

## 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	09/07/2020 17:45
Date Of Accident	16/06/2020 19:05
Exact Location Of Accident	ALONG TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4828K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZUBAIDAH BINTE RAHMAT
NRIC No	SXXXX052B
Email Address	RAFIS.AM.KHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82006743
Alternative Phone No	OTHERS-82006743

### Vehicle Particulars

Manufacturer	HONDA
Model	CB190R-184CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME FROM WORK
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	5105378260-01
Cover Note Number	

### Driver

Name of Driver	ZUBAIDAH BINTE RAHMAT
NRIC No	SXXXX052B
Date Of Birth	22/06/1969
Occupation	INDOOR
Date Of Driving Pass	14/05/2007
Driving Experience	13 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82006743
Fax Number	
Contact Number	OTHERS-82006743
EEmail Address	RAFIS.AM.KHAN@GMAIL.COM

Address	BLK 45 STIRLING ROAD #07-456
Postcode	140045
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	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200618/7004 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SHD6453X
Vehicle Make/Model/Colour	TOYOTA PRIUS
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 INJURED PERSON 1**

Name	ZUBAIDAH BINTE RAHMAT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM4828K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

# Accident Sketch Plan

## 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) 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:

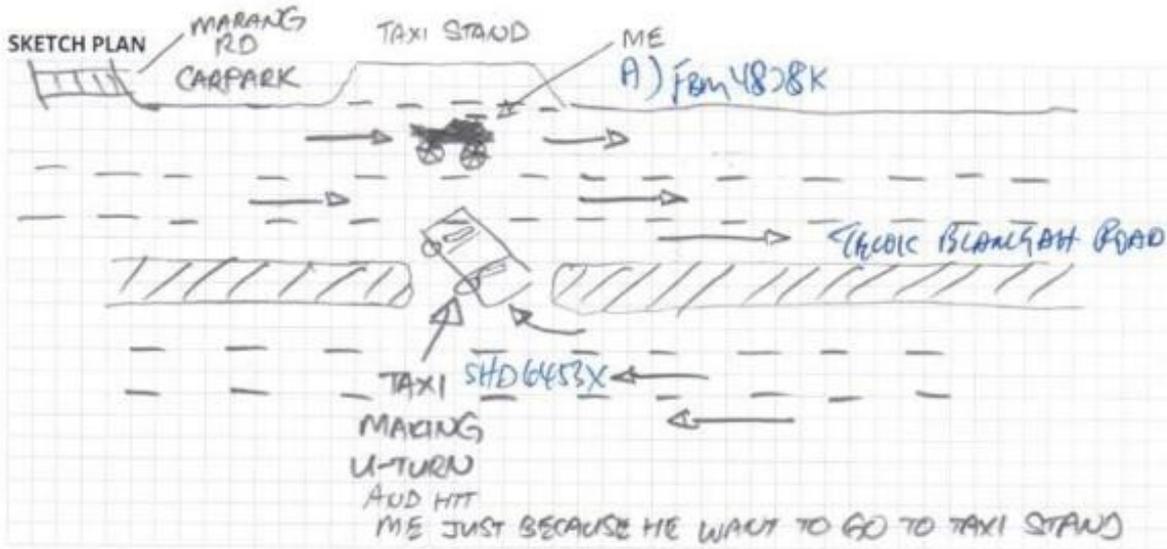
*25/1/20* 9/7/20  
17.25

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

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

*[Signature]*  
*[Signature]*

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20/2018/1004

DECLARATION

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

Policyholder's Signature: 25/2/20 9/7/20  
 Date & Time: 17.25  
 Driver's Signature: \_\_\_\_\_  
 (If driver is not the policyholder)  
 Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature: [Signature]  
 Name: Resli Luritas  
 NRIC/FIN No.: \_\_\_\_\_

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200618/7004

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200618/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/06/2020 11:32		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: ZUBAIDAH BINTE RAHMAT		Address: APT BLK 45 STIRLING ROAD #07-456 SINGAPORE 140045	
ID Type / ID No.: NRIC NO / S6927052B		Contact No.: Home/Office: Mobile: 82006743	
Nationality: SINGAPORE CITIZEN		Email: rafis.am.khan@gmail.com	
Sex: Female	Age: 50	Date of Birth: 22/06/1969	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Office cleaner		Driving Licence Information: Class: 2B	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/06/2020 19:05	Type of Location: Straight Road
Location:  TELOK BLANGAH ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4828K	Motorcycle	HONDA	CB190R MANUAL	Yellow		0
SHD6453X	TAXI	TOYOTA	PRIUS	Maroon	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM4828K	NTUC Income Insurance Co-Operative Limited	5105378260-01	10/11/2019	13/11/2020

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200618/7004

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200618/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZUBAIDAH BINTE RAHMAT	ID No.	S6927052B
Related Vehicle	FBM4828K (Motorcycle)	Contact No.	82006743
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	16/06/2020	Date Discharge	17/06/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

Around 1900 hrs I was riding home from work. Before I exited the carpark (Marang Road Carpark), I check for oncoming vehicles and the road was clear for me to proceed. Also, there was a car in front of me. I Exited slowly. I was riding around 30 to 40km/hr as I just exited the car park and the road was wet. As I was riding out the carpark, I was riding slowly and after around 20 meter forward suddenly there is a Taxi (SHD6453X) that hit me on my right side. Taxi head hit me on the right side of the bike. It was around 1910 hrs to 1915 hrs when it happened. The taxi driver was on the opposite side of the road making a wide u-turn into the taxi stand. I was pushed by the taxi and fell on my right side. The bike fell on the right side and pinned my leg down. The Taxi driver rush out of his car saying sorry as he did not see me at all. He pulled the bike up and I told him to move it slowly as I can feel pain on my right leg. Another rider with his wife stopped and rendered assistance to me. The couple helped push the bike to the side of the road and move me to the side of the road which is at the taxi stand. The taxi driver keep insisting that he wanted to send me to the hospital with his taxi. But the couple told him no. The rider wife called for the ambulance. While waiting for the ambulance to come. The couple was talking to the taxi driver and explaining what he did wrong but the taxi driver keep insisting that he did not see me at all. I will attached a few photos of the accident and location which was taken by the wife of the rider who was assisting me. I was lying down at the side of the road motionlessly as I couldn't move my leg and I was in shocked and traumatized by the experience. Around 15 mins later an ambulance came and brought me to Singapore General Hospital.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200618/7004

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Report No. T/20200618/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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: 18/06/2020 11:32
Officer In Charge Of Case: TP / TPHQ / MOHAMMED FEROUZ BIN HUSSEIN Contact No.: 65476206	Classification Of Case:
Authentication Stamp NP168	

POLICE REPORT



SINGAPORE  
POLICE FORCE

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 6259  
www.police.gov.sg

Our Ref : TP/IP/26149/2020  
Date : 29 June, 2020

ZUBAIDAH BINTE RAHMAT  
BLK 45 STIRLING ROAD  
#07-456  
SINGAPORE 140045

Dear Sir/Madam

**ACCIDENT INVOLVING FBM4828K & SHD6453X ALONG TELOK BLANGAH  
ROAD TOWARDS KEPPEL ROAD AFTER MARANG ROAD ON 16 JUNE 2020  
AT 1911 HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver of SHD6453X had committed an offence of Careless Driving causing hurt under Sec 65 (4) (a) of the Road Traffic Act. Action has been initiated against the said driver for the said offence.
3. If you have any queries, please contact the Investigation Officer, Daniel Yan MingSheng at 65476252 or via email at Daniel\_Yan@spf.gov.sg

Yours faithfully

Perlin Chong  
for Head Investigation  
Traffic Police

A FORCE FOR THE NATION

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



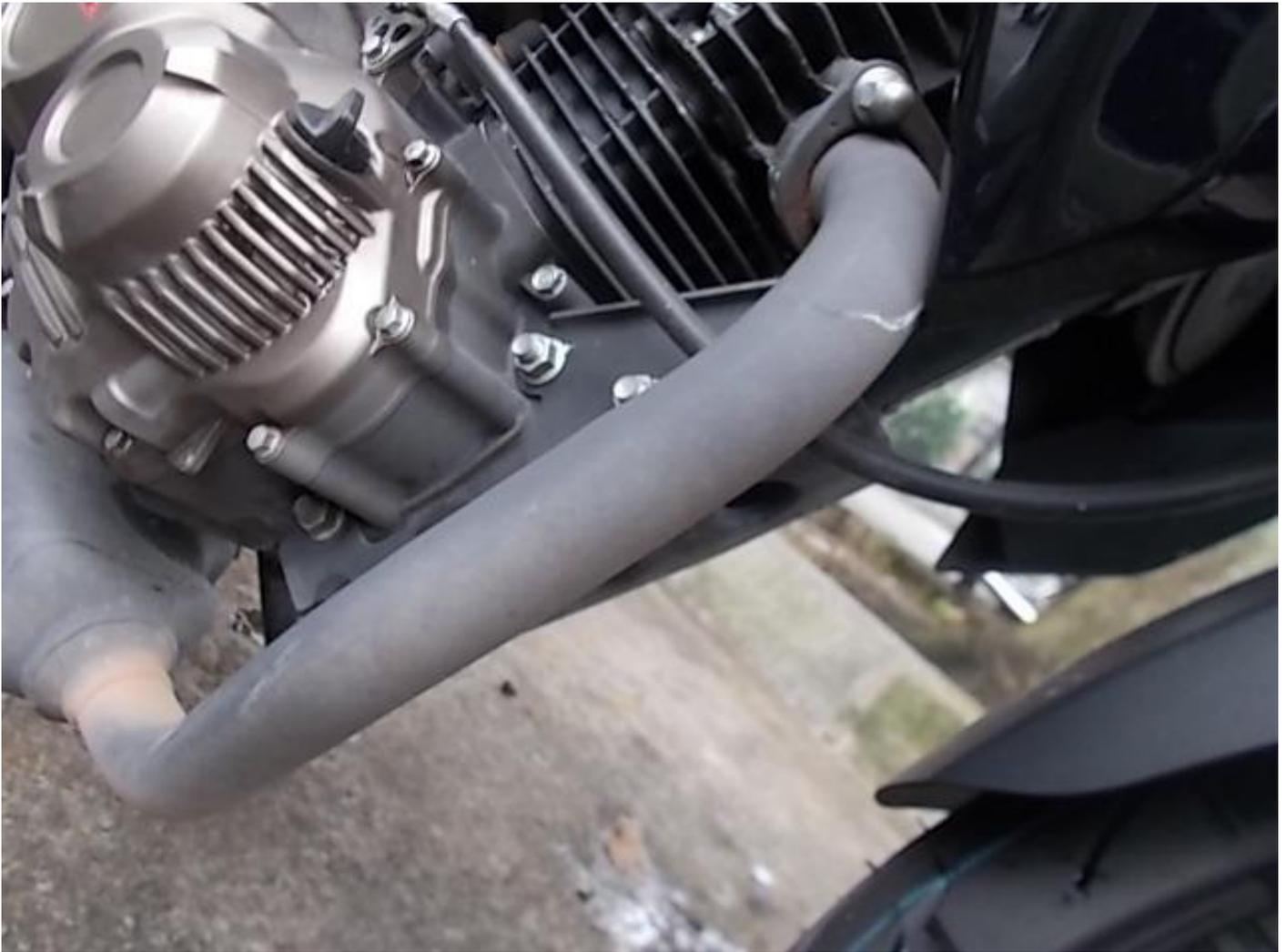
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