

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	FEMALE
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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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

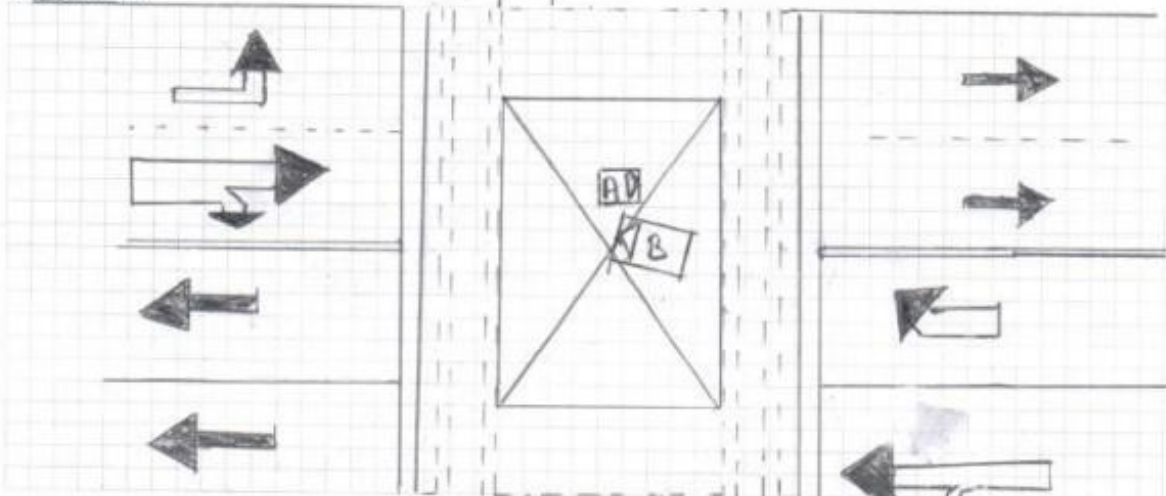
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Bishan Street 12



Bishan Street 13

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SHAN 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
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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

3 of 3

Report No. T/20191214/2070

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

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S063500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 13/12/2018 Vehicle Registration No: FV6512M
Name (as shown in NRIC) : KAMILIA BINTA HASSAN NRIC/FIN/Passport No : S86097146
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 8369487
Email Address : _____
Date of Accident : 13/12/2018 Time of Accident : 20:15
Place of Accident : JUNCTION OF BISHOP ST 12 / BISHOP ST 13
Insurance Company : ANUL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

GRANDPA SHOULD BE FEMALE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:
Date: 16/12/2018