

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 | 27/11/2018 15:11 |
| Date Of Accident | 23/11/2018 09:30 |
| Exact Location Of Accident | ALONG LENG KEE ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | FB3887G |
| Insured/Policyholder | |
| Name Of Registered Owner | NUR FARAHANAH BINTE NOH |
| NRIC No | S8504844I |
| Email Address | FARAHNOH@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90020597 |
| Alternative Phone No | OTHERS-90020597 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | VESPA |
| Model | PX20-200CC |
| Exact Purpose for which vehicle was being used at time of accident | TRAVELLING TO WORK |
| 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 |
| Fleet Policy | NO |
| Policy Number | 5087068189-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | NUR FARAHANAH BINTE NOH |
| NRIC No | S8504844I |
| Date Of Birth | 25/02/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/01/2015 |
| Driving Experience | 3 YEARS AND 10 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90020597 |
| Fax Number | |
| Contact Number | OTHERS-90020597 |
| EEmail Address | FARAHNOH@GMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 23 JALAN MEMBINA #02-78 |
| Postcode | 163023 |
| 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 | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| 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 | ORCHARD NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7359999 - FAX NO: 67331934 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181123/2101

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 | SKW6369X |
| Vehicle Make/Model/Colour | TOYOTA CAMRY |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LOW MIAU CHOW |
| NRIC/Passport Number | S1257439H |
| Contact Number | 90731770 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------|
| Name | NUR FARAHANAH BINTE NOH |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FB3887G |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

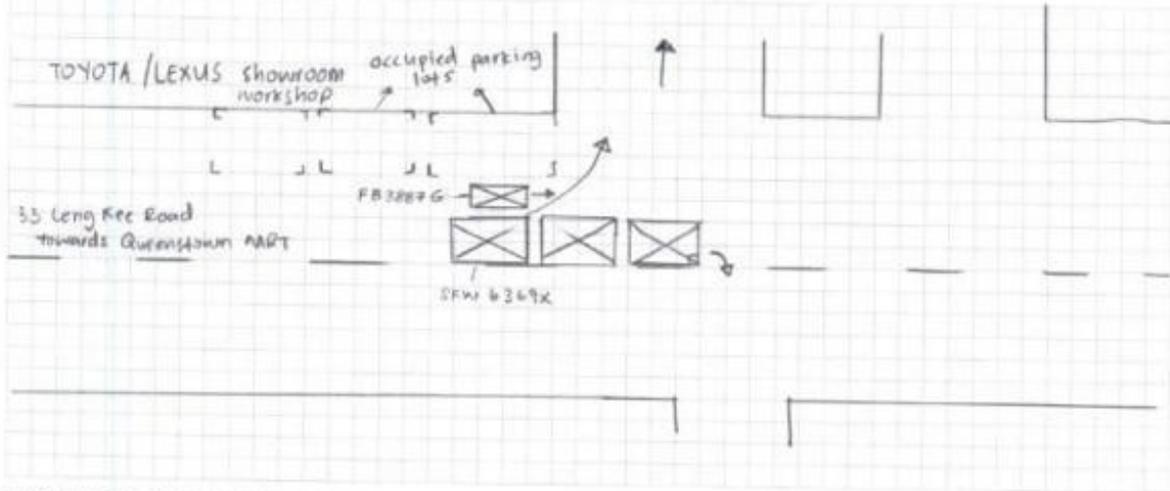
Policyholder's Signature
Date & Time: 27/11/2018

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/2018/123/2101*

DECLARATION

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

Policyholder's Signature
Date & Time: 24/11/2018

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

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

*24/11/2018
Rena Wong*

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181123/2101

1 of 4

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20181123/2101

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 23/11/2018 16:24 | Vide Report No.: | Station Diary No.: 95 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|---|------------|--|-----------------------------|
| Name of Informant: NUR FARAHANAH BINTE NOH | | Address: APT BLK 23 JALAN MEMBINA #02-78 SINGAPORE 163023 | |
| ID Type / ID No.: NRIC NO / S85048441 | | Contact No.: Home/Office: Mobile: 90020597 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Female | Age: 33 | Date of Birth: 25/02/1985 | Type of Informant: Rider |
| Race: Malay | | Language: English | Institution / School Name: |
| Occupation: OUTDOOR ADVENTURE EDUCATOR | | Driving Licence Information: Class: 2B,3 | Date of Expiry: |

| General Information of the Accident | | | | |
|---|------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 23/11/2018 09:30 | Type of Location: Straight Road |
| Location: Along Road 1 LENG KEE ROAD | | | | |
| Weather: Sunny | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|--------|-------------------|--------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FB3887G | Motorcycle | VESPA | PX20 | White | Seriously Damaged | 0 |
| SKW6369X | Car | TOYOTA | CAMRY 2.5 AUTO | Silver | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FB3887G | NTUC Income Insurance Co-Operative Limited | 5087068189-01 | 01/04/2018 | 31/03/2019 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181123/2101

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20181123/2101

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | NUR FARAHAHAH BINTE NOH | ID No. | S8504844I |
| Related Vehicle | FB3887G (Motorcycle) | Contact No. | 90020597 |
| Hospital/Clinic | THE ICLINIC | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 23/11/2018 | Date Discharge | 23/11/2018 |
| No. of Days granted Medical Leave | 06 | Degree of Injury | Slight |
| Driver | | | |
| Name | LOW MIAU CHOW | ID No. | S1257439H |
| Related Vehicle | SKW6369X (Car) | Contact No. | 90731770 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 23/11/2018 between 9.30am to 9.40am, I was riding alone on my motorcycle FB3887G (Vespa / Cream White) travelling along 33 Leng Kee Road towards Queenstown MRT. I wish to state that the road is a two-way road. As I was travelling straight suddenly one of the vehicle (SKW6369X / Toyota Camry / Silver) that was in queue make a left turn to get out from the queue. As the driver doing so, it hit onto my right arm area causing me to miss balance. As such, it causes me to ride up the pavement and eventually stopped.

After I managed to stop my vehicle, I stood still checking on my injury while the said driver came over to me. After which, we exchange contact number initially and the driver left to the Toyota Show Room. Then a passer-by informed me to get the particulars of driver instead. As such, I call the driver and we exchange particular and take photographs of the damages. Due the accident, the bottom right of my vehicle is damage which cause a part of its metal body to be torn apart and the fork cover to vehicle also damage and there is also some stretch mark on the right side cowl of vehicle. As for the other vehicle, there is some scratch mark on the bottom front passenger door.

I then called my NTUC insurance company on the matter who send their Orange Force to my location. When the Orange Force came and record down the incident, I was then advice by the officer to lodge a police report. Upon feeling pain on my arm area, I decided to proceed to the Clinic to seek medical attention located at 18 Jalan Membina #02-07 Singapore 164018 namely The iClinic.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181123/2101

Police Station Of Origin:
Orchard N.P.C
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Tel No: 1800-7359999

3 of 4

Report No. T/20181123/2101

CONTINUATION OF REPORT

After seeking the medical attention, I was given 6 days MCs. I wish to state that there is no police attended to my accident. I am lodging this report for insurance claiming.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181123/2101

4 of 4

Report No. T/20181123/2101

Police Station Of Origin:
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Tel No: 1800-7359999

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:

E /
Sr Staff Sgt SITI AISYAH BINTI NANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/11/2018 16:24

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476204

Classification Of Case:

1172

Authentication Stamp
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

