

## 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 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 ability.
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 Report	02/03/2018 16:28
Date Of Accident	20/02/2018 23:30
Exact Location Of Accident	KPE TWDS DEFU LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FC2543A
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#### Insured/Policyholder

Name Of Registered Owner	RUHAIZA BINTE MOHAMED SIDEK
NRIC No	S8302860B
Email Address	NURUL.SUHERMIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91829735
Alternative Phone No	OTHERS-91829735

#### Vehicle Particulars

Manufacturer	VESPA
Model	PX20
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5069994337-02
Cover Note Number	

#### Driver

Name of Driver	RUHAIZA BINTE MOHAMED SIDEK
NRIC No	S8302860B
Date Of Birth	19/01/1983
Occupation	INDOOR
Date Of Driving Pass	14/04/2004
Driving Experience	13 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91829735
Fax Number	
Contact Number	OTHERS-91829735
Email Address	NURUL.SUHERMIE@GMAIL.COM

Address	BLK 17 HOUGANG AVENUE 3 #12-137
Postcode	530017
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180226/2177

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD870P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	RUHAIZA BINTE MOHAMED SIDEK
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FC2543A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

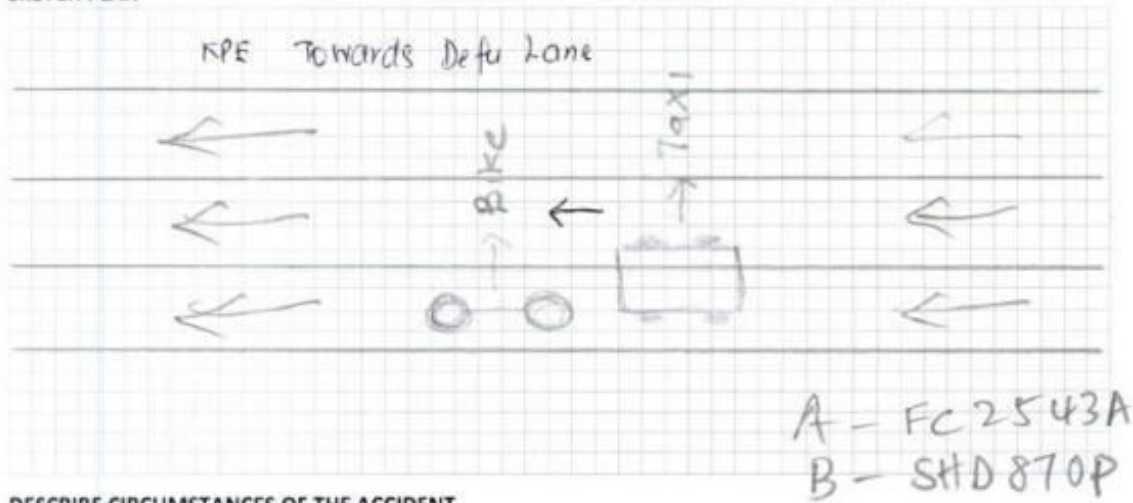
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20180226/2177

### DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180226/2177

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20180226/2177

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FC2543A	NTUC Income Insurance Co-Operative Limited	5069994337-02	27/04/2017	26/04/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	RUHAIZA BINTE MOHAMED SIDEK		ID No.	S8302860B
Related Vehicle	FC2543A (Motorcycle)		Contact No.	91829735
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/02/2018		Date Discharge	23/02/2018
No. of Days granted Medical Leave		10	Degree of Injury	Serious
Name	Unknown		ID No.	NIL
Related Vehicle	SHD870P (Car)		Contact No.	NIL
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		NIL	Degree of Injury	NIL

**Brief Details.**

On 20/02/2018 at about 2330hrs, I was riding my motorcycle(Registration No. FC2543A) along KPE towards Defu Lane on the 4th lane(Extreme left lane) of the 4lanes road when suddenly I felt an impact on my motorcycle's rear which I skidded and fell onto the road. Another passer-by driver, Pitu(H/P: 98885117) came and render assistance to me. The other car's(Registration No. SHD870P) driver that hit onto my motorcycle's rear came down from the taxi but did not render assistance to me and did not speak to me. I suffered abrasion on my right side of my hand, body and leg, and cut on my right knee cap area which requires surgery. The passer-by assisted me to call for ambulance and I was conveyed to Changi General Hospital and discharge on 23/02/2018 and was currently given 10days of MC. I am proceeding for Insurance Claims. My motorcycle is with Traffic Police now and I am not sure of the damages. I am lodging this Traffic Accident report as I have more than 3days of MC.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



