

## 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	26/09/2020 14:56
Date Of Accident	20/09/2020 22:20
Exact Location Of Accident	EAST COAST PARK SERVICE RD TWDS EAST COAST PARKWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4024E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NURLIYANA BINTE MUHAMAD ZAIN
NRIC No	SXXXX294C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98599942
Alternative Phone No	OFFICE-98599942

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2020-00003747
Cover Note Number	

### Driver

Name of Driver	NURLIYANA BINTE MUHAMAD ZAIN
NRIC No	SXXXX294C
Date Of Birth	03/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98599942
Fax Number	
Contact Number	OFFICE-98599942
Email Address	NOEMAIL

Address	BLK 467 PASIR RIS DRIVE 6 #08-422
Postcode	510467
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	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200921/2078.

#### 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	FBR3312L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	NURLIYANA BINTE MUHAMAD ZAIN
Approximate Age	
Injuries Sustain	ABRASIONS LEFT KNEE & LEFT SHOULDER
Injured person in which vehicle?	FBE4024E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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#### **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: 26/09/2020 12pm

Driver's Signature

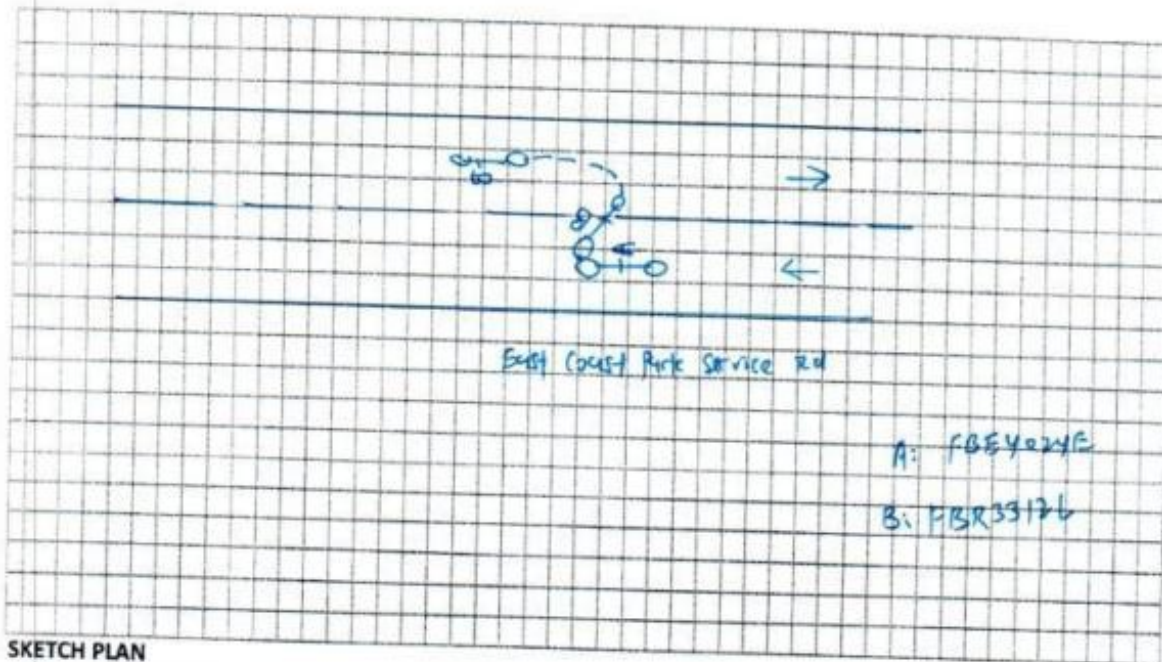
(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC / Fin No:

# Accident Sketch Plan



## SKETCH PLAN

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Due to the accident, I suffer injuries such as serious abrasions on my left knee and left shoulder, light abrasions on my right hand and right knee. I am unable to work for a week due to the injuries and had to cancel several client appointments.

### DECLARATION

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

*[Signature]*  
Policyholder's Signature Date  
& Time: 26/09/2020 12pm

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

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

GIAMC SketchPlanForm\_v3



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200921/2078

1 of 3

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/20200921/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/09/2020 14:40	Vide Report No.: G/20200920/0281	Station Diary No.: 48
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**Informant's Particulars**

Name of Informant: NURLIYANA BINTE MUHAMAD ZAIN	Address: APT BLK 467 PASIR RIS DRIVE 6 #08-422 SINGAPORE 510467		
ID Type / ID No.: NRIC NO / S9522294C	Contact No.: Home/Office: Mobile: 98599942		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 25	Date of Birth