

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	05/04/2020 01:56
Date Of Accident	31/03/2020 11:00
Exact Location Of Accident	ALG RD 1 CTE TOWARDS SLE/TPE NEAR EXIT 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP4375J
Insured/Policyholder	
Name Of Registered Owner	PUTRI RAWIANI BINTE ABDUL WAJI
NRIC No	SXXXX605F
Email Address	PUTRIRAWIANI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87209429
Alternative Phone No	OFFICE-87209429

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108520971
Cover Note Number	

Driver

Name of Driver	PUTRI RAWIANI BINTE ABDUL WAJI
NRIC No	SXXXX605F
Date Of Birth	07/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87209429
Fax Number	
Contact Number	OFFICE-87209429
Email Address	PUTRIRAWIANI@GMAIL.COM

Address	NIL
Postcode	
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	SIDE SWIPE
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?	NO
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 [OTHER]	KEBUN BARU NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200401/2109 LODGE AT KEBUN BARU NPP ON 31/03/2020 AT ABOUT 1100HRS, I WAS RIDING MY MOTORCYCLE FBP4375J ALONG CTE TOWARDS SLE/TPE ON THE LANE 3. WHILE I WAS PASSING BY EXIT 1, A VAN GW8893H WHICH WAS ON LANE 2 SUDDENLY CHANGE LANE INTO MY LANE WITH THE INTENTION TO EXIT THROUGH EXIT 1. THE VAN SIDE-SWIPE ME WHILE CHANGING LANE HOWEVER, I MANAGED TO MAINTAIN CONTROL OF MY MOTORCYCLE. AFTER CHANGING LANE, THE VAN THEN STOPPED ABRUPTLY IN FRONT OF ME AS THERE ARE ONCOMING VEHICLE EXITING THE SAME EXIT AND HE WAS NOT ABLE TO CUT INTO THE EXIT LANE. THE ABRUPT STOP MADE ME UNABLE TO STOP IN TIME AND KNOCK ONTO THE REAR OF THE VAN. MY MOTORCYCLE FRONT MUD GUARD WAS DAMAGED DUE TO THE COLLISION. AFTER THE ACCIDENT, I FELT PAIN AND NUMB AT MY LEG WHICH AFTER EXTENDED TO MY SPINE AREA. I THEN SEEK MEDICAL ATTENTION AT SGH AND WAS GIVEN 7 DAYS MC. THE VAN REAR AREA SUFFERED SOME SCRATCHES.

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	GW8893H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GUNASEKARAN MANIVEL
NRIC/Passport Number	GXXXX702R
Contact Number	83746086

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

DETAILS OF INJURED PERSON 1	
Name	PUTRI RAWIAN BINTEABDUL WAJI
Approximate Age	
Injuries Sustain	FELT PAIN AND NUMB AT LEG
Injured person in which vehicle?	FBP4375J
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE


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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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: 02/21/2020 16:00:00

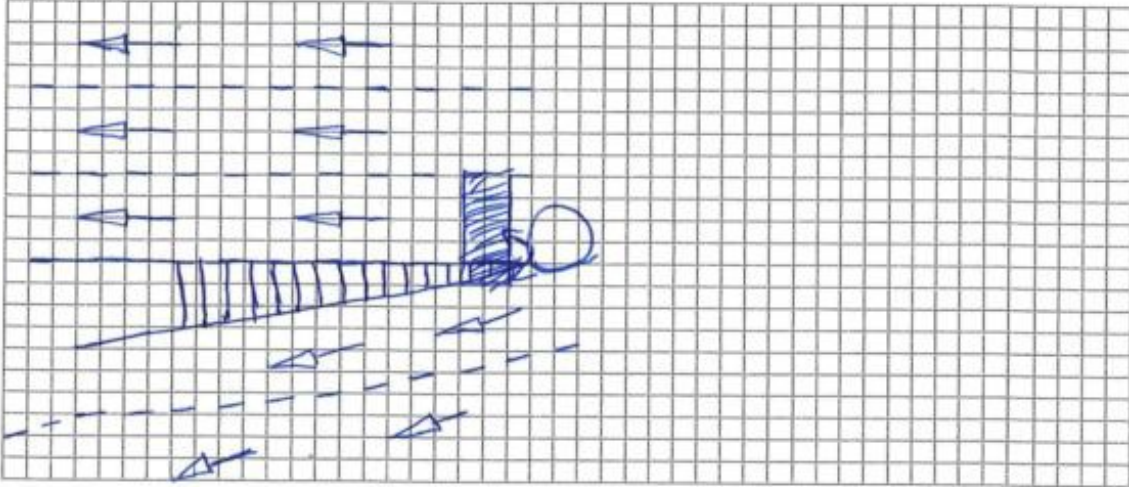
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Hasrianah
NRIC/FIN No.: 88431484F

Sketch Plan #2

 → VAN ,  → motorcycle.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Accident Report No. T/20200401/2109.

