

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	29/07/2024 13:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/07/2024 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD FROM KALLANG BAHRU TO LAVENDER ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN444E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR AIN SYAIRAH BINTE MOHAMAD YA ' ACOB
NRIC No	SXXXX054E
Email Address	AINSYAIRAHBM@GMAIL.COM
Mobile Phone No	(Phone) +65-90611095
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5137106789-01

DRIVER

Name of Driver	NUR AIN SYAIRAH BINTE MOHAMAD YA ' ACOB
NRIC No	SXXXX054E
Date Of Birth	28/08/1995
Occupation	Indoor

Driving Pass Date	06/07/2022
Driving experience	2 YEARS
Gender	Female
Mobile Number	(Phone) +65-90611095
Alt. Phone Number	-
Email Address	AINSYAIRAHBM@GMAIL.COM
Address	APT BLK 633 PASIR RIS DRIVE 3 #05-414
Address complement	-
Postcode	510633
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 - Change/cross lane
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	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 ATTACHED

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	SMB1396L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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	NUR AIN SYAIRAH BINTE MOHAMAD YA ' ACOB
Gender	Female
Phone No	(Phone) +65-90611095
Address	APT BLK 633 PASIR RIS DRIVE 3 #05-414
Address Complement	-
Post Code	510633
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN444E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

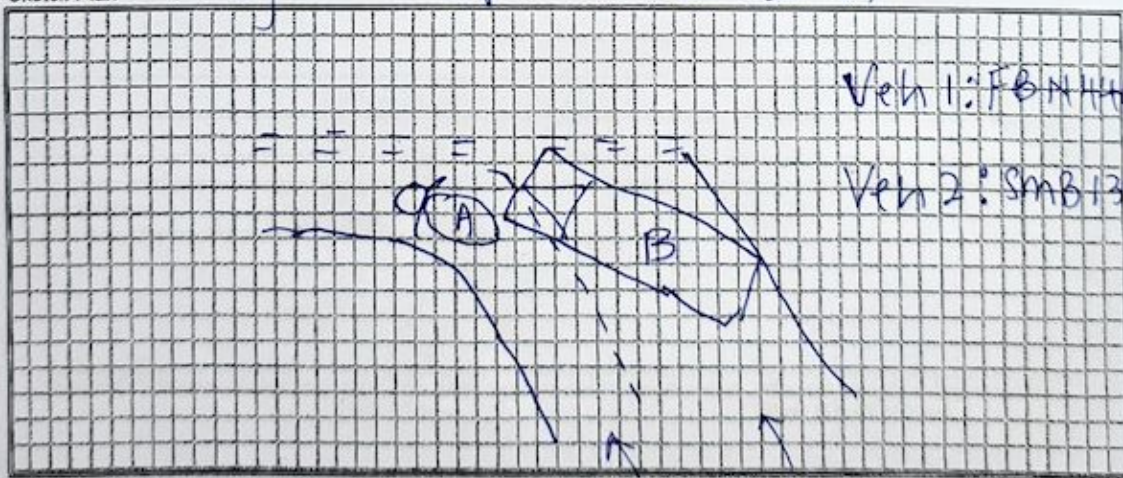

Policyholder's Signature / Date & Time


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

Kallang Bahm Slip Rd to Lavender St.





Describe Circumstance of the Accident

* P/s refer to Police Report.

Declaration

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

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





























**SINGAPORE
POLICE FORCE**



T/20240727/7059

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

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Report No. T/20240727/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2024 17:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NUR AIN SYAIRAH BINTE MOHAMAD YA'ACOB			Address: 633 PASIR RIS DRIVE 3 #05-414 SINGAPORE 510633		
ID Type / ID No.: NRIC NO / S9530054E			Contact No.: Home/Office: Mobile: 90611095		
Nationality: SINGAPORE CITIZEN			Email: ainsyairahbmy@gmail.com		
Sex: Female	Age: 28	Date of Birth: 28/08/1995	Type of Informant: Rider		
Race: Boyanese			Language: English		
Occupation: Other administration professionals			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/07/2024 17:20	Type of Location:
Location: LAVENDER STREET				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN444E	Motorcycle	YAMAHA	SNIPER T150	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBN444E	NTUC Income Insurance Co-Operative Limited	5137106789-01	25/06/2024	24/06/2025



**SINGAPORE
POLICE FORCE**



T/20240727/7059

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

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Report No. T/20240727/7059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR AIN SYAIRAH BINTE MOHAMAD YA'ACOB	ID No.	S9530054E
Related Vehicle	FBN444E (Motorcycle)	Contact No.	90611095
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)	04	Degree of Injury	Serious

Brief Details.

On the stated date and time I vehicle FBN444E was travelling on the leftmost lane along the slip road from Kallang Bahru to Lavender street.

It was a 2 lane slip road.

On my right was SMRT Bus SMB1396L.

We were both in the slip road and turning left into Lavender street.

I was keeping to my lane when suddenly I felt a great impact on my vehicle's rear right portion.

The impact propelled my bike to the left and mount the kerb.

I then hit my face onto my handle bar and then fell to my right, I was pinned down by my bike.

Later someone help me lift my bike.

I later realised that the said bus on my right had swerved into my lane and hit onto my bike rear right portion.

TP and ambulance came later and I declined to be conveyed to Raffles hospital as I wanted to go CGH where I am an admin there.

I later proceeded to CGH A&E for treatment and I was given 4 days MC.

I had a fractured tooth, injuries on my lips, both elbows, right hand, left palm, right knee, upper back and neck areas.

Today I received a call from CGH informing me that my Xrays shows that I had a fractured 8th rib too.

I will be seeking further treatment soon if my pain persist.



**SINGAPORE
POLICE FORCE**

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



T/20240727/7059

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Report No. T/20240727/7059

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: 27/07/2024 17:27
Officer In Charge Of Case: TP / TPIB / INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	Classification Of Case:

NP168