

## 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	24/08/2020 18:14
Date Of Accident	21/08/2020 18:15
Exact Location Of Accident	AYE TOWARDS MCE 4KM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR4866Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR SHAKIRIN BINTE SABTU
NRIC No	SXXXX792B
Email Address	ALFREANOSHAFREANO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87485787
Alternative Phone No	OTHERS-87485787

### Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-15-155CC
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	REPORTING ONLY
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	5118299787
Cover Note Number	

### Driver

Name of Driver	NUR SHAKIRIN BINTE SABTU
NRIC No	SXXXX792B
Date Of Birth	30/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2020
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-87485787
Fax Number	
Contact Number	OTHERS-87485787
Email Address	ALFREANOSHAFREANO@GMAIL.COM

Address	BLK 224 ANG MO KIO AVENUE 1 #11-537
Postcode	560224
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200824/2044

#### 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	SKB2398Z
Vehicle Make/Model/Colour	HYUNDAI
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	NUR SHAKIRIN BINTE SABTU
------	--------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBR4866Z
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: 21/08/20  
1635hrs

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

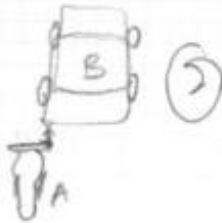
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



A/YE TOWARDS MCE 4km



A) FR 4866Z

B) SKB 2358Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T100200824/2020

## DECLARATION

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

Policyholder's Signature

Date & Time: 29/08/2020  
1635ms

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]  
NRIC/FIN No.: [Signature]

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200824/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200824/2044

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2020 12:38		Vide Report No.:		Station Diary No.: 58
<b>Informant's Particulars</b>				
Name of Informant: NUR SHAKIRIN BINTE SABTU		Address: APT BLK 224 ANG MO KIO AVENUE 1 #11-537 SINGAPORE 560224		
ID Type / ID No.: NRIC NO / S9416792B		Contact No.: Home/Office: Mobile: 87485787		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 26	Date of Birth: 30/04/1994	Type of Informant: Rider	
Race: Boyanese		Language: English	Institution / School Name:	
Occupation: Private security officer		Driving Licence Information: Class: 2B Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/08/2020 18:15	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR4866Z	Motorcycle	YAMAHA	MT15 MANUAL	Black	Slightly Damaged	0
SKB2398Z	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR4866Z	NTUC Income Insurance Co-Operative Limited	5118299787	20/07/2020	19/07/2021

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200824/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200824/2044

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR SHAKIRIN BINTE SABTU	ID No.	S9416792B
Related Vehicle	FBR4866Z (Motorcycle)	Contact No.	87485787
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	21/08/2020	Date Discharge	23/08/2020
No. of Days granted Medical Leave	16	Degree of Injury	Slight

### Brief Details.

On the 21st August 2020 at about 1815hrs, I was travelling at lane 3 of Ayer Rajah Expressway towards MCE and nearing 4 KM. The traffic was slow as it was congested thus vehicles were inching forward slowly. I was riding my vehicle behind the stated car which was a dark colored sedan Hyundai car. While I was inching forward, the stated vehicle suddenly braked. I tried to brake and avoid the rear of the car by moving to the left but my right handlebar hit its left rear boot area. I then fell with the bike to the my right. The car stopped and the driver came out to check on me. I was conscious and a SPF vehicle happened to be at scene. Ambulance came and they conveyed me to SGH. I suffered some abrasions on my right arm and leg. I was given 16 days mc. My motorcycle's right side mirror was broken, there are scratches and dents on the right side of the motorcycle. The total estimated cost of repair is \$500/-.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200824/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200824/2044

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.

Signature Of Officer Recording The Report:

J /

Sr Staff Sgt MUHAMMAD FIRDAUS BIN  
SAPARUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/08/2020 12:38

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp

NP168



CONFIDENTIAL PATIENT INFORMATION - HANDLE ACCORDING TO HOSPITAL POLICY

**Inpatient Discharge Summary**

Patient Particulars		Admission Information	
Name:	NUR SHAKIRIN BINTE SABTU	Admission Date:	21 Aug 2020
MRN:	594167928	Gender:	Female
Date of Birth:	30 Apr 1994	Clinical Discharge Date:	23-Aug-2020
Address:	Blk/Hse:224,Level/Unit:11-537 ANG MO KIO AVENUE 1 . Singapore 560224	Clinical Discharge Type:	Planned Discharge
		Length of Stay:	2 day(s)
		Account:	6720354185A
		Principal Doctor:	Chung Yaw Fui Alexander (05493C)
		Dept/Location/Class:	SUR / W57-0024-08 / CLASS C

**Patient's Copy****Diagnosis**

**Principal:** Motor vehicle nontraffic accident involving collision, not on public highway, between motor vehicle, except off-road motor vehicle, and animal, with minor right flank, right arm and right leg abrasions, no fracture

**Secondary:**

**Drug Allergy Data**

PENICILLINS (22 Apr 2015)

**Medication Prescribed****DISCHARGE MEDICATION(S):**

- Tetracycline HCl 3% Ointment Topical 1 application, BD -- For 14 Days
- OMEprazole Capsule PO 20 mg, BD -- For 5 Days
- Etoricoxib Tablet PO 60 mg, BD -- For 5 Days
- ANArex Tablet [Paracetamol 450mg, Orphenadrine 35mg] PO 2 tablet, TDS -- For 10 Days

**Care Plan**

For police case  
TCU HPB Prof A Chung open date  
NFU OTO

**Completed By:** Gill David James (P2175D)

23 Aug 2020 11:08

**Printed By:** Gill David James (Doctor)

23-Aug-2020 11:08

This is not a medical report. For Patient's Personal Reference Only

Name:NUR SHAKIRIN BINTE SABTU MRN:594167928 Account:6720354185A Admission Date:21 Aug 2020

Page: 1 of 1

ORIGINAL

## MEDICAL CERTIFICATE

SUR2020246941

Name NUR SHAKIRIN BINTE SABTU		NRIC No. S9416792B
This is to certify that the above-named is unfit for duty for a period of <u>16</u> days from <u>21-Aug-2020</u> to <u>05-Sep-2020</u> inclusive		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>21-Aug-2020</u>	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : <u>23-Aug-2020</u>	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic General Surgery Singapore General Hospital	Ward No. W57 Date 23-Aug-2020	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  GILL DAVID JAMES , P2175D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

