

## 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	03/08/2018 14:02
Date Of Accident	26/07/2018 07:15
Exact Location Of Accident	ALONG BKE (PIE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK549C
<b>Insured/Policyholder</b>	
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

Address	BLK 789 WOODLANDS AVENUE 6 #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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180801/2081.

#### 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	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	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NURULHUDHA BINTE JAMIL
Approximate Age	
Injuries Sustain	FRACTION ON THE LEG & ABRASIONS ON THE LIMBS
Injured person in which vehicle?	FBK549C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident 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.

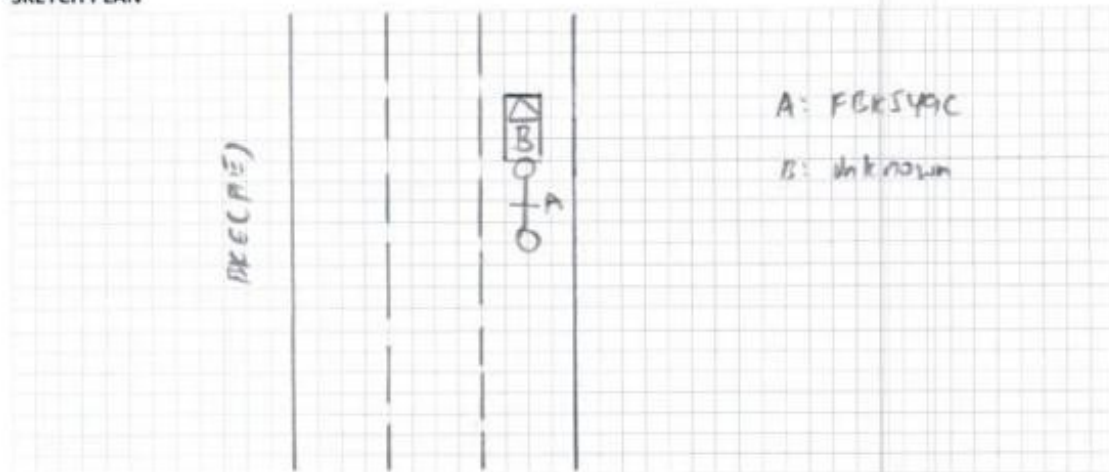
  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180801/2081.

### DECLARATION

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

Policyholder's Signature

Date & Time:

Signature: [Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Signature: [Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Signature: [Signature]



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180801/2081

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

1 of 3

Report No. T/20180801/2081

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2018 15:11		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NURULHUDHA BINTE JAMIL			Address: APT BLK 789 WOODLANDS AVENUE 6 #02-635 HDB- WOODLANDS SINGAPORE 730789		
ID Type / ID No.: NRIC NO / S8738081E			Contact No.: Home/Office: Mobile: 90025466		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 30	Date of Birth: 22/11/1987	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: SERVICE ASSOCIATE			Driving Licence Information: Class: 2B		Date of Expiry:

## General Information 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
Location:  BUKIT TIMAH EXPRESSWAY  ALONG BKE TOWARDS PIE				
Weather: Clear		Road Surface: Dry		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: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK549C	Motorcycle	YAMAHA	YZF-R15	Red		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK549C	NTUC Income Insurance Co-Operative Limited	5070257434-03	27/02/2018	26/02/2019

Police Report



**SINGAPORE  
POLICE FORCE**



T/20180801/2081

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

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Report No. T/20180801/2081

**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 Report



**SINGAPORE  
POLICE FORCE**

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



T/20180801/2081

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Report No. T/20180801/2081

## 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:  
TP /  
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
01/08/2018 15:11

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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Accident Photo





Accident Photo

