#### 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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/09/2018 10:54
Date Of Accident	06/09/2018 08:40
Exact Location Of Accident	X-JUNCTION OF PUNGGOL ROAD AND PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM7947E
Insured/Policyholder	
Name Of Registered Owner	NOR SAMESHAH BINTE SAPARI
NRIC No	S9436953C
Email Address	MXSHA@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-93375824
Alternative Phone No	OTHERS-93375824
Vehicle Particulars	
Manufacturer	HONDA
Model	CB150R-149CC
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	5099981599
Cover Note Number	
Driver	
Name of Driver	NOR SAMESHAH BINTE SAPARI
NRIC No	S9436953C
D-4- Of Birdle	07/40/4004

 NRIC No
 \$9436953C

 Date Of Birth
 07/10/1994

 Occupation
 INDOOR

 Date Of Driving Pass
 02/05/2018

Driving Experience 0 YEAR AND 4 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-93375824

Fax Number

Contact Number OTHERS-93375824

EMail Address MXSHA@OUTLOOK.COM

Address BLK 672B EDGEFIELD PLAINS

#18-555

Postcode 822672

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

NO

YES

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 PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

**SINGAPORE** 

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20180913/2055

#### 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 BLACK CAR

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

#### **DETAILS OF INJURED PERSON 1**

NOR SAMESHAH BINTE SAPARI Name

Approximate Age

Injuries Sustain **SERIOUS INJURY** 

Injured person in which vehicle? FBM7947E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode YES

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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)
  - (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
- 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.
- 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 Cen

NRIC/FIN NO

#### **Accident Sketch Plan**

SKETCH PLAN			_
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ESCRIBE CIRCUMSTANCES OF	F THE ACCIDENT		. /
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ECLARATION			
We declare the foregoing particul	ars are true in every respect.		/
Mesta	Moster	/	17/09/2018
olicyholder's Signature sate & Time:	Driver's Signature (If driver is not the policyholder Date & Time:		ntre Personnel's Signature
			1

#### **POLICE REPORT**



T/20180913/2055

Police Station Of Origin: Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

1 of 3 Report No. T/20180913/2055

#### REPORT OF A TRAFFIC ACCIDENT

Date/Tim 13/09/20	e Report N 18 12:07	Made:	Vide Report No.:		Station Diary No.	
Informan	t's Partic	ulars	THE RESERVE AND THE PARTY OF TH		The spine with the same	
Name of Informant: NOR SAMESHAH BINTE SAPARI			Address: APT BLK 672B EDGEFIELD PLAINS #16-555 SINGAPORE 822672			
ID Type / ID No.: NRIC NO / S9436953C			Contact No.: Home/Office:	Mobile	93375824	
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Female	Age: 23	Date of Birth: 07/10/1994	Type of Informant:			
Race: Boyanese			Language: Institution / S		on / School Name:	
Occupation: ADMIN EXECUTIVE		E	Driving Licence Information: Class: 2B			

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 06/09/2018 08:40		Type of Location: X-Junction
PUNGGOL R PUNGGOL C		agol Cen	itral			*
Weather: Clear				Road Speed Limit:		
Traffic Flow:	affic Flow: Traffic Control: Traffic Light - Working			Traffic Volume: Light		
Type of Collision:  Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBM7947E	Car	HONDA	CB150R MANUAL	Black		0

Details of V	ehicle Insurance	A CONTRACTOR OF THE PARTY OF TH		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7947E	NTUC Income Insurance Co-Operative Limited	5099981599	17/04/2018	16/04/2019

#### POLICE REPORT



T/20180913/2044

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20180913/2055

#### CONTINUATION OF REPORT

Details of Perso		JANE AREA	PATRICULAR -	(CAL)	161113	VIANING CONTROL
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Rider		1 2 4 4 4		40011141	0.000	High tra
Name	NOR SAMESHAH E	NOR SAMESHAH BINTE SAPARI				S9436953C
Related Vehicle	FBM7947E (Car)			Contact No.		93375824
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licens Expin	g	Class: 2B Date of Expiry: NIL
Date Treatment	06/09/2018	Date Disc		-	/2018	
No. of Days gran	No. of Days granted Medical Leave 31			of Injury NIL		10

#### Brief Details.

On 06/09/2018 at about 0840hrs, I was riding my motorcycle bearing registration plate number FBM7947E along Punggol Road towards Punggol Field direction on lane 2. While at the junction of Punggol Road and Punggol Central, the traffic light was green in my favor and while I proceeded to move straight, I noticed that there was a van at the opposite direction waiting to make a right turn into Punggol Central on lane 2.

Suddenly there was a black colour car which made a abrupt U-turn on the lane 1 of opposite lane without checking for oncoming traffic. The black colour car then completed the U-turn into lane 2 of my lane. I tried to apply emergency brake, however could not stop on time and collided to the rear right of the vehicle.

I believe the driver called for ambulance. I was subsequently conveyed to Khoo Teck Puat hospital by ambulance and was given 31 days of medical leave. No Police was at scene.

#### POLICE REPORT





T/20180913/2055

3 of 3 Report No. T/20180913/2055

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

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 3 LIM JIN YEOW, BENNY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/09/2018 12:07
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp	D.P.

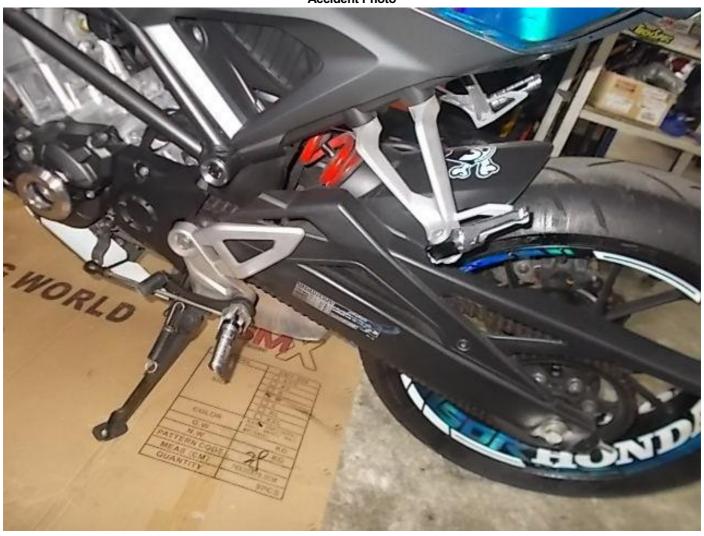










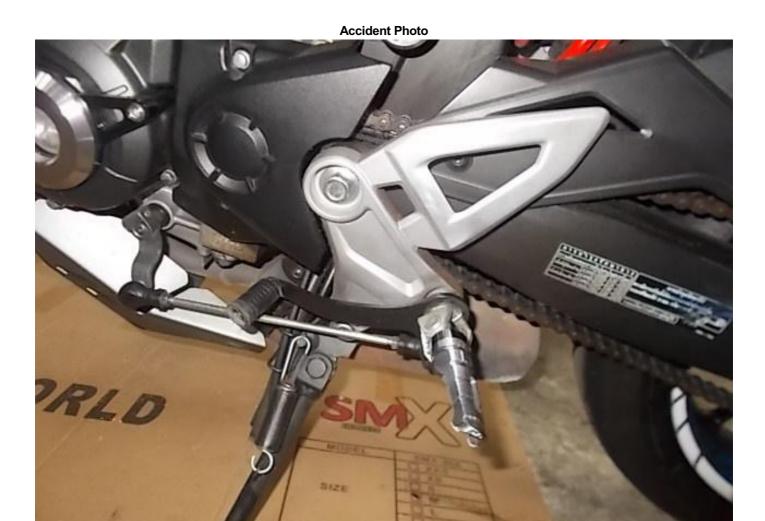












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