

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 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. 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	23/10/2018 16:22
Date Of Accident	22/10/2018 13:00
Exact Location Of Accident	MANDALAY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ6409P
Insured/Policyholder	
Name Of Registered Owner	SUZILAWATI BINTE M'A ARIP
NRIC No	S9130241A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96490652
Alternative Phone No	OTHERS-96490652

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA LX
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00409189/01
Cover Note Number	

Driver

Name of Driver	SUZILAWATI BINTE M'A ARIP
NRIC No	S9130241A
Date Of Birth	31/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96490652
Fax Number	
Contact Number	OTHERS-96490652
Email Address	NOEMAIL

Address	BLK 293 TAMPINES ST 22 #04-496
Postcode	520293
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	SIDE SWIPE
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
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

PLS REFER TO THE POLICE REPORT: T/20181023/7008

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 Witness 1

Name	MR GOH
Phone Number	93857351
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX5129L
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)

1

DETAILS OF INJURED PERSON 1

Name SUZILAWATI BINTE M'A ARIP
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FBJ6409P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

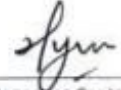
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

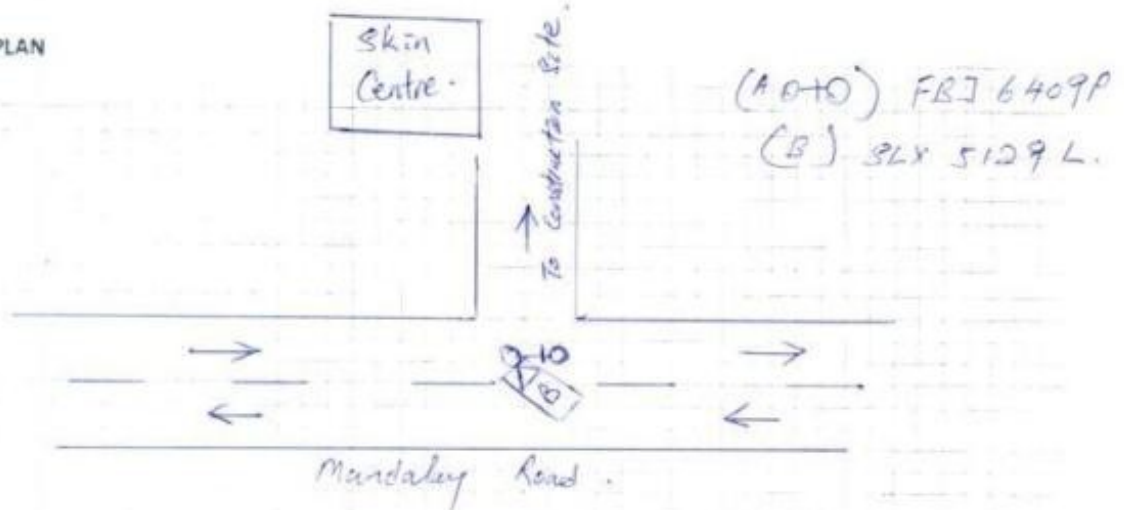

Policyholder's Signature
Date & Time:


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

 23/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer to Police Report No:
T/2018/023/7008

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:

 23/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181023/7008

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

2 of 3

Report No. T/20181023/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SUZILAWATI BINTE M'A ARIP	ID No.	S9130241A
Related Vehicle	FBJ6409P (Motorcycle)	Contact No.	96490652
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	22/10/2018	Date Discharge	22/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I was riding straight on Mandalay Road when SLX5129L ade a sudden right turn from the opposite direction.

He hit the right side of my bike and it fell on the left. A witness, Mr Goh, who had a recording of the incident through his in car cam assisted to provide footage. His number was also provided to IO Fadzli.

I sustained a fracture to my hand and 5 cuts and abrasions to my hand, body and legs. An ambulance was called in and I was treated at TTSH till 10pm. I am experiencing difficulty in walking due to the impact of the collision.

My Vespa was badly damaged and towed to my mechanic.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



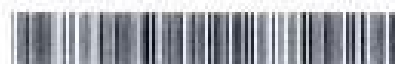
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181023/7008

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

1 of 3

Report No: T/20181023/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2018 15:37		Vide Report No.: E/20181022/0084		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUZILAWATI BINTE M'A ARIP			Address: APT BLK 293 TAMPINES STREET 22 #04-496 SINGAPORE 520293		
ID Type / ID No.: NRIC NO / 58130241A			Contact No.: Home/Office: Mobile: 96490652		
Nationality: SINGAPORE CITIZEN			Email: suzi_08@hotmail.com		
Sex: Female	Age: 27	Date of Birth: 31/08/1991	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Fundraiser		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2018 13:00	Type of Location: Straight Road
Location: MANDALAY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ6408P	Motorcycle	PIAGGIO	VESPA LX 150 I.E. 3V	Red		0
SLX5129L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ6408P	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00409189/01	19/08/2017	19/08/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20181023/7000

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

2 of 3

Report No: T/20181023/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SUZILAWATI BINTE M'A ARIP	ID No.	S9130241A
Related Vehicle	FBJ6409P (Motorcycle)	Contact No.	96490652
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
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My Vespa was badly damaged and towed to my mechanic.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181023/7008

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

3 of 3

Report No. T/20181023/7008

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 /
MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65476355

Authentication Stamp
NP103

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/10/2018 15:37

Classification Of Case:

Identification Card

Suzilawati / M/A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: **S9130241A**

Name: **SUZILAWATI BINTE M/A ARIP**

Birth Date: **31 Aug 1991**

Issue Date: **10 May 2008**

0010000041A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9130241A**



Name: **SUZILAWATI BINTE M/A ARIP**

From: **سوريلواتي بنت ماريه**

From: **MALAY**

Date of birth: **31-08-1991**

Sex: **F**

Country of birth: **SINGAPORE**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 9B Motorcycles with C.C.

Class A Motor cars for 2000 kg with 17 Tyres/engines, includes all the Motorcycles with engine displacement up to 2000 cc

Valid until: 31 May 2018

Issue Date: 10 May 2008

Vehicle No.: S9130241A

Issue Date: 10 May 2008

Issue No.: 0000104209

Issue No.: S9130241A

0000104209

S9130241A

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