



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 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. 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	28/06/2024 15:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/06/2024 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	27 JALAN RIANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF9488L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DURRAH EDELINNA BTE SHAH ROME
NRIC No	T0044040F
Email Address	DURRAHEDELINNAXO@GMAIL.COM
Mobile Phone No	(Phone) +65-86881912
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Spark
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	135

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133455398-01

DRIVER

Name of Driver	DURRAH EDELINNA BTE SHAH ROME
NRIC No	T0044040F
Date Of Birth	19/12/2000
Occupation	Outdoor



Driving Pass Date	17/10/2022
Driving experience	1 YEAR AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86881912
Alt. Phone Number	-
Email Address	DURRAHEDELINNAXO@GMAIL.COM
Address	BLK 257 YISHUN RING ROAD
Address complement	#03-1021
Postcode	760257
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	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

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	NA
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Na
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

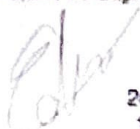
Name of injured person	DURRAH EDELINNA BTE SHAH ROME
Gender	Female
Phone No	(Phone) +65-86881912
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	24
Injuries Sustained	HAIRLINE FRACTURE, ABRASION
Injured person in which vehicle?	FBF9488L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



26/06/2024
1128HRS

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NR/C4D card)
Muhammad Sumardi Bin Mohd Affandi
S995530 2

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 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 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:

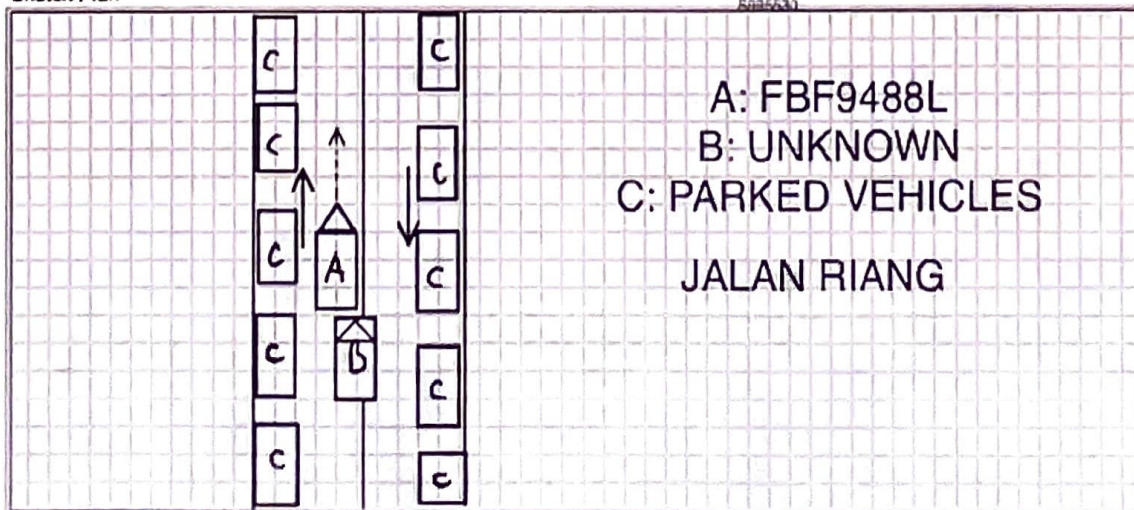
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


26/06/2024
1128HRS
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Muhammad Sumardi Bin Mohd Affandi
6925633

Sketch Plan



A: FBF9488L
B: UNKNOWN
C: PARKED VEHICLES
JALAN RIANG

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1960 (MALAYSIA)

Certificate Number : 513345398 01 Cover : Third Party, Fire & Theft
1. Index mark and Registration Number of Vehicle : 8BF9488L
Chassis Number : SYP303521
2. Name of Policyholder : DURRAH EDELIHNA BTE SHAH ROME
3. Effecton Date of Insurance : 06 Feb 2024
4. Expiry Date of Insurance : 05 Feb 2025
5. Persons or Classes of Persons entitled to drive

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for food/parcel/other delivery services.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

II Limitations rendered inoperative by Section II of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: DURRAH EDELIHNA BINTI SHAH ROME
NAMED DRIVER (2)	: AMIRUL NIZAM BIN JASRI
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 04 Apr 2024 22:37 hrs

FOR INCOME INSURANCE LIMITED



Chief Executive



REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



NAME

DURRAH EDELINNA BINTE
SHAH ROME

NRIC NO.

T0044040F

DATE OF BIRTH

19 DEC 2000

SEX

FEMALE

NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

25 AUG 2015

ADDRESS

257 YISHUN RING ROAD

#03-1021

SINGAPORE 760257

^ Hide details

Last updated on 04 Jul 2024

Close

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: T0044040F

DURRAH EDELINNA BINTE SHAH
ROME

Birth Date: 19 Dec 2000

Valid Until: 17 Oct 2022



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW 17 Oct 2022

NP 428A





SINGAPORE
POLICE FORCE



T/20240703/7061

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

1 of 3

Report No T/20240703/7061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2024 14 10		Vide Report No : T/20240625/7005		Station Diary No :	
Informant's Particulars					
Name of Informant: Durrah Edelinna			Address: 257 YISHUN RING ROAD #03-1021 YISHUN SUNSHINE SINGAPORE 760257		
ID Type / ID No.: NRIC NO / T0044040F			Contact No.: Home/Office: Mobile: 86881912		
Nationality: SINGAPORE CITIZEN			Email: durrahedelinnaxo@gmail.com		
Sex: Female	Age: 23	Date of Birth: 19/12/2000	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Unemployed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/06/2024 15:20	Type of Location: Straight Road
Location: JALAN RIANG				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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 Passenger
FBF9488L	Motorcycle	YAMAHA	T135	White	Slightly Damaged	0
SLN1991S	Motor car	MERCEDES BENZ	C180 COUPE (R17 LED)	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBF9488L	NTUC Income	5133455398-01	06/02/2024	05/02/2025



SINGAPORE
POLICE FORCE



T/20240703/7061

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

2 of 3

Report No T/20240703/7061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	DURRAH EDELINNA	ID No.	T0044040F
Related Vehicle	FBF9488L (Motorcycle)	Contact No.	86881912
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

Brief Details.

I am lodging this report to add in the other's party vehicle registration number.



**SINGAPORE
POLICE FORCE**



T/20240703/7061

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

3 of 3

Report No. T/20240703/7061

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
03/07/2024 14:10

Officer In Charge Of Case:
TP / TP1B /
MUHAMMAD AFIQ BIN OSMAN
Contact No.: 81863537

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 2
NP168



SINGAPORE POLICE FORCE

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



1/20240625/7005

1 of 3

Report No: 1/20240625/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2024 00:36		Vide Report No:		Station Diary No:	
Informant's Particulars					
Name of Informant: Durrah Edelinna Binte Shah Rome			Address: 257 YISHUN RING ROAD #03-1021 YISHUN SUNSHINE SINGAPORE 760257		
ID Type / ID No.: NRIC NO / T0044040F			Contact No.: Home/Office: Mobile 86881912		
Nationality: SINGAPORE CITIZEN			Email: durrahedelinnaxo@gmail.com		
Sex: Female	Age: 23	Date of Birth: 19/12/2000	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Unemployed			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2024 15:20	Type of Location: Straight Road	
Location: JALAN RIANG					
Weather: Clear		Road Surface: Dry			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
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 Passenger
FBF9488L	Motorcycle	YAMAHA	LC135	White	Slightly Damaged	0
	Motor car	MERCEDES BENZ		Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBF9488L	NTUC Income	5133455398-01	06/02/2024	05/02/2025



**SINGAPORE
POLICE FORCE**

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



T/2024/625/7005

2 of 3

Report No. T/2024/625/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	DURRAH EDELINNA BINTE SHAH ROME	ID No.	T0044040F
Related Vehicle	FBF9488L (Motorcycle)	Contact No.	86881912
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	24/06/2024	Date Discharge	24/06/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details

I was riding along Jalan Riang when a silver Mercedes rear ended me. I flung about 1 car length away along with my motorcycle and crashed on my left side at the curb. The driver came out of the vehicle and assisted with lifting my bike and called the ambulance as I sustained injuries. Traffic police was also at the accident site. I was conveyed to Raffles Hospital by the ambulance to treat my injuries.



**SINGAPORE
POLICE FORCE**

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



T/20240625/7005

1 of 3

Report No. T/20240625/7005

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MUHAMMAD AFIQ BIN OSMAN
Contact No.: 81863537

Signature Of Informant:

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

Date/Time:
25/06/2024 00 36

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 2
NP168

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 24 Jun 2024 / 15:20:00)

Vehicle Insurance Details

Vehicle No.:

SLN1991S

Make Description/Model:

MERCEDES BENZ / C180 COUPE (R17 LED)

Insurance Company Name:

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Business Transaction Reference No.:

20240704114552763535

**Please retain the business transaction reference number for Enquire Vehicle Owner
Details (if required).**

Save as PDF

Print

OK →