phone) +65-97786404
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LIGAMENT TEAR ON LEFT ANKLE. GIVEN 6 DAYS MC.
Injured person in which vehicle? .....	FBV3303S
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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**")

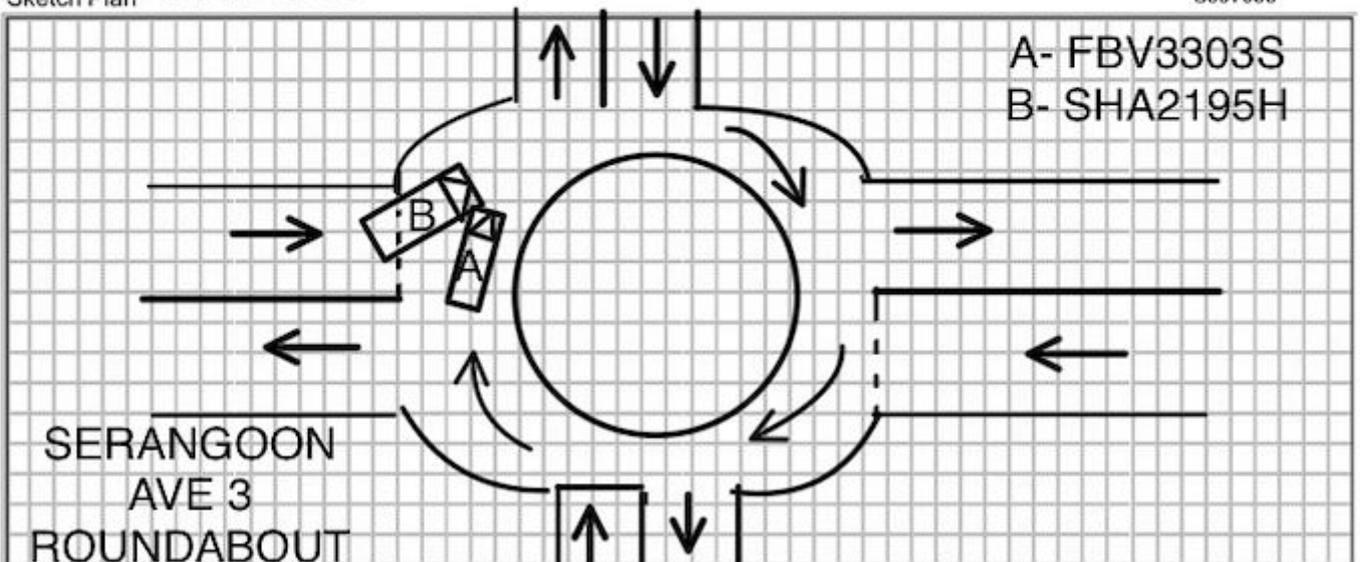
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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  
 Sketch Plan 21 AUG 24

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

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) Muhammad Farhan Bin Ghazali  
 S997038