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Hashimah

NRIC/FIN No.: 88431484F

Police Report



**SINGAPORE
POLICE FORCE**



T20200401/2109

1 of 4

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
580111
Tel No: 1800-4589999

Report No: T20200401/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2020 17:35		Video Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: PUTRI RAWIANI BINTE ABDUL WAJI			Address: APT BLK 5 BANDA STREET #21-98 SINGAPORE 050005		
ID Type / ID No.: NRIC NO / S9315605F			Contact No.: Home/Office: Mobile: 87209429		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 26	Date of Birth: 07/05/1993	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2020 11:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Near to exit 1				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4375J	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red	Slightly Damaged	0
GW8893H	Van				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20200401/2109

2 of 4

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4588999

Report No. T/20200401/2109

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP4375J	NTUC Income Insurance Co-Operative Limited	5106520971	04/04/2019	03/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PUTRI RAWIANI BINTE ABDUL WAJI	ID No.	S9315605F
Related Vehicle	FBP4375J (Motorcycle)	Contact No.	87209426
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	31/03/2020	Date Discharge	31/03/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	GUNASEKARAN MANIVEL	ID No.	G2083702R
Related Vehicle	GW8883H (Van)	Contact No.	83746088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/03/2020 at about 1100hrs, I was riding my motorcycle FBP4375J along CTE towards SLE/TPE on the lane 3. While I was passing by Exit 1, a van GW8883H which was on lane 2 suddenly change lane into my lane with the intention to exit through Exit 1. The van side-swiped me while changing lane however, I managed to maintain control of my motorcycle. After changing lane, the van then stopped abruptly in front of me as there are oncoming vehicle exiting the same exit and he was not able to cut into the exit lane. The abrupt stop made me unable to stop in time and knock onto the rear of the van.

My motorcycle's front mud guard was damaged due to the collision. After the accident, I felt pain and numb at my leg which later extended to my spine area. I then seek medical attention at SGH and was given 7 days MC. The van's rear area suffered some scratches.

Police Report



SINGAPORE
POLICE FORCE



T/20200401/2108

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

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Report No. T/20200401/2108

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 3 JAYZ TAN ZHANG JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
N°168

Signature Of Informant:

Date/Time:
01/04/2020 17:35

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200401/2109

3 of 4

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
580111
Tel No: 1800-4589999

Report No. T/20200401/2109

CONTINUATION OF REPORT

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9315605F



Name
PUTRI RAWANI BINTE ABDUL WAJI

Race
MALAY

Date of Birth
07-05-1993

Country/Place of Birth
SINGAPORE

Sex
F

Identity Card No.
S9315605F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S9315605F

Name
PUTRI RAWANI BINTE ABDUL WAJI

Date of Birth
07 May 1993

Valid Until
21 Mar 2015



0029146994

5174851



Identity Card No. S9315605F



Valid Until
04-04-2019

Address
**APT BLK 5 HANNA STREET
#01-84
SINGAPORE 050008**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	VEHICLE CLASS	EXPIRATION DATE
Class 01	Motorcycles (100cc)	21 Mar 2015
Class 02	Motor cars without clutch pedals < 1200 kg with 4 or 5 passenger seats (including a driver) and motor tricycles with clutch pedals < 200 kg	21 Mar 2015

S / No. 0000325122

5911050F

License No. 5911050F



5911050F

Addendum Sheet Pg. 1



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: S66550020G / 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 : MBHH20040051 Vehicle Registration No: FBP4375J
Name (as shown in NRIC) : PUTRI RAWIAN BINTE ABDUL WAJI NRIC/FIN/Passport No :
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore ()
Contact (Tel) : Mobile No. : 87209429
Email Address :
Date of Accident : 31/03/2020 Time of Accident : 11:00HRS
Place of Accident : ALG RD 1 CTE TOWARDS SLE/TPE NEAR EXIT 1
Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

(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:

AMEND POLICYHOLDER NAME: PUTRI RAWIANI BINTE ABDUL WAJI

MEILIN CHAI

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: G7422715K
Date: 29 OCT 2020