

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	13/02/2020 17:27
Date Of Accident	21/01/2020 21:30
Exact Location Of Accident	ALONG TECK WHYE AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB3724R
Insured/Policyholder	
Name Of Registered Owner	SA'ADAH ABDULLAH
NRIC No	SXXXX886I
Email Address	SAADAH96@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91094962
Alternative Phone No	OTHERS-91094962

Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
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	5086437733-02
Cover Note Number	

Driver

Name of Driver	SA'ADAH ABDULLAH
NRIC No	SXXXX886I
Date Of Birth	27/06/1996
Occupation	INDOOR
Date Of Driving Pass	22/11/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91094962
Fax Number	
Contact Number	OTHERS-91094962
EEmail Address	SAADAH96@HOTMAIL.COM

Address	BLK 208 CHOA CHU KANG CENTRAL #04-76
Postcode	680208
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 - MAJOR/MINOR RD
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	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20200122/7035

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 Witness 1

Name	MUHAMMAD FAIROZE BIN MOHD ESA
Phone Number	83896235
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV2412Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHIA LIN YVONNE
NRIC/Passport Number	SXXXX239G

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SA'ADAH ABDULLAH
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBB3724R
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.

Policyholder's Signature

Date & Time:

13/02/19 @ 1654 hrs

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

Along the way, Alkanine



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Referred to Police Report 5/20200122/2035

DECLARATION

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

Policyholder's Signature

Date & Time:

B/02/19 @ 1654hrs

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature


Name: _____

NRIC/FIN No.:


POLICE REPORT

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**SINGAPORE
POLICE FORCE**



J202001227035
1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Report No. J/20200122/7035


Date/Time Report Made 22/01/2020 14:42		Vide Report No.		Station Diary No.	
Name Of Informant SA'ADAH ABDULLAH		Address APT BLK 208 CHOA CHU KANG CENTRAL #04-76 SINGAPORE 680208			
ID Type / ID No. NRIC NO / S9621886I		Contact No. Home/Office:		Mobile: 91094962	
Nationality SINGAPORE CITIZEN		Email Address saadah96@hotmail.com			
Occupation Registered nurse		Sex Female	Age 23	Date of Birth 27/06/1996	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 21/01/2020 21:20 - 21/01/2020 21:30		Location Of Incident APT BLK 208 CHOA CHU KANG CENTRAL #04-76 SINGAPORE 680208			

Brief details.


On 21/01/2020 at about 9.20pm, I was riding motorcycle, FBB3724R. I was from home and I was on my way to meet up with my friends in the vicinity of Bukit Panjang. I was travelling along Teck Whye Avenue, on lane 1 of the 2-lane road. I was approaching the non-signalised T-junction of Teck Whye Avenue and Jalan Teck Whye. I wanted to proceed straight across the junction. As I proceeded straight, I noticed that motor car, SLV2412Z, was driving along Jalan Teck Whye and wanted to make a right turn into Teck Whye Avenue, from my left to right. The said motor car made the right turn without stopping at the stop

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2020 14:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J202001227035
2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200122/7035

line drawn across Jalan Teck Whye and collided the left side of my motorcycle.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20200122/7035

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200122/7035

line drawn across Jalan Teck Whye and collided the left side of my motorcycle.

Subjects Involved			
Suspect			
Person Name	Muhammad Fairoze Bin Mohd Esa		
ID Type	NRIC NO	ID No	S7440571A
Gender	Male	Age	46
Race	Malay	Language	English
Mobile No	83896235		
Victim			
Person Name	SA'ADAH ABDULLAH		
ID Type	NRIC NO	ID No	S9621886I
Gender	Female	Age	23
Race	Indian	Language	English
Occupation	Registered nurse	Address Type	
Address	APT BLK 208 CHOA CHU KANG CENTRAL #04-76 SINGAPORE 680208		Mobile No
Is Informant A Victim?	Yes		
Person Name	SA'ADAH ABDULLAH (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

22/01/2020 14:42

Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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