Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 19/06/2019 17:12

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 witholding 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	19/06/2019 16:34
Date Of Accident	17/06/2019 11:00
Exact Location Of Accident	ALONG CANBERRA DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB9525J

Insured/Policyholder

Name Of Registered Owner	NURUL FAZLIANAH BINTE SALIM
NRIC No	S9125230I
Email Address	NRLSHAF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97233006
Alternative Phone No	OTHERS-98264194

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC SPARK
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2018-00001051-01
Cover Note Number	

Driver

Name of Driver	NURUL SHAFIQAH BINTE SALIM
NRIC No	S9834890E
Date Of Birth	22/10/1998
Occupation	OUTDOOR
Date Of Driving Pass	25/09/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97233006
Fax Number	
Contact Number	OTHERS-98264194
EMail Address	NRLSHAF@GMAIL.COM

Address	BLK 126 YISHUN STREET 11 #01-418
Postcode	760126
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 (including own vehicle) 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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 31 YISHUN CENTRAL , **POSTCODE:** 768827 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-8529999 - **FAX NO**: 68522299
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190618/2076

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	SJU9703S
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHOU CHAOQUN
NRIC/Passport Number	S9174032Z
Contact Number	83229569
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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:

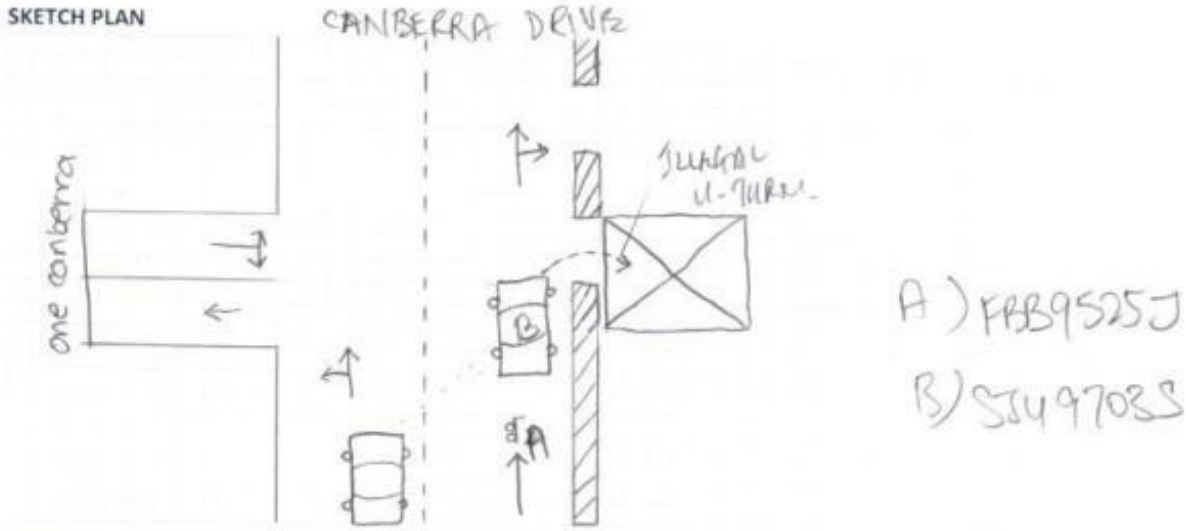
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	ushf 19/06/2019 Driver's Signature (If driver is not the policyholder) Date & Time:	19/06/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

NIL REPORT TO POLICE REPORT T/20190618/2076

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:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
		19/06/2019

POLICE REPORT

SINGAPORE POLICE FORCE

T/20190618/2076

Report No. T/20190618/2076

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
18/06/2019 14:30		99

Informant's Particulars

Name of Informant: NURUL SHAFIQAH BINTE SALIM			Address: APT BLK 126 YISHUN STREET 11 #01-415 SINGAPORE 760126	
ID Type / ID No.: NRIC NO / S9834890E			Contact No.: Home/Office: Mobile: 98264194	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 20	Date of Birth: 22/10/1998	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: FOOD PANDA RIDER			Driving Licence Information: Class: 2B,2A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2019 11:00	Type of Location: Straight Road
Location: Along Road 1 CANBERRA DRIVE Canberra Drive towards Sembawang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB9525J	Motorcycle	YAMAHA	T135	Yellow	Slightly Damaged	0
SJU9703S	Car	MAZDA	MAZDA3 1.6L SDN	Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT