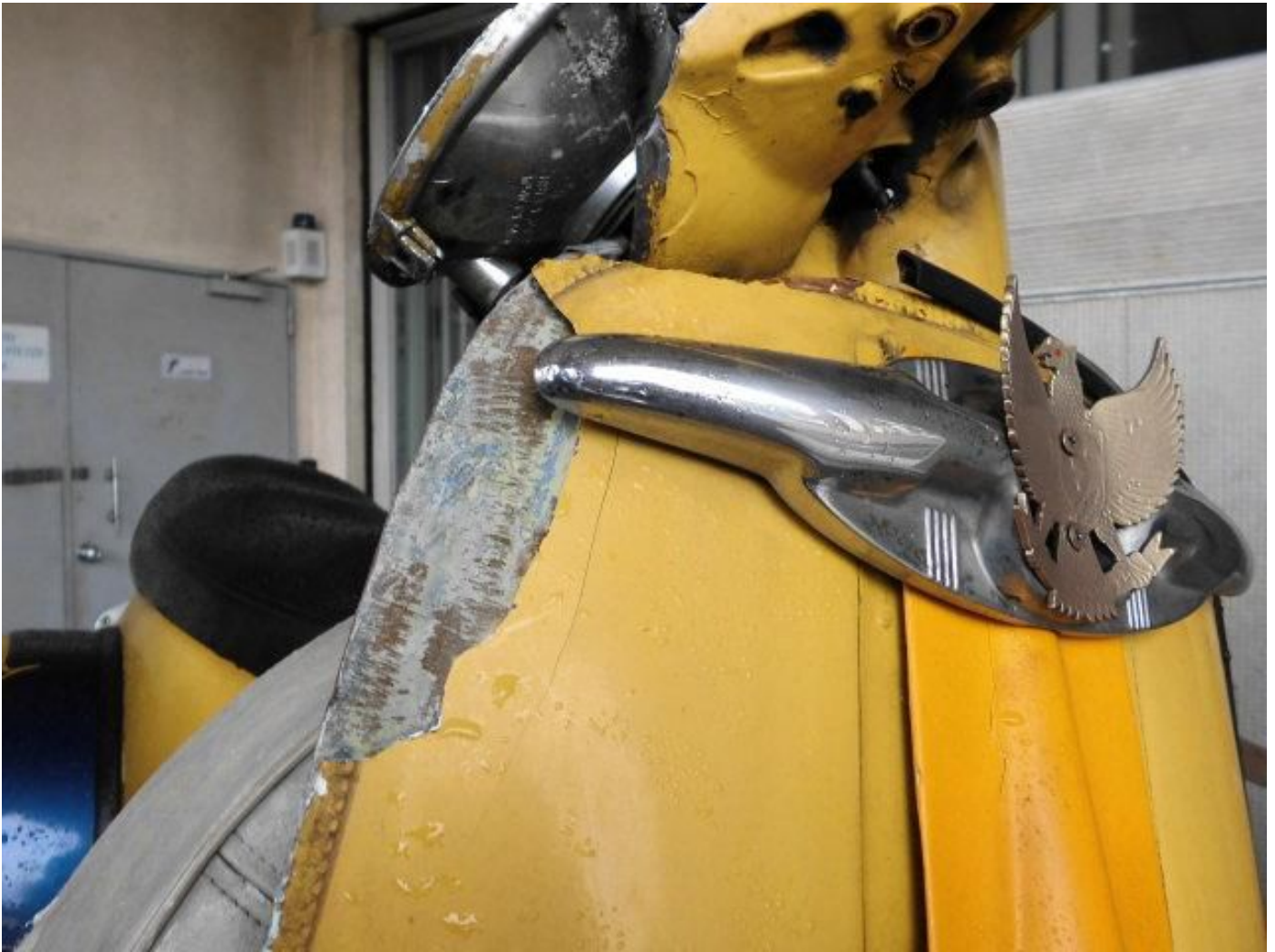


Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180226/2177

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Report No. T/20180226/2177

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
26/02/2018 19:11

Vide Report No.:

Station Diary No.:  
93

### Informant's Particulars

Name of Informant: RUHAIZA BINTE MOHAMED SIDEK			Address: APT BLK 17 HOUGANG AVENUE 3 #12-137 SINGAPORE 530017		
ID Type / ID No.: NRIC NO / S8302860B			Contact No.: Home/Office: Mobile: 91829735		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 19/01/1983	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 2B,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/02/2018 23:30	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY				
KPE towards Defu Lane		Road Surface: Dry	Road Speed Limit:	
Weather: Clear		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Traffic Flow: One Way		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
FC2543A	Motorcycle	VESPA	PX20	Yellow	Slightly Damaged	0
SHD870P	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180226/2177

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Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20180226/2177

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FC2543A	NTUC Income Insurance Co-Operative Limited	5069994337-02	27/04/2017	26/04/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	RUHAIZA BINTE MOHAMED SIDEK		ID No.	S8302860B
Related Vehicle	FC2543A (Motorcycle)		Contact No.	91829735
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/02/2018		Date Discharge	23/02/2018
No. of Days granted Medical Leave		10	Degree of Injury	Serious
Name	Unknown		ID No.	NIL
Related Vehicle	SHD870P (Car)		Contact No.	NIL
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		NIL	Degree of Injury	NIL

### Brief Details.

On 20/02/2018 at about 2330hrs, I was riding my motorcycle(Registration No. FC2543A) along KPE towards Defu Lane on the 4th lane(Extreme left lane) of the 4lanes road when suddenly I felt an impact on my motorcycle's rear which I skidded and fell onto the road. Another passer-by driver, Pitu(H/P: 98885117) came and render assistance to me. The other car's(Registration No. SHD870P) driver that hit onto my motorcycle's rear came down from the taxi but did not render assistance to me and did not speak to me. I suffered abrasion on my right side of my hand, body and leg, and cut on my right knee cap area which requires surgery. The passer-by assisted me to call for ambulance and I was conveyed to Changi General Hospital and discharge on 23/02/2018 and was currently given 10days of MC. I am proceeding for Insurance Claims. My motorcycle is with Traffic Police now and I am not sure of the damages. I am lodging this Traffic Accident report as I have more than 3days of MC.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20180226/2177

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Report No. T/20180226/2177

Police Station Of Origin:

Hougang N.P.C

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CONTINUATION OF REPORT



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180226/2177

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20180226/2177

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 BOH YONG SENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/02/2018 19:11

Classification Of Case: