

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	12/11/2019 09:42
Date Of Accident	04/11/2019 10:15
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5070Z
Insured/Policyholder	
Name Of Registered Owner	FARHAH BINTE HAJI MUSTAFA
NRIC No	S9215284G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84990405
Alternative Phone No	OFFICE-84990405

Vehicle Particulars

Manufacturer	MLE
Model	XTM200
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5072606613-04
Cover Note Number	

Driver

Name of Driver	FARHAH BINTE HAJI MUSTAFA
NRIC No	S9215284G
Date Of Birth	21/04/1992
Occupation	INDOOR
Date Of Driving Pass	20/02/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84990405
Fax Number	
Contact Number	OFFICE-84990405
Email Address	NOEMAIL

Address	BLK 722 BEDOK RESERVOIR RD #01-5152
Postcode	470722
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 - CHANGE/CROSS LANE
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?	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 T/20191104/7033

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGY9800J
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)

DETAILS OF INJURED PERSON 1	
Name	FARHAH BINTE HAJI MUSTAFA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBH5070Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

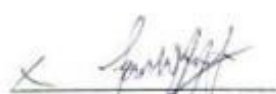
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:



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



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

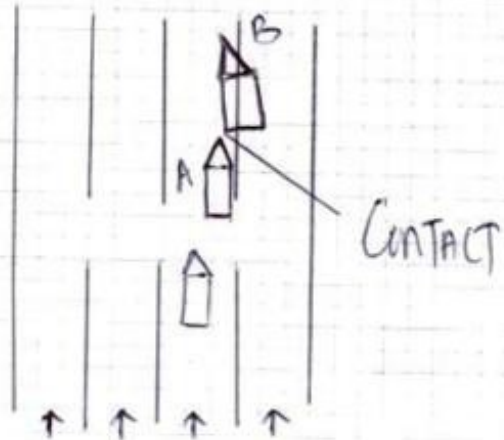
Accident Sketch Plan

SKETCH PLAN

A- FBH5070Z

B- 8449800J

PIE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS POLICE REPORT.

DECLARATION

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

X

Policyholder's Signature
Date & Time:

X

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

X

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191104/7033

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

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Report No. T/20191104/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2019 20:37		Vide Report No.: G/20191104/0085	Station Diary No.:
Informant's Particulars			
Name of Informant: FARHAH BINTE HAJI MUSTAFA		Address: 722 BEDOK RESERVOIR ROAD #01-5152 SINGAPORE 470722	
ID Type / ID No.: NRIC NO / S9215284G		Contact No.: Home/Office:	Mobile: 84990405
Nationality: SINGAPORE CITIZEN		Email: WOLFXSPIKES@HOTMAIL.COM	
Sex: Female	Age: 27	Date of Birth: 21/04/1992	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Customer service clerk		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/11/2019 10:16	Type of Location: BEFORE KALLANG BAHRU EXIT
Location: PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5070Z	Motorcycle	MLE	XTM 200 SCRAMBLE R	White	Seriously Damaged	1
SGY9800J	Car	MERCEDES BENZ		Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191104/7033

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

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Report No. T/20191104/7033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH5070Z	NTUC Income Insurance Co-Operative Limited		08/07/2019	08/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	FARHAH BINTE HAJI MUSTAFA		ID No.	S9215284G
Related Vehicle	FBH5070Z (Motorcycle)		Contact No.	84990405
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	04/11/2019		Date Discharge	04/11/2019
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Rider				
Name	FARHAH BINTE HAJI MUSTAFA		ID No.	S9215284G
Related Vehicle	FBH5070Z (Motorcycle)		Contact No.	84990405
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/11/2019		Date Discharge	04/11/2019
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SGY9800J (Car)		Contact No.	NIL
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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191104/7033

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

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Report No. T/20191104/7033

CONTINUATION OF REPORT

Brief Details.

ON 4TH OF NOVEMBER 2019 AT 1016 HRS I WAS RIDING TO WORK VIA PIE. APPROACHING KALLANG BAHRU EXIT, A BLACK MERCEDES CAR PLATE NO .SGY9800J , WAS AT THE CENTER LANE AND STARTED TO CHANGE HIS LANE TO THE RIGHT, THEN ABRUPTLY THE BLACK MERCEDES CAR SWERVED BACK TO THE CENTER LANE AS I WAS MOVING FORWARD AND COLLIDED WITH HIS LEFT REAR.

VIDEO RECORDING AND WITNESSES IS AVAILABLE.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191104/7033

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

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Report No. T/20191104/7033

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 /
HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

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

Date/Time:
04/11/2019 20:37

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