SINGAPORE POLICE FORCE

T/20190618/2076

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Rider			
Name	NURUL SHAFIQAH BINTE SALIM	ID No.	S9834890E
Related Vehicle	FBB9525J (Motorcycle)	Contact No.	98264194
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	17/06/2019	Date Discharge	17/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 17/06/2019 at about 1100hrs, I was riding my motorcycle (registration plate no: FBB9525J) along Canberra Drive towards Sembawang Road. I was riding on the right lane out of the two lane road. Another vehicle (registration plate no: SJU9703S) was driving on the left lane out of the two lane road. We were both riding and driving in the same direction. I was riding between 30km/h to 40km/h.

As we were nearing One Canberra Condominium, the other vehicle suddenly filtered into my lane. However, the driver did not signal his intention. The other rider also suddenly, braked in front of me and made an illegal U-turn at the gap outside of One Canberra condominium.

I wish to state that from my understanding, the particular gap is only for cars that are exiting the condominium to make a right turn only. I immediately jammed brake my motorcycle but I was unable to stop in time as earlier when the other driver changed lane, the distance between the car and my motorcycle was less than 1 car length away. The accident happened very quickly from the time he changed lane, as such I was unable to react fast enough. The other car was already past the white line and in the yellow box.

Due to the sudden brake, I collided into the right rear bumper of the other vehicle. After the crash, I put my left leg down to prevent my motorcycle from falling. As such, it had caused my left foot to be swollen. My left hand had also smashed into the other vehicle's right tail light, hence causing cuts on my left fingers.

After the collision, the other driver made a check on me, but did not speak to me. Subsequently, he went back to his vehicle and parked his vehicle one side. After which, he asked me if I wanted to go to the hospital and he drove me to Khoo Teck Puat Hospital where I received outpatient treatment and was given 5 days of medical leave. I was informed by one of my friend that the driver had went back to the incident location and was attended to by a traffic police officer who later came down to scene. My motorcycle was towed away from the incident location.

I have a witness - Nanthakumar HP: 94799494 who is working as a security officer at One Canberra, who witness the whole incident. I am lodging this report as instructions from the TP IO, contact no: 97375843.

SINGAPORE POLICE FORCE

T/20190618/2076

Report No. T/20190618/2076

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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: L / Sgt 2 TAN PRE SINDY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2019 14:30
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:

Authentication Stamp

NP168

Khoo Teck Puat Hospital
National Healthcare Group

90 Yishun Central,
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE **ORIGINAL** **KHANE191609933**

NAME : NURUL SHAFIQAH BINTE SALIM
NRIC : S9834890E

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **17-Jun-2019 11:30** to **17-Jun-2019 13:46**.

The above named is unfit for duty for a period of **5** day(s), from **17-Jun-2019** to **21-Jun-2019** inclusive.

This certificate is **not valid** for absence from court attendance.

Remarks :

17 Jun 2019	**Dr Muniandy, Janaki (64366A)**	**A&E**	
Date	Issuing Doctor	Location	Doctor's Signature

Reg No.: 20071726J(1)

Tear Along Here

Khoo Teck Puat Hospital
National Healthcare Group

90 Yishun Central,
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE **DUPLICATE** **KHANE191609933**

NAME : NURUL SHAFIQAH BINTE SALIM
NRIC : S9834890E

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

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Remarks :

17 Jun 2019	**Dr Muniandy, Janaki (64366A)**	**A&E**	
Date	Issuing Doctor	Location	Doctor's Signature

Reg No.: 20071726J(1)

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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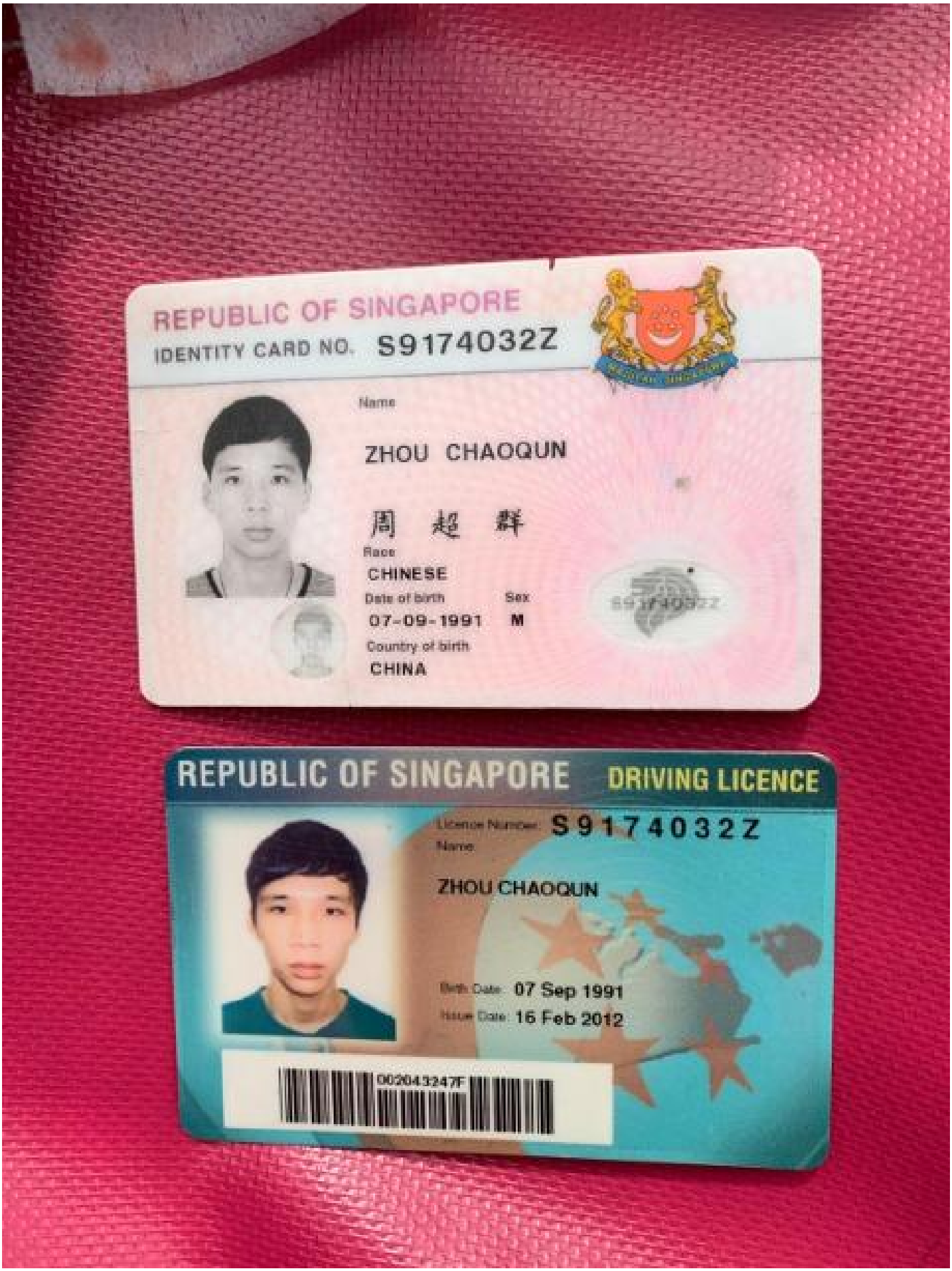

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Identification Card