

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 | 03/05/2018 18:55 |
| Date Of Accident | 02/05/2018 18:15 |
| Exact Location Of Accident | ZEBRA CROSSING JUNCTION OF PASIR RIS DR 1/DR 8 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | FBG8921D |
| Insured/Policyholder | |
| Name Of Registered Owner | NURHAYATI BINTE ABU BAKAR |
| NRIC No | S9018088F |
| Email Address | NURHAYATI1990@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-81119195 |
| Alternative Phone No | OTHERS-81263551 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | YAMAHA |
| Model | FZ16ST-153CC (M) |
| 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 FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5068911585-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | AZAD |
| Passport No/FIN | G1189205T |
| Date Of Birth | 05/05/1993 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/03/2016 |
| Driving Experience | 2 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81119195 |
| Fax Number | |
| Contact Number | OTHERS-81263551 |
| EEmail Address | NURHAYATI1990@YAHOO.COM.SG |

| | |
|---|----------------------------------|
| Address | BLK 259B PUNGGOL FIELD #14-33 |
| Postcode | 822259 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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 | DRIZZLING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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 | QUEENSTOWN N.P.C |
| Police Station Address | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T20180503/2114

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 | SLU5902L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHUA BOON LEONG |
| NRIC/Passport Number | S7009231Z |
| Contact Number | 98467083 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

AZAD

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG8921D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

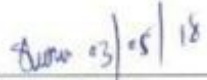
SKETCH PLAN

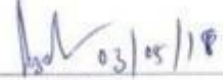
IMPORTANT NOTICE

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 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 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. 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.

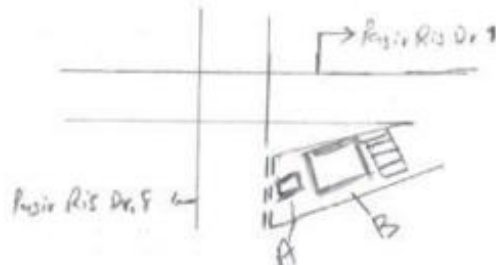

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



A) FBG 8921G

B) SLU 5902L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE
7/20180503/2114

REPORT 7

DECLARATION

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

[Signature] 03/5/18

Policyholder's Signature
Date & Time:

[Signature] 03/05/18

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

[Signature] 03/05/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180503/2114

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180503/2114

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 03/05/2018 15:54 | Vide Report No.: | Station Diary No.: 33 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|---|-----------------------------|
| Name of Informant: AZAD | | Address: APT BLK 259B PUNGGOL FIELD #14-33 SINGAPORE 822259 | |
| ID Type / ID No.: NRIC NO / G1189205T | | Contact No.: Home/Office: Mobile: 81263551 | |
| Nationality: INDIAN | | Email: | |
| Sex: Male | Age: 24 | Date of Birth: 05/05/1993 | Type of Informant: Rider |
| Race: Indian | | Language: English | Institution / School Name: |
| Occupation: ASSIATANT RESTAURANT MANAGER | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|---------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 02/05/2018 18:15 | Type of Location: Zebra crossing |
| Location: Along Road 1 PASIR RIS DRIVE 1 PASIR RIS DRIVE 8 Zebra crossing junction of Pasir Ris Drive 1 and Pasir Ris Drive 8 | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-------------------|-----------------|
| FBG8921D | Motorcycle | | | | Seriously Damaged | 0 |
| SLU5902L | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180503/2114

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20180503/2114

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|------------------|--|
| Rider | | | |
| Name | AZAD | | ID No. G1189205T |
| Related Vehicle | FBG8921D (Motorcycle) | | Contact No. 81263551 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | | Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 02/05/2018 | Date Discharge | 03/05/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | Chua Boon Leong | | ID No. S7009231Z |
| Related Vehicle | SLU5902L (Car) | | Contact No. 98467083 |
| 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 02/05/2018 at about 1815hrs, I was travelling along Pasir Ris Drive 1 on my m/cycle FBG8921D towards Pasir Ris Drive 8. I then filtered left and enter the zebra crossing. As there was traffic along Pasir Ris Drive 8, I stopped before the give way lines to wait for traffic to clear before moving off. While waiting, suddenly a car SLU5902L collided onto the rear of my vehicle causing me to fall on my left. Due to the accident, I felt pain on my neck, back, left arm and right leg. I seek treatment at Khoo Teck Phuat and was given 3 days of MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180503/2114

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180503/2114

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:
D /
Sr Staff Sgt MUHAMMAD AZHIIM BIN KASSIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/05/2018 15:54

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

LETTER

DEED POLL

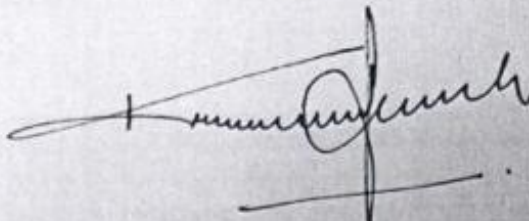
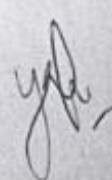
BY THIS DEED I, the undersigned **SHARON ADALINA D/O ABU BAKAR** (NRIC NO. S9018088F) of Apt Block 259B Punggol Field #14-33 Singapore 822259 do hereby abandon and absolutely renounce the use of the said name **NURHAYATI BINTE ABU BAKAR** and in lieu thereof assume as from the date hereof the name of **SHARON ADALINA D/O ABU BAKAR**.

AND in pursuance of such change of name as aforesaid I **HEREBY DECLARE** that at all times hereafter in all records deeds and instruments in writing and in all actions and proceedings and in and upon all dealings and transactions and upon all occasions whatsoever use and sign the said **SHARON ADALINA D/O ABU BAKAR**.

AND I **HEREBY AUTHORISE** and request all persons to designate and address me by such assumed name of **SHARON ADALINA D/O ABU BAKAR**.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 19th day of December, Two Thousand and Seventeen (2017).

SIGNED SEALED and DELIVERED by)
the abovenamed **SHARON ADALINA**)
D/O ABU BAKAR in the presence of)



KUMARAVELU SINNIH
ADVOCATE & SOLICITOR
SINGAPORE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