Describe Circumstance of the Accident

REFER TO CIRCUMSTANCES OF ACCIDENT

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

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

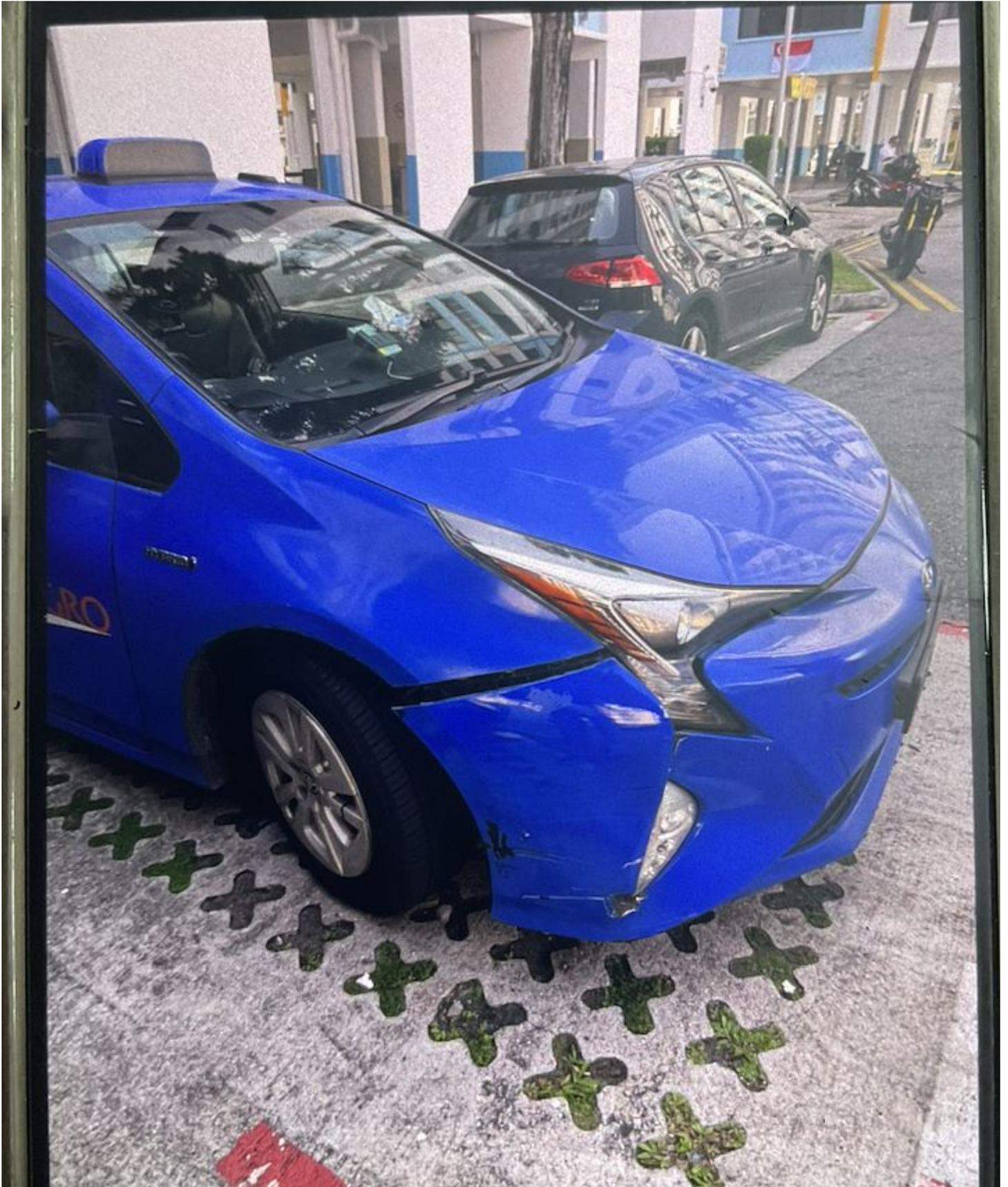
21 AUG 24

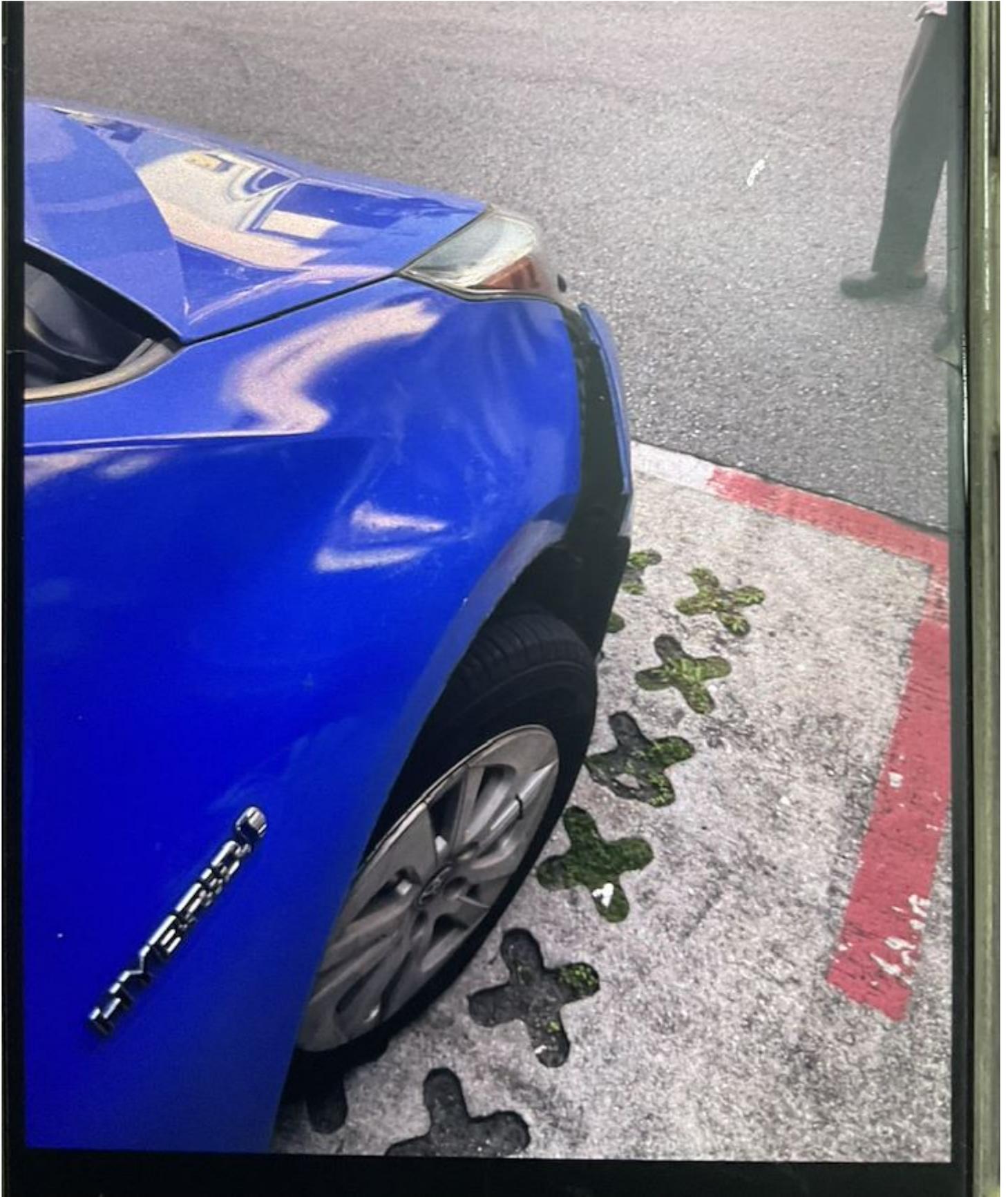
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

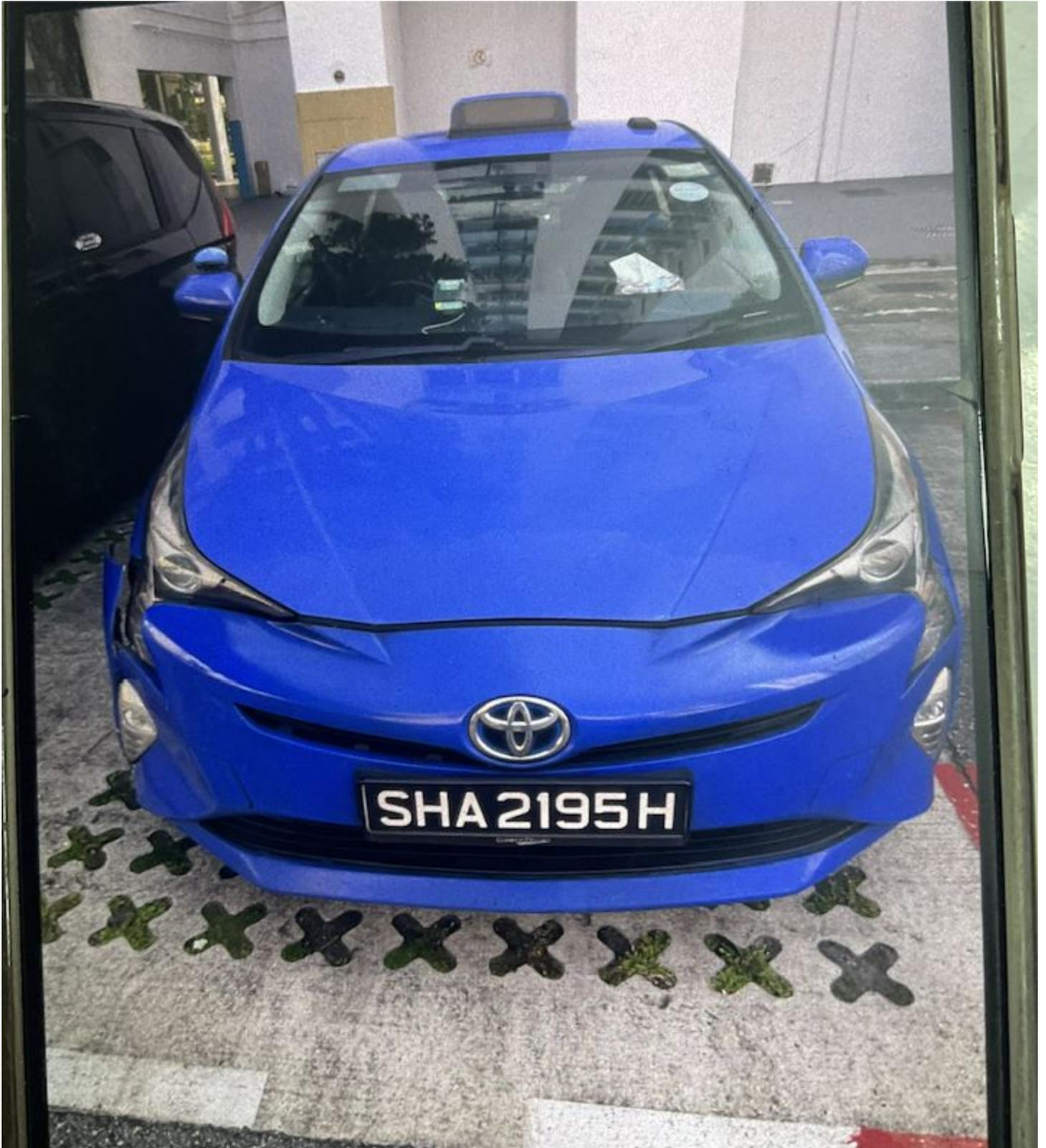
  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
Muhammad Farhan Bin Ghazali  
S997038



























**SINGAPORE  
POLICE FORCE**

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



T/20240720/7096

1 of 3

Report No. T/20240720/7096

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/07/2024 22:41	Vide Report No.: F/20240720/0137	Station Diary No.:
--	-------------------------------------	--------------------

**Informant's Particulars**

Name of Informant: SOFEA AISYARA BINTE MOHAMED NASIR		Address: 235 SERANGOON AVENUE 3 #02-02 SINGAPORE . 50235	
ID Type / ID No.: NRIC NO / S9537301A		Contact No.: Home/Office:	Mobile: 97786404
Nationality: SINGAPORE CITIZEN		Email: SOFEA_AISYARA@HOTMAIL.COM	
Sex: Female	Age: 28	Date of Birth: 07/10/1995	Type of Informant: Rider
Race: Malay		Language: English	
Occupation: Interior designer		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident: Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 20/07/2024 16:00	Type of Location: Roundabout
Location: SERANGOON AVENUE 3			
Weather: Sunny		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Side swipe			Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBV3303S	Motorcycle	YAMAHA	MTN155	Blue		0
SHA2195H	Motor car	TOYOTA	Taxi	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBV3303S	NTUC Income Insurance Co-Operative Limited	5147428121	20/07/2024	19/07/2025



**SINGAPORE  
POLICE FORCE**

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



T/20240720/7096

2 of 3

Report No. T/20240720/7096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Rider</b>			
Name	SOFEA AISYARA BINTE MOHAMED NASIR	ID No.	S9537301A
Related Vehicle	FBV3303S (Motorcycle)	Contact No.	97786404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Rider</b>			
Name	SOFEA	ID No.	NIL
Related Vehicle	NIL	Contact No.	97786404
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	20/07/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious

**Brief Details.**

I was travelling from Serangoon Avenue 3 towards Lorong Chuan, making a roundabout turn towards Blk 235, Serangoon Avenue 3. Subsequently, there was a car, entered into the roundabout, ahead of me from my left to right. I continued with the roundabout, suddenly a comfort taxi behind the said car, did not wait for me to complete my roundabout turn, abruptly drove out and collided onto my left side portion of vehicle. taxi driver tried to flee the scene. I felt pain on my left ankle and called police. Traffic police and ambulance came. I was conveyed to Tan Tock Seng Hospital and given 6 days MC. I do not have a camera however, the taxi driver of SHA2195H, has an in built recording.



**SINGAPORE  
POLICE FORCE**

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



T/20240720/7096

3 of 3

Report No. T/20240720/7096

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / DDGVT /  
STEPHANIE, CHEUNG TSZ YING  
Contact No.: 65476209

NP168

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

Date/Time:  
20/07/2024 22:41

Classification Of Case:

