

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	30/07/2024 13:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/07/2024 12:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANDERSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR6522C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NURUL SHAHIDAH BINTI MUSTAFA
NRIC No	S8738565E
Email Address	EYULS@YAHOO.COM
Mobile Phone No	(Phone) +65-81552532
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ABD150
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	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119086819-03

DRIVER

Name of Driver	NURUL SHAHIDAH BINTI MUSTAFA
NRIC No	S8738565E
Date Of Birth	26/11/1987
Occupation	Indoor

Driving Pass Date	22/09/2008
Driving experience	15 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81552532
Alt. Phone Number	-
Email Address	EYULS@YAHOO.COM
Address	BLK 608 #03-2791 ANG MO KIO AVENUE 5 SINGAPORE 560608
Address complement	-
Postcode	560608
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 - Major/Minor Rd
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?	No
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	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPO0RT

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2450K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NURUL SHAHIDAH BINTI MUSTAFA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR6522C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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")

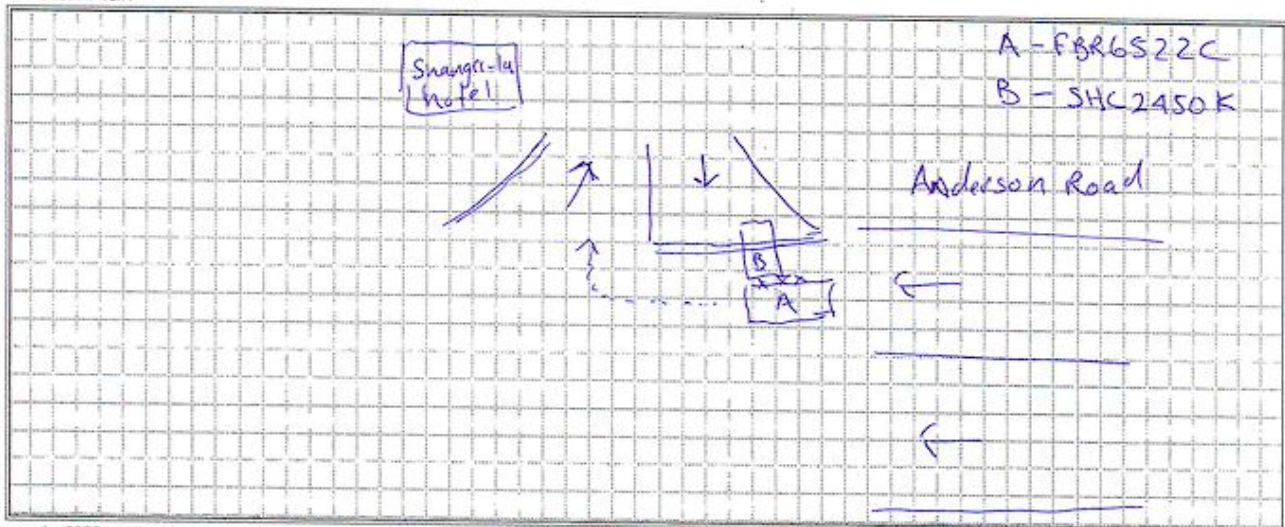
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

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

Sketch Plan

Describe Circumstance of the Accident

Ref to Police Report

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)



**SINGAPORE
POLICE FORCE**



T/20240725/2074

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20240725/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2024 17:52		Vide Report No.:		Station Diary No.: 62
Informant's Particulars				
Name of Informant: NURUL SHAHIDAH BINTI MUSTAFA		Address: 608 ANG MO KIO AVENUE 5 #03-2791 SINGAPORE 560608		
ID Type / ID No.: NRIC NO / S8738565E		Contact No.: Home/Office: Mobile: 81552532		
Nationality: SINGAPORE CITIZEN		Email: eyuls@yahoo.com		
Sex: Female	Age: 36	Date of Birth: 26/11/1987	Type of Informant: Rider	
Race: Malay		Language:		
Occupation: Statistical officer/Data analyst		Driving Licence Information: Class: 2B,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/07/2024 12:05	Type of Location: Straight Road
Location: ANDERSON ROAD				
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 Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBR6522C	Motorcycle				Slightly Damaged	0
SHC2450K	Motor car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20240725/2074

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569784
Tel No: 1800-4849999

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Report No. T/20240725/2074

CONTINUATION OF REPORT

Rider			
Name	NURUL SHAHIDAH BINTI MUSTAFA		ID No. S8738565E
Related Vehicle	FBR6522C (Motorcycle)		Contact No. 81552532
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3A Date of Expiry: NIL
Date Treatment	24/07/2024	Date Discharge	24/07/2024
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	Ho Chee Siong		ID No. S1336969J
Related Vehicle	NIL		Contact No. 92270863
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above date and time while enroute to Shangri-La hotel for a work conference, a taxi bearing registration number SHC2450K drove out of the side road coming from Shangri-La disregarding the stop line causing him to collide into my motorcycle bearing registration number FBR6522C. The impact knocked me off my motorcycle onto my left side causing a slight left wrist fracture and bruising on the left side of my body. Ambulance came shortly later and conveyed me to Tan Tock Seng Hospital where I was given 5 days MC from 24/07/2024 till 28/07/2024.

My motorcycle has been towed by TP to TP Compound.



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T/20240725/2074

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569784
Tel No: 1800-4849999

3 of 3

Report No. T/20240725/2074

CONTINUATION OF REPORT

Signature of Officer Recording The F / SGT 2 SIAH YI YANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2024 17:52
Officer In Charge Of Case: TP / GIT / SI KAMALIAH BINTE KAMIS Contact No.: 65476433	Classification Of Case:

NP168