

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 | 16/12/2019 14:19 |
| Date Of Accident | 13/12/2019 20:15 |
| Exact Location Of Accident | JUNCTION OF BISHAN STREET 12/BISHAN STREET 13 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FV6512M |
| Insured/Policyholder | |
| Name Of Registered Owner | ALORIDE PTE. LTD. |
| Co Reg No | 201629994W |
| Email Address | KAMILSAN21@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-83695487 |
| Alternative Phone No | OFFICE-83695487 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | WAVE |
| 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 | 5113531735 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KAMILAH BINTE HASSAN |
| NRIC No | S8509714H |
| Date Of Birth | 10/04/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/10/2006 |
| Driving Experience | 13 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83695487 |
| Fax Number | |
| Contact Number | OTHERS-83695487 |
| Email Address | KAMILSAN21@YAHOO.COM |

| | |
|---|-------------------------------------|
| Address | BLK 275 YISHUN STREET 22 #01-136 |
| Postcode | 760275 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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 | RAINING |
| Road Surface | WET |

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 | JURONG WEST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2689999 - FAX NO: 62672438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191214/2070

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 | SKB5569C |
| Vehicle Make/Model/Colour | NISSAN |
| 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 | KAMILAH BINTE HASSAN |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FV6512M |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

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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.



[Signature] - 16/12/2019
Policyholder's Signature
Date & Time: 1317 hours

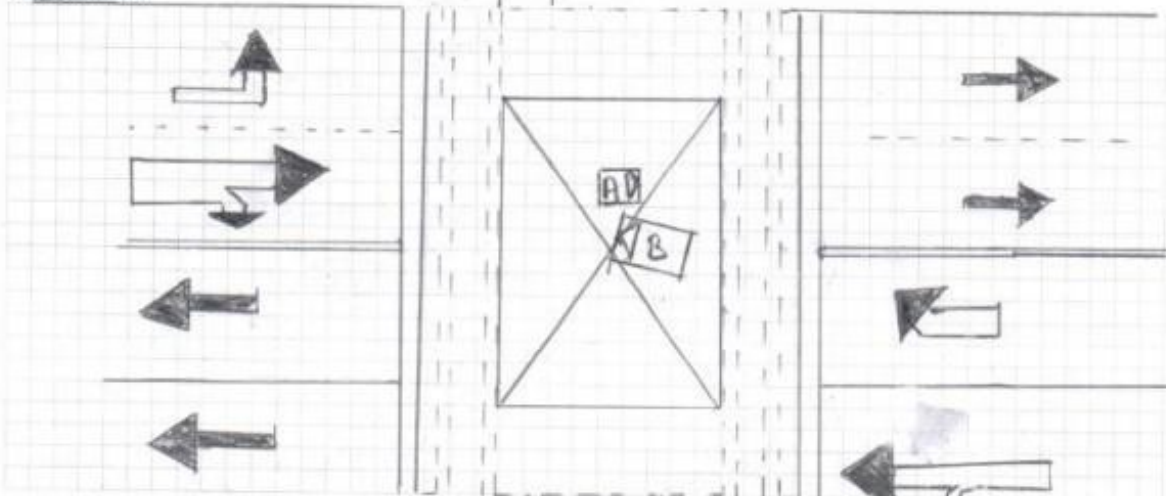
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 16/12/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Bishan Street 12



Bishan Street 13

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BISHAN STREET 11

A) FV6512M

B) SKB 5569C

REFER TO POLICE REPORT 7/2019/214/2070

DECLARATION

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

Policyholder's Signature

Date & Time: 16/12/2019
13:17 hours

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/20191214/2070

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20191214/2070

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 14/12/2019 13:32 | Vide Report No.: | Station Diary No.: 55 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|---|------------------------------|-----------------------------|
| Name of Informant: KAMILAH BINTE HASSAN | Address: APT BLK 275 YISHUN STREET 22 #01-136 SINGAPORE 760275 | | |
| ID Type / ID No.: NRIC NO / S8509714H | Contact No.: Home/Office: Mobile: 83695487 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Female | Age: 34 | Date of Birth: 10/04/1985 | Type of Informant: Rider |
| Race: Javanese | Language: English | | Institution / School Name: |
| Occupation: MAINTENANCE OFFICER | Driving Licence Information: Class: 2B | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------------------------|---|--|---------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 13/12/2019 20:15 | Type of Location: X-Junction |
| Location: Along Road 1 Traveling Toward Road 2 BISHAN STREET 12 BISHAN STREET 13 INTERSECTION OF BISHAN STREET 11 & 13 | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| 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 |
|-------------|------------|--------|-------|-------|------------------|-----------------|
| FV6512M | Motorcycle | | | | Totally Damaged | 0 |
| SKB5569C | Car | NISSAN | | | Slightly Damaged | 2 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191214/2070

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20191214/2070

CONTINUATION OF REPORT

Brief Details.

On 13/12/2019 at 2014hrs - 2018hrs, I was riding from Bishan Street 12 towards Bishan Street 13. At the X- junction of Bishan St 12, 13 and 11, the traffic was in favour for me to proceed straight. At that time, one vehicle coming from the opposite direction, V1) SKB5569C made a right turn and its front bumper collided onto my right side of my motorbike. As such, together with my bike, I fell to the ground. Shortly, the driver of the car and some road users came to my assistance. The ambulance and traffic police came to scene. My right hand third finger has sustained injury, some slight abrasion on my right hand and my hand forearm has swollen a bit.

I wish to state that the accident was very unexpected and I was conveyed to Tan Teck Seng Hospital in conscious state. After being seen by the doctor, I was given 5 days of Medical leaves.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191214/2070

2 of 3
1/2070

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20191214/2070

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:

J /

Staff Sgt NIRHMALA K GOVINDASAMY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476395

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

14/12/2019 13:32

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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