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Owner / Driver: (Tcl:)	
Policy No: ()	Period: ()	Cover Type:)	2000000 000
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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 witholding 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.
- 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	03/08/2018 14:02
Date Of Accident	26/07/2018 07:15
Exact Location Of Accident	ALONG BKE (PIE)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK549C
Insured/Policyholder	
Name Of Registered Owner	NURULHUDHA BINTE JAMIL
NRIC No	S8738081E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90025466
Alternative Phone No	OFFICE-90025466
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15
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	REPORTING ONLY
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	5070257434-03
Cover Note Number	
Driver	
Name of Driver	NURULHUDHA BINTE JAMIL
NRIC No	S8738081E
Date Of Birth	22/11/1987
Occupation	INDOOR
Date Of Driving Pass	07/08/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90025466
Fax Number	
Contact Number	OFFICE-90025466
EMail Address	NOEMAIL

BLK 789 WOODLANDS AVENUE 6 Address

#02-635

Postcode 730789

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?

YES

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

NO

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180801/2081.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

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

Page 2 of 21

Injured person in which vehicle?

DETAILS OF INJURED PERSON 1

Name

NURULHUDHA BINTE JAMIL

Approximate Age

Injuries Sustain

FRACTION ON THE LEG & ABRASIONS ON THE LIMBS

FBK549C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

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:

- 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.

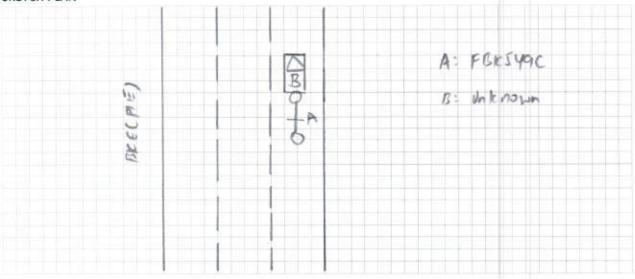
Policy	hold	er's	Signature
Date 8	Tin	ne:	

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

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

hal a star about the	
Refer to gotice report- 7/20180801/2081.	
187	

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.:





1 of 3 Report No. T/20180801/2081

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

REPORT OF A TRAFFIC ACCIDENT

01/08/201	e Report N 8 15:11	Made:	Vide Report No.:		Station Diary No.:
Informan	t's Partic	ulars			STATE OF STREET A
	nformant: UDHA BIN	NTE JAMIL	Address: APT BLK 789 WOODLANDS WOODLANDS SINGAPORE	AVENUE 6 #	#02-635 HDB-
ID Type / NRIC NO	ID No.: / S87380	81E	Contact No.: Home/Office:	Mobile: 90	025466
Nationalit SINGAPO		EN	Email:		
Sex: Female	Age: 30	Date of Birth: 22/11/1987	Type of Informant: Rider		
Race: Malay			Language: English	Institution	School Name:
Occupation		ATE	Driving Licence Information: Class: 2B	Date of Ex	pirv:

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/07/2018 07:15	Type of Location: Straight Road
	TOWARDS PIE			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d	A CONTRACTOR OF THE PARTY OF TH			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK549C	Motorcycle	YAMAHA	YZF-R15	Red		0

Details of V	ehicle Insurance			Charles South
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK549C	NTUC Income Insurance Co-Operative Limited	5070257434-03	27/02/2018	26/02/2019





/20180801/2081

2 of 3

Report No. T/20180801/2081

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

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION. I WAS BEHIND A CAR VEHICLE WHEN SUDDENLY THE CAR VEHICLE BRAKE, SO I JAMBRAKE TO AVOID THE CAR VEHICLE BUT I COULDN'T SO I SKIDDED AND HIT ONTO THE REAR OF THE VEHICLE, I WAS CONVEYED BY AMBULANCE TO NG TENG FONG HOSPITAL. AND RECEIVED 2WEEKS OF HOSPITALISATION LEAVE. THAT'S ALL.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

