

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	15/09/2020 11:40
Date Of Accident	09/09/2020 19:10
Exact Location Of Accident	CTE TWDS CITY BEFORE BALESTIER RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5003Y
Insured/Policyholder	
Name Of Registered Owner	NURSYAFIQAH BINTE MOHD SHAH
NRIC No	SXXXX599H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87674883
Alternative Phone No	OFFICE-87674883

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-03 ABS (MTN320-A)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5116158443
Cover Note Number	

Driver

Name of Driver	NURSYAFIQAH BINTE MOHD SHAH
NRIC No	SXXXX599H
Date Of Birth	21/04/1996
Occupation	INDOOR
Date Of Driving Pass	17/01/2020
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE
Mobile Number	+65-87674883
Fax Number	
Contact Number	OFFICE-87674883
E-Mail Address	NOEMAIL

Address	BLK 506 WOODLANDS DRIVE 14 #04-110
Postcode	730506
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 - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200914/2157.

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	SHF260P
Vehicle Make/Model/Colour	
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	NURSYAFIQAH BINTE MOHD SHAH
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Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBL5003Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:



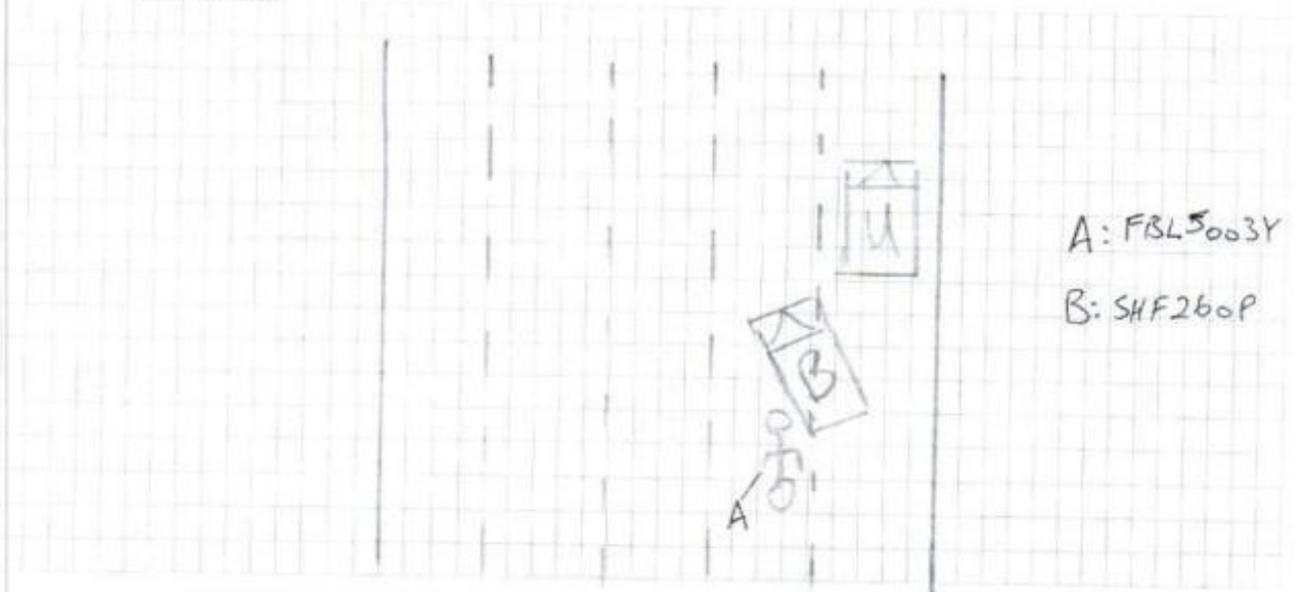
Driver's signature
(If driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/2020914 / 2157

DECLARATION

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


Policy holder's signature
Date & time:


Driver's signature
(If driver is not policy holder)
Date & time:

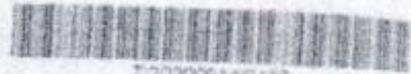

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N P C
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20200914/2157

1 of 4

Report No: T/20200914/2157

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 14/09/2020 20:58	Video Report No.	Station Diary No. 122
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Informant's Particulars

Name of Informant: NURSYAFIQAH BINTE MOHD SHAH		Address: APT BLK 506 WOODLANDS DRIVE 14 #04-110 SINGAPORE 730506	
ID Type / ID No. NRIC NO / S9613599H	Contact No. Home/Office	Mobile: 87674883	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 24	Date of Birth: 21/04/1996	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: NURSE		Driving Licence Information: Class: 2B, 2A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police:	Drnk Drive: No	Date/Time of Accident: 09/09/2020 19:10	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBL5003Y	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Blue	Slightly Damaged	0
SGD7773C	Car				Seriously Damaged	0
SHF260P	Car				Seriously Damaged	0

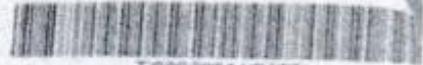
Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20200914/2157

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Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No: T/20200914/2157

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5003Y	NTUC Income Insurance Co-Operative Limited	5116158443	12/02/2020	11/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Rider			Use of Pedestrian Crossing: NA	
Name	NURSYAFIQAH BINTE MOHD SHAH		ID No.	S9613599H
Related Vehicle	FBL5003Y (Motorcycle)		Contact No.	87674883
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B 2A Date of Expiry: NIL
Date Treatment	09/09/2020		Date Discharge	12/09/2020
No. of Days granted Medical Leave	18		Degree of Injury	NIL
Driver				
Name	SUFYAN		ID No.	NIL
Related Vehicle	SGD7773C (Car)		Contact No.	97837341
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name				
Name	Unknown		ID No.	NIL
Related Vehicle	SHF260P (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Police Report



SINGAPORE
POLICE FORCE



T/20200914/2157

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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20200914/2157

CONTINUATION OF REPORT

Brief Details.

On 09/09/2020 at about 1910hrs, I was riding along Central Expressway (CTE) at lane 2 travelling straight. A purple SMRT taxi (SHF260P) at lane 1 trying to avoid a white BMW car (SGD7773C) in front, and the taxi swerved out to lane 2 and resulted in colliding onto my bike. LTA, Traffic Police and Ambulance attended to my accident and I was conveyed to TTSH.

TP IO Adelina advised me to lodge an accident report about this after I was discharged.

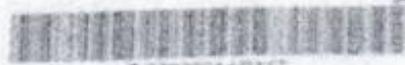
I was also given 18 days HL by TTSH (ref no. TTSH20180803)

Police Report



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POLICE FORCE

Police Station Of Origin
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No. 1800-363 9999



T:2020091402157

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Report No. T:2020091402157

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:
L /
Sgt 2 SITI ADILAH BINTE MAHDI 

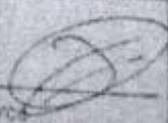
Signature Of Informant


Signature Of Interpreter:
Not applicable

Date/Time
14/09/2020 20:58

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No. 65476390

Classification Of Case:

Authentication Stamp
SP 168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

Vehicle A: FBL5003Y
Vehicle B: SHF260P
Blk 506 Woodlands Drive 14 #04-110
87674883
09/09/2020
CTE towards City before Balestier Road Exit
NTUC

Amendment or sketch



Vehicle A: FBL5003Y
Vehicle B: SHF260P

[Signature]
Reporting Centre Personnel's Signature

[Signature]
Reporting Centre Personnel's Signature
Name:
Date: