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 witholding 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.

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	26/06/2020 10:51				
Date Of Accident	25/06/2020 11:20				
Exact Location Of Accident	PASIR RIS DRIVE 1 / PASIR RIS DRIVE 08				
Country/State of Loss	SINGAPORE				

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL4371R

Insured/Policyholder

Name Of Registered Owner SITI LIYANA BINTE MOHAMED ISMAIL

NRIC No SXXXX755I

Email Address MSLIYANAISMAIL@GMAIL.COM

Mobile Phone No (LOCAL) +65-91809154
Alternative Phone No OTHERS-91809154

Vehicle Particulars

Manufacturer PIAGGIO
Model FLY 150-151CC

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY MOTORCYCLE

Vehicle Category

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 5103529983-01

Cover Note Number

Driver

Name of Driver SITI LIYANA BINTE MOHAMED ISMAIL

 NRIC No
 SXXXX755I

 Date Of Birth
 12/05/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/10/2016

Driving Experience 3 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91809154

Fax Number

Contact Number OTHERS-91809154

EMail Address MSLIYANAISMAIL@GMAIL.COM

Address

BLK 312C #14-151 SUMANG LINK PUNGGOL PARCVISTA

Postcode

823312

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 - HEAD TO REAR

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

7

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance? 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

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

SINGAPORE

Police Station Address Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20200625/2090;

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

SD CARD WITH TRAFFIC POLICE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD4733B

Vehicle Make/Model/Colour

HYUNDAI / AE IONIQ HEV FL 1.6 DCT

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKV7927J

Vehicle Make/Model/Colour

TOYOTA / HARRIER 2.0 PREMIUM AT AIRBAG 2WD

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLB2779X

Vehicle Make/Model/Colour

HONDA / JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD

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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

GBC7174X

Vehicle Make/Model/Colour

TOYOTA / DYNA 150 MANUAL

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SLZ1114U

Vehicle Make/Model/Colour

HONDA / CIVIC 1.6 VTI CVT

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 OTHER VEHICLE PROPERTY 6

Vehicle Registration Number

SLB619M

Vehicle Make/Model/Colour

MERCEDES BENZ / CLA180 (R18 BI)

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 SITI LIYANA BINTE MOHAMED ISMAIL

Approximate Age 32

Injuries Sustain

Injured person in which vehicle?

FBL4371R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address BLK 312C #14-151 SUMANG LINK

Postcode 823312

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
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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)
 - (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;
 - (HI) 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.

26 € 2070 €

Policyholder's Signature 111 5HES

Date & Time:

4 4 2 1 3

Driver's Signature (If driver is not the policyholder)

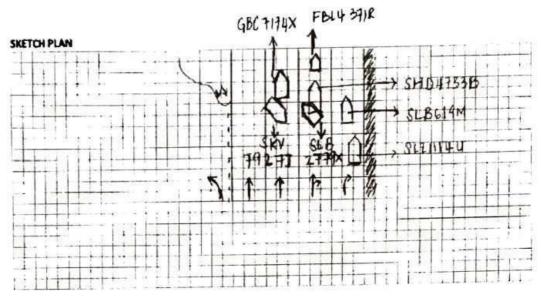
Oate & Time

IDAC KAKI BUKIT (YAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

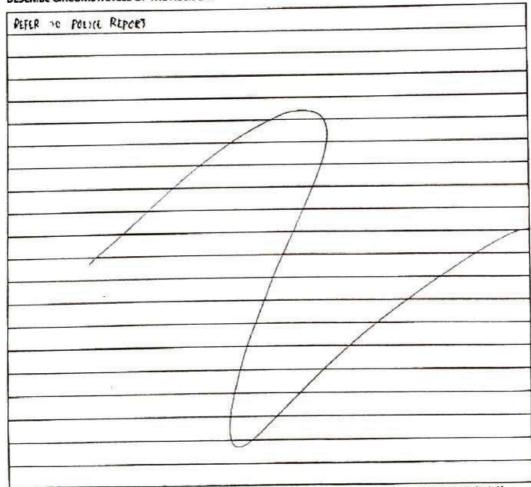
Email: vackb@vicom.com.sq

Reporting Centre Personnel's Signature Name

NRIC/FIN No.: 2 6 1311 7020



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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

Parcyholder's herature Date & Time

16 6 5050 6 HICHES

Driver's Signature

[If driver is not the policyholder]

Date & Time

IDAC KAKI BUKIT (VAC)

23 Kakl Bukit Ave 4 #02-02 Singapore 415933

Tel: 67416697 Fax: 67492305 Email: vackbovicom.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

2 6 JUN 2021





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 1 of 6 Report No: T/20200625/2090

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2020 17:21			Vide Report No.: G/20200625/0075	Station Diary No.: 61		
Informan	ts Partic	ulars				
	nformant. NA BINTE	MOHAMED	Address: APT BLK 312C SUMANG LIF	NK #14-151 SINGAPORE 823312		
ID Type / ID No.: NRIC NO / S88157551			Contact No.: Home/Office:	Mobile: 91809154		
Nationalit SINGAPO	y: DRE CITIZ	EN	Email: msliyanaismail@gmail.com			
Sex: Age: Date of Birth: Female 32 12/05/1988			Type of Informant: Rider			
Race: Malay			Language: English	Institution / School Name:		
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,3,4 Date of Explry:			

Type of Accident:	Injury Attended by Police	Date/Time of Accident: 25/06/2020 11:20	Type of Location Straight Road			
PASIR RIS D	RIVE 1 is Drive 8 towards Pasir		he X-junction			
Weather:	IIIDGI. 13	Road Surface:		Road Speed Limit.		
Clear		Dry				
CICHI	Traffic Flow: Traffic Control:					
		Traffic Control:		Traffic Volume: Moderate		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBL4371R	Motorcycle	PIAGGIO	VESPA SPRINT SPORT 150 ABS	Grey	Slightly Damaged	0
GBC7174X	Lorry					0
SHD4733B	COMFORT DELGRO TAXI		in County Control			1





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 2 of 6 Report No. T/20200625/2090

CONTINUATION OF REPORT

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKV7927J	Car					0
SLB2779X	Car					0
SLB619M	Car					0
SLZ1114U	Car					0

Details of V	ehicle Insurance			
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBL4371R	NTUC Income Insurance Co-Operative Limited	5103529983-01	13/10/2019	12/10/2020

No. of Pedestrian	s Injured: NIL		Use of Pe	destnan	Cross	ing. NA
Rider Name	SITI LIYANA BINTE	MOHAMED	ISMAIL	ID No.	-	S8815755I
Related Vehicle	FBL4371R (Motorcyc	cle)		Conta	ct No	91809154
Hospital/Clinic	nent NIL Date			Class of Driving Licence & Expiry Date		Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment			Date Discharge NIL Degree of Injury NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Oriver Name	MARAN	y (12 , 5 %)		ID No		G2723269N
Related Vehicle	GBC7174X (Lorry)		+ + +ert > = -	Conta	ct No.	83584724
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
				EXPI	y Date	





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 3 of 6 Report No T/20200625/2090

Tel No: 1800-5852999

CONTINUATION OF REPORT

Name	LAM AH HA			ID No.		S2000636F
	OUR COMPORT DEL CRO TAYIN			Contact No.		91466607
Related Vehicle	SHD4733B (COMFORT DELGRO TAXI)			Conta	ICT IVO.	91400007
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree of			2000
Driver		A CAN		- X		
Name	LAU IGEE SENG		ID No.		S7578435Z	
Related Vehicle	SKV7927J (Car)		Contact No.		94893988	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver		1 3 3 3 4	100			
Name	PHUA JIONG LENG		ID No.	ti i	S1159130B	
Related Vehicle	SLB619M (Car)		Contact No.		93876848	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	-		
Jace Treatment	ed Medical Leave	NIL	Degree of		WATER TO SERVICE THE PARTY OF T	Con Many efforts the work of a large transfer the course of the contract of the course
	CO HICOICAI LOBYS	78.45.25				(4.34 - 1.42 A.A.)
Oriver Name	TAN ENG SENG			ID No		S0640559B
Related Vehicle	SLZ1114U (Car)	SLZ1114U (Car)		Conta	ct No.	98351948
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce & Date	Class: NIL Date of Expiry NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
					NIL	





4 0/6

Police Station Of Origin Pasir Ris N P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Report No. T/20200625/2090

Tel No: 1800-5852999

Brief Details.

On 25th June 2020 at about 11 20am, I was riding my motorbike (FBL4371R) along Pasir Ris Drive 8 towards Pasir Ris Drive 1 at the 2nd lane near lamp post 19. My vehicle was the second vehicle at the traffic light and my motorbike was stationary as the traffic light was red.

CONTINUATION OF REPORT

While I was waiting for the traffic light to turn green, suddenly I heard loud "bang" sound from the rear of my motorbike and the sound was getting louder and nearer to me. Thus, I pushed my motorbike slightly forward as I am unsure of what is happening at the rear.

I then turned around and saw the red vehicle (SLB2779X) was overturned and landed on the rear of the taxi (Comfort Delgro, SHD4733B).

I dismount from my motorbike and immediately render assistance to the driver of SLB2779X.

After the female driver was carried out of the vehicle, I then make a check on my motorbike that is when I realised that my motorbike box on the rear right was damaged. After which, I shifted my motorbike to the pavement of the traffic light after the arrival of ambulance.

Ambulance and traffic police was at scene and the driver of the overturned vehicle was conveyed to hospital.

In lane 1, there was a red Mercedes (SLB619M) followed by a white Honda Civic (SLZ1114U)

My motorbike was the second vehicle at the traffic light in lane 2, followed by Comfort Delgro (SHD4733B), toppled red car (SLB2779X). There was a vehicle in front of my motorbike however, the said vehicle was not involved in the accident, as there was no damage.

In lane 3, there was a white lorry (GBC7174X) and a toppled white car (SKV7927J).

I could not see what happened at the rear as the accident happened in a split second.

My motorbike has recording device installed at the front and rear direction

I would wish to state that during the point of accident, I did not sustain any visible injury.

I was reporting for work at Pasir Ris Neighbourhod Police Centre when the accident occurred

Traffic Police informed to lodge a road traffic accident report vide G/20200625/0075.

Traffic Police also seized the memory card of my video recording device, which is installed on my motorbike.

I did not manage to take down the particulars of the driver of SLB2779X as she was conveyed to the hospital earlier





Police Station Of Origin: Pasir Ris N.P C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 5 of 6 Report No T/20200525/2090

CONTINUATION OF REPORT





6 of 6

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200625/2090

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

the certificate with you now, please fax a copy to 65474885 stating the report number as reference. Signature Of Officer Recording The Report: Signature Of Informan Sgt 2 JOHNNY TAN KOK JOO Date/Time: Signature Of Interpreter 25/06/2020 17:21 Not applicable Classification Of Case: Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOOR HIDAYAH BINTE **ABDULLAH** Contact No.: 65476251 Authentication Stamp NP168

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have



THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5103529983-01

The Policyholder : SITI LIYANA BINTE MOHAMED ISMAIL

BLK 312C #14-151 SUMANG LINK **PUNGGOL PARCVISTA** SINGAPORE 823312

Period of Insurance : 13 Oct 2019 To 12 Oct 2020

Sum Insured : N/A Premium (inclusive GST) : \$\$222.84

Interest Insured

Cover Type : Third Party

Named Driver (1) : SITI LIYANA BINTE MOHAMED ISMAIL

Named Driver (2) : N/A

Make/Model : PIAGGIO/VESPA LX150

Capacity : 150cc Number of Seater : 2 Registration Number : F8L4371R Registration Year : 2016 Chassis Number : ZAPM8140100001204 Insure with COE : N/A

Excess (Section 1) : N/A NCD Entitlement : 10% : N/A Excess (Section 2) Hire Purchase Company : N/A

Memo A : N/A

Endorsement Operative: M1

DIRECT BUSINESS DEPT (00000600280) Agency

Date of Issue : 02 Sep 2019 23:02 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$88157551





SITI LIYANA BINTE MOHAMED ISMAIL

Race MALAY

12-05-1988

SB8157551

5939773

Country/Place of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! 25 May 2019 S / No.9000322957 S8815755k

18-05-2018

APT BLK 312C SUMANG LINK #14-151 SINGAPORE 823312