3 of 3 Report No. T/20180801/2081

Tel No: 65470000

CONTINUATION OF REPORT

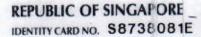
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Sket	CH	м	an

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: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2018 15:11
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Insp TAN CHIN YONG Contact No.: 65476178	SINGAPORE POLICE FORCE
Authentication Stamp	





NURULHUDHA BINTE JAMIL



22-11-1987 SINGAPORE

3270510

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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE

07 Aug 2014

NP 428A

APT BLK 789 WOODLANDS AVENUE 6 #02-635 SINGAPORE 730789

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	icy Query									,
Notice of Loss	Policy	No.				Date	of Accident	2	6/07/2013	07:15	
	Vehicle	No.(For Motor)	FBK54	9C	-9	Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5070257434- 03		NURULHUDHA BINTE JAMIL	S8738081E	GMC	Third Party, Fire & Theft	FBK549C	FBK549C	27/02/2018	26/02/2019
					8	Continue					

Accident MT/1005255					
Policy No.	5070257434-03	Vehicle No.	PBK549C	GST Registration No.	
Certificate No.					
Policyholder Name	NURULHUDHA BINTE JAMIL			Policyholder NRJC	5873B0R1E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No. (Mobile)	PAR	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	n V
KFK	® No ○ Yes	TCA	No ∨es	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	31/07/2018 09:14	Accident Report Within 24 hrs	Ves	Accident Type	Collision - Head to Rear
Date of Accident	26/07/2018	Time of Accident hh:mm	07:25	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	BKÉ TO PIE				
♥ Benefits					
T Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
♥ GST Registered Informa	tion				
GST Registered	No		GST Registration Date		
GST Registration No.	6,0000		GST Status verified	Yes	
Modification History					
9 Policyholder Mailing Ado	iress				
Address 1	BLK 789 #02-635	Address 2	WOODLANDS AVENUE 6	Address 3	SINGAPORE 730789
Address 4	CONTRACTOR CONTRACTOR	Address Tyde	Singapore address	Post Code	730789
	22.22			rust code	730703
Unit No.	02-635	Related Policy Number	5070257434-03		
9 OI Driver Info		2000200			
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC			
		and the second second			
Register Date of Driver License		Driver Age		Driving Experience	
Register Date of Driver Liberise Contact No.(Mobile)		Driver Age Contact No.(Office)		Driving Experience Contact No.(Home)	
Register Date of Driver License					
Register Date of Driver Liberose Contact No. (Mobile)		Contact No.(Office)	Foreign address	Contact No.(Home)	
Register Date of Driver Libersia Contact No.(Mobile) Address 1		Contact No.(Office) Address 2	Foreign address	Contact No.(Home) Address 3	
Register Date of Driver License Contact No (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore	○Yes⊛No	Contact No.(Office) Address 2	Foreign address	Contact No.(Home) Address 3	
Register Date of Driver License Contact No.(Mobile) Address 3 Address 4 Unit No.	① Yes ® No	Contact No.(Office) Address 2 Address Type	Foreign address	Contact No. (Home) Address 3 Post Code	
Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	① Yes ® No	Contact No.(Office) Address 2 Address Type	Foreign address	Contact No. (Home) Address 3 Post Code	
Register Date of Driver License Contact No (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore	① Yes ® No	Contact No.(Office) Address 2 Address Type	Foreign address	Contact No. (Home) Address 3 Post Code	
Register Date of Driver License Contact No. (Mobile) Address 3 Address 4 Unit No. Does he own a Singapore Registered car?	① Yes ® No	Contact No.(Office) Address 2 Address Type	Foreign address	Contact No. (Home) Address 3 Post Code	
Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	① Yes ® No	Contact No.(Office) Address 2 Address Type	Foreign address	Contact No. (Home) Address 3 Post Code	
Register Date of Driver License Contact No. (Mobile) Address 3 Address 4 Unit No. Does he own a Singapore Registered car?	① Yes ③ No	Contact No.(Office) Address 2 Address Type	Foreign address	Contact No. (Home) Address 3 Post Code	
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