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 <u>truthful and accurate</u> 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.
- 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

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	ACCIDENT STATEMENT
Date Of Report	14/07/2020 09:24
Date Of Accident	01/07/2020 15:45
Exact Location Of Accident	ALONG PIE TWDS TUAS B4 CTE EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FN9131B
Insured/Policyholder	
Name Of Registered Owner	AHMAD AFFENDDIE BIN BASRI
NRIC No	SXXXX098A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83853349
Alternative Phone No	OTHERS-88910242
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400
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	5075755828-04
Cover Note Number	
Driver	
Name of Driver	NUDLU SVAZANA DINTE ALMAD AFFENDDIE

Name of Driver NURUL SYAZANA BINTE AHMAD AFFENDDIE

NRIC No SXXXX333J
Date Of Birth 04/08/1995
Occupation OUTDOOR
Date Of Driving Pass 14/07/2017

Driving Experience 2 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-88910242

Fax Number
Contact Number

EMail Address NURULSYAZANA18@GMAIL.COM

BLK 661C EDGEDALE PLAINS Address

#09-644

Postcode 823661

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident 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

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ZAFIRAH BINTE HARON

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name JURONG WEST NPC

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200704/2085

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR145D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver XIAO JIAN GXXXX349P NRIC/Passport Number

Contact Number 96399820

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NURUL SYAZANA BINTE AHMAD AFFENDDIE

Approximate Age

Injuries Sustain SERIOUS Injured person in which vehicle? FN9131B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name ZAFIRAH BINTE HARON

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? FN9131B

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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- 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.
- 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:
 - 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:
 - 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: 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		
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		Ven A. FN9131B Ven B. SLR145D
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No.		
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1 42	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
	Refer to police report	
	10 10 10 10	
	Report No: [20200704 2085
	0.5	
ECLARATION		
We declare the foregoing part	ticulars are true in every respect.	
	.1	8
	444	olym 14/07/20
licyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ite & Time:	(If driver is not the policyholder)	Name:
print 2 let be 200]	Date & Time:	NRIC/FIN No.:

Individual Statement





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGA 2 of 4 Report No. T/20200704/2085

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999 CONTINUATION OF REPORT

Pillion	and the second s	Lu-		4		
Name	ZAFIRAH BINTE HARON				SS9502494G	
Related Vehicle	FN9131B (Motorcycle)			ct No.	94518134	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	01/07/2020	Date Disch			7/2020	
				Injury Slight		
Rider					AND THE PARTY OF T	
Name	NURUL SYAZANA BINTE AHMAD AFFENDDIE				S9528333J	
Related Vehicle	FN9131B (Motorcycle)			ct No.	88910242	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	01/07/2020	Date Disch	narge	03/07	7/2020	
	ted Medical Leave 10		e of Injury Serious			
Driver				1100		
Name	XIAO JIAN		ID No.		G0562349P	
Related Vehicle	NIL		Contact No.		96399820	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 3A Date of Expiry: 12/02/2025	
Date Treatment	NIL	Date Disch		NIL		
	ted Medical Leave NIL	Degree of		NIL		

Brief Details.

On 1 July 2020 at about 1545hrs, I was riding my motorcycle on lane two with my pillion, Zafirah. I am unable to recall the accident and only remembered waking up in the ambulance with paramedics attending to me.

Zafirah informed me that a white car bearing registration number: SLR145D, cut into my lane from Lane 1 and believed to be a side swipe without checking the blindspot. Zafirah said that when she flew forward and rolled on the ground. When she has stopped, she immediately stood up and ran towards me as I was lying flat face down, unconscious. She fell in between me and my motorcycle. The involved car stopped infront of my motorcycle which was the floor lying on its right. Another car, a black Audi, which was not involved with the accident, had assisted to block the lane using the car. Zafirah managed to exchange contact with the passenger of the mentioned car. The driver is her husband namely, Richard, and her

Individual Statement





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

3 of 4 Report No. T/20200704/2085

name is Justine. Hp. 96803343. Zafirah also took the particulars of the white car's driver.

Zafrah and I were conveyed to Tan Tock Seng Hospital where we both had received treatments. I sustained the following injuries:

-Face: 1st degree burn on lower lip, swollen jaw, abrasions on right temple, superficial abrasion under right eye, abrasion on chin

-Hands: 3rd degree burn on both hands and right knuckles, abrasion on right elbow

-Legs: 3rd degree burn on both knees, right shin

-Body: 3rd degree burn on right chest area

Zafirah sustained the following injuries:

-3rd degree burn on right knee, abrasions on both hands including elbows, 2nd degree burn on left shoulder, abrasions on left and right parts of the hip

I have camera installed both at the front and rear of my motorcycle.

































Institution / School Name:

Date of Expiry:

Pisice Station Of Origin: Juling West N P C 7.00 Corporation Road SINGAPORE 549818 Tel No. 1800-2889999 1 of 4 Report No. T/20200764/2085

REPORT OF A TRAFFIC ACCIDENT

24

04/08/1995

Famale

Boyanese

Desupation:

DELIVERY RIDER

Rape

Date/Tim 0407/20	s Report N 20 20:58	/ace	Vide Report No	Station Diary No. 228
Informar	t's Partic	ulars		
		BINTE AHMAD	Address: APT BLK 561C EDGEDA 823881	ALE PLAINS #09-544 SINGAPORE
ID Type / NRIC NO	ID No: 7 \$95283	33J	Contact No.: Home/Office:	Mobile: 88915242
Nationali S NGAP	ly: DRE CITIZ	EN	Email	
Sex	Age:	Date of Birth.	Type of Informant	

Driving Licence Information

Rider

English

Language:

Class: 2B,2A,2,3

Type of Assident:	Injury Conveyed By Ambula	Drink Drive No	Date/Time of Accident: 01:07/2020 15:4	46	Type of Location Straight Road
towards Tuas	EXPRESSWAY				
Veather		Road Surface: Dry		Road	f Speed Limit:
Clear		Treffic Flow: Traffic Control: One Way Not Controlled			
				Traffi Mode	c Volume: grade

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FN91318	Motorcycle	HONDA	CB400F3T	Red	Slightly Damaged	
SLR:45D	Car	VOLVO	S60 T2 A/T	White	No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 849818 Tel No. 1800-2669993 2.0F4 Report No. T(2020075A)2045

CONTINUATION OF REPORT

Pillon	CANADA A LA CAMBRA				
Name	ZAFIRAH BINTE HARON		ID No		859502494G
Related Vehicle	FN9131B (Motorcycle)		Contact No.		94518134
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	01/07/2020	Date Disch	charge 02/07/2020		
No. of Days grant	ed Medical Leave 03	Degree of I	Unjury Slight		
Rider					
Name	NURUL SYAZANA BINTE AHN AFFENDOIE	MAD	ID No.		\$95283330
Related Vehicle	FN9131B (Matarcycle)		Consact No.		88910242
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence 8 Expiry Date		Clase: 2B.2A,2,3 Date of Expiry: N/L
Date Treatment	01/07/2020	Date Disph	arce	03/07	/2020
No. of Days gran	ed Medical Leave 10	Degree of I			
Driver					THE PERSON NAMED IN COLUMN
Name	NAIL DAIX		ID No.		G0562349P
Related Vehicle	NIL.		Contact No.		96399820
Hospitst/Clinic	NIL		Class Driving Licenc Explry) e &	Class: 3A Date of Expliy: 12/02/2025
Date Treatment	NIL.	Date Disch	arge	NIL	
Ma of Pagin gran	ted Medical Leave NIL	Degree of I			

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Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 849818 Tie No. 1800-2889999 S of 4 Report No. 7/20/200704/2085

CONTINUATION OF REPORT

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Zafrah sustained the following injuries:

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I have camera installed both at the front and rear of my molorcycle.





Police Station Of Origin: Jurong West N.P.C. 700 Corporation Road SINGAPORE 649518 Tel No. 1800-2689999 4.614 Report No. 1/20200134/0005

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.

RAH BINTE MOHAMED	
Date/Time: D4/07/2020 20:58	
Of Case: Classification Of Case:	
1 Ay 100	
1 P. C. 10 P	_