

## 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	24/09/2018 10:56
Date Of Accident	23/09/2018 18:35
Exact Location Of Accident	ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9312D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEET MING HUAI
NRIC No	S8790142D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91738084
Alternative Phone No	OTHERS-91738084

### Vehicle Particulars

Manufacturer	YAMAHA
Model	TMAX 530 CVT ABS
Exact Purpose for which vehicle was being used at time of accident	
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	5098731568 TPFT
Cover Note Number	

### Driver

Name of Driver	ZULAIKHA BTE MOHAMED NASIR
NRIC No	S8727568Z
Date Of Birth	29/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	27/09/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92723753
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 376B #03-14 HOUGANG STREET 32 HOUGANG DEWCOURT
Postcode	532376
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	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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### 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	SHC1617D
Vehicle Make/Model/Colour	HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HO LAM LEE
NRIC/Passport Number	S7211333J
Contact Number	81864707
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLS6950B  
Vehicle Make/Model/Colour MERCEDES BENZ CLC 180 K  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LEE JIA HAO  
NRIC/Passport Number  
Contact Number 96321557  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name ZULAIKHA BTE MOHAMED NASIR  
Approximate Age 31  
Injuries Sustain  
Injured person in which vehicle? FBL9312D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address BLK 376B #03-14 HOUGANG STREET 32 HOUGANG DEWCOURT  
Postcode 532376

SKETCH PLAN

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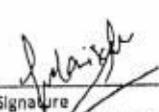
**B. Consent under the Personal Data Protection Act (PDPA)**

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.

**IDAC KAKI BUKIT (VAC)**  
 23 Kaki Bukit Ave 4  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: [accbk@singnet.com.sg](mailto:accbk@singnet.com.sg)

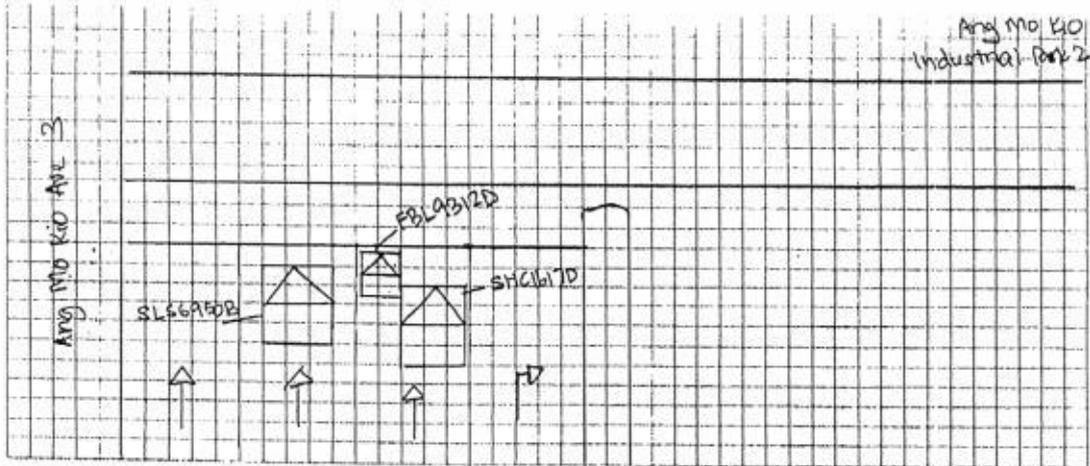
Policyholder's Signature \_\_\_\_\_  
 Date & Time: \_\_\_\_\_

Driver's Signature  \_\_\_\_\_  
 (If driver is not the policyholder)  
 Date & Time: 24/09/18 @ 1100hrs

Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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: 24/09/18 @ 1100WS

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

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



**SINGAPORE  
POLICE FORCE**



T/20180923/7009

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

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Report No. T/20180923/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/09/2018 23:33		Vide Report No.: F/20180923/0245		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZULAIKHA BINTE MOHAMED NASIR			Address: APT BLK 376B HOUGANG STREET 32 #03-14 SINGAPORE 532376		
ID Type / ID No.: NRIC NO / S8727568Z			Contact No.:		Mobile: 92723753
Nationality: SINGAPORE CITIZEN			Email: ikhagonzalez@gmail.com		
Sex: Female	Age: 31	Date of Birth: 29/08/1987	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/09/2018 18:35	Type of Location: T-Junction
Location:  ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBL9312D	Motorcycle					0
SHC1617D	Taxi	HYUNDAI		Blue	Slightly Damaged	0
SLS6950B	Car	MERCEDES BENZ		Red	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180923/7009

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

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Report No. T/20180923/7009

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ZULAIKHA BINTE MOHAMED NASIR	ID No.	S8727568Z
Related Vehicle	FBL9312D (Motorcycle)	Contact No.	92723753
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/09/2018	Date Discharge	23/09/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	Ho Lam Lee	ID No.	S7211333J
Related Vehicle	SHC1617D (Taxi)	Contact No.	81864707
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Lee Jia Hao	ID No.	S8909612D
Related Vehicle	SLS6950B (Car)	Contact No.	96321557
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I was travelling along Ang Mo Kio Ave 3 towards Ang Mo Kio Ave 1 on the 2nd right lane of 4 lane road. Upon approaching the junction, I came to a stop due to red light. A few seconds later, I felt a hit on my right rear by a taxi SHC1617D causing me to fall on the left and hit a red car, SLS6950B. I have no camera. However, both other vehicles have recording. Damages on bike will be rear right exhaust pipe, left footrest, scratches on windshield, slight scratch on my box and lower left part of the ferring. I was conveyed by ambulance to TTSH.



**SINGAPORE  
POLICE FORCE**



T/20180923/7009

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20180923/7009

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180923/7009

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

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Report No. T/20180923/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 23/09/2018 23:33
Classification Of Case:

Authentication Stamp  
NP168