

## 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             | 13/11/2019 18:34               |
| Date Of Accident           | 20/10/2019 03:00               |
| Exact Location Of Accident | LAVENDER ST TWDS PICO BUILDING |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | FX4326L |
|-----------------------------|---------|

#### Insured/Policyholder

|                          |                                    |
|--------------------------|------------------------------------|
| Name Of Registered Owner | SITI NAZURAH BINTE MUHAMAD GHAZALI |
| NRIC No                  | S9632656D                          |
| Email Address            | NOEMAIL                            |
| Mobile Phone No          | (LOCAL) +65-86617302               |
| Alternative Phone No     | OFFICE-86617302                    |

#### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | YAMAHA      |
| Model  | RXZ         |
| 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             | 5081441497-03                          |
| Cover Note Number         |  |

#### Driver

|                      |                                    |
|----------------------|------------------------------------|
| Name of Driver       | SITI NAZURAH BINTE MUHAMAD GHAZALI |
| NRIC No              | S9632656D                          |
| Date Of Birth        | 13/09/1996                         |
| Occupation           | INDOOR                             |
| Date Of Driving Pass | 09/05/2016                         |
| Driving Experience   | 3 YEARS AND 5 MONTHS               |
| Gender               | FEMALE                             |
| Mobile Number        | (LOCAL) +65-86617302               |
| Fax Number           |                                    |
| Contact Number       | OFFICE-86617302                    |
| EEmail Address       | NOEMAIL                            |

|   |                             |
|---|-----------------------------|
| Address   | BLK 189 BOON LAY DR #08-254 |
| Postcode  | 640189                      |
| 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 - CROSS JUNCTION |
| 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                       | CHOA CHU KANG NPC  |
| Police Station Address                    | <b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191023/2195

#### 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 | SHC8011E |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| 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  | SITI NAZURAH BINTE MUHAMAD GHAZALI |
| Approximate Age                                     |                                    |
| Injuries Sustain                                    | BODY                               |
| Injured person in which vehicle?                    | FX4326L                            |
| 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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### **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.

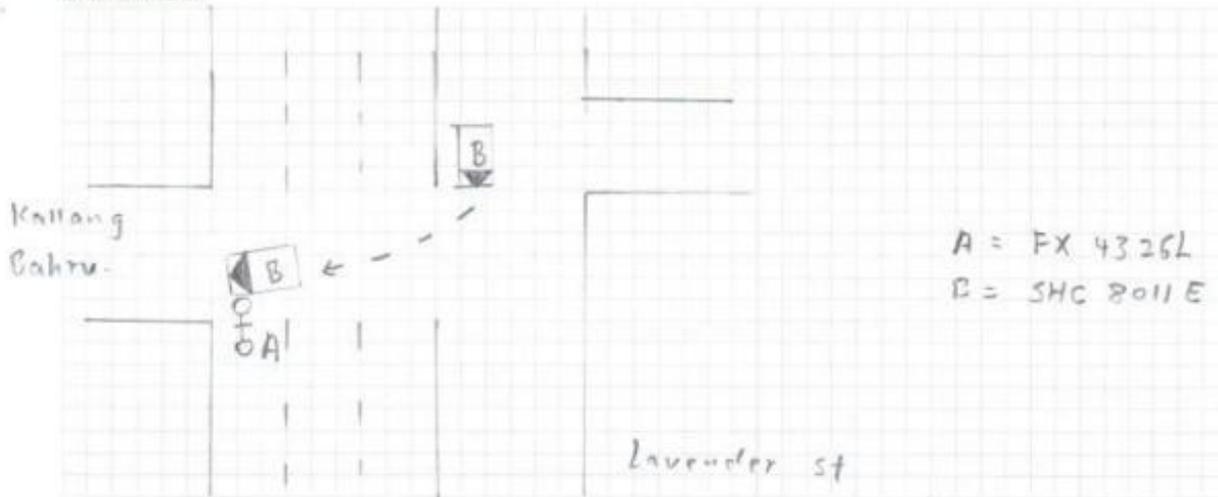
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191023/2195

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.:

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20191023/2195

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Report No. T/20191023/2195

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

|  |                   |                           |
|--|-------------------|---------------------------|
| Date/Time Report Made:<br>23/10/2019 21:56 | Video Report No.: | Station Diary No.:<br>172 |
|--|-------------------|---------------------------|

**Informant's Particulars**

|   |            |  |                             |
|---|------------|--|-----------------------------|
| Name of Informant:<br>SITI NAZURAH BINTE MUHAMAD<br>GHAZALI |            | Address:<br>APT BLK 189 BOON LAY DRIVE #08-254 SINGAPORE<br>640189 |                             |
| ID Type / ID No.:<br>NRIC NO / S9632656D                    |            | Contact No.:   | Mobile: 86617302            |
| Nationality:<br>SINGAPORE CITIZEN                           |            | Email:   |                             |
| Sex:<br>Female  | Age:<br>23 | Date of Birth:<br>13/09/1996                                       | Type of Informant:<br>Rider |
| Race:<br>Malay  |            | Language:  | Institution / School Name:  |
| Occupation:<br>HOTEL RECEPTIONIST                           |            | Driving Licence Information:<br>Class: 2B                          | Date of Expiry: .           |

**General Information of the Accident**

|  |                                 |   |   |                                 |
|--|---------------------------------|---|---|---------------------------------|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>20/10/2019 03:00 | Type of Location:<br>T-Junction |
| Location:<br>Along Road 1<br>LAVENDER STREET                 |                                 |   |   |                                 |
| Towards Pico Building  |                                 |   |   |                                 |
| Weather:<br>Clear  |                                 | Road Surface:<br>Dry                        | Road Speed Limit:                             |                                 |
| Traffic Flow:<br>Two Way                                     |                                 | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                      |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                                 |   | Anyone conveyed by<br>ambulance:<br>Yes       |                                 |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make             | Model | Color | Condition            | No of Passenger |
|-------------|------------|------------------|-------|-------|----------------------|-----------------|
| FX4326L     | Motorcycle | YAMAHA           | RXZ   | Red   | Seriously<br>Damaged | 0               |
| SHC8011E    | Car        | MERCEDES<br>BENZ |       | White | Seriously<br>Damaged | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                             | Insurance No  | Effective  | Expiry Date |
|-------------|---|---------------|------------|-------------|
| FX4326L     | NTUC Income Insurance Co-Operative<br>Limited | 5081441497-03 | 18/06/2019 | 17/06/2020  |

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191023/2195

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20191023/2195

CONTINUATION OF REPORT

| Details of Person Involved        |                                       |  |                                  |
|-----------------------------------|---------------------------------------|--|----------------------------------|
| Any Pedestrian Involved: No       |                                       |  |                                  |
| No. of Pedestrians Injured: NIL   |                                       | Use of Pedestrian Crossing: NA         |                                  |
| Rider                             |                                       |  |                                  |
| Name                              | SITI NAZURAH BINTE MUHAMAD<br>GHAZALI | ID No.                                 | S9632656D                        |
| Related Vehicle                   | FX4326L (Motorcycle)                  | Contact No.                            | 86617302                         |
| Hospital/Clinic                   | TAN TOCK SENG HOSPITAL                | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: NIL |
| Date Treatment                    | 20/10/2019                            | Date Discharge                         | 23/10/2019                       |
| No. of Days granted Medical Leave | 15                                    | Degree of Injury                       | Serious                          |

**Brief Details.**

On 20/10/2019 about 0300hrs, I was riding along Lavender Road towards Pico Building. At the T-junction of Lavender Road and Kallang Bahru Road, I remembered that the Traffic Light was still green as I continued to ride forward. Out of a sudden, I realised a taxi turning into Kallang Bahru Road at the T-junction. Both of our vehicles then collided; my motorcycle hit onto the front left of the taxi.

The next thing I could remember is that I was lying down on the road. Afterwards, I believed that I blanked out as the next thing I remembered was that I was in an ambulance. Subsequently I blanked out again and the next thing I remembered was that I was in the A&E.

I was discharged on 23/10/2019 and I was given 15days of Hospitalization Leave. I was informed that I suffered from superficial abrasion over chin, right chest and bilateral hand dorsums.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191023/2195

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20 Choa Chu Kang Street 52 #01-02  
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Report No. T/20191023/2195

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:<br>J/<br>Sgt 2 GOH JUN KWAN<br><br> | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable<br><br>SIGNATURE  | Date/Time:<br>23/10/2019 21:56   |
| Officer In Charge Of Case:<br>TP / GIT /<br>Insp TAN CHIN YONG<br>Contact No.: 65476178  | Classification Of Case:  |

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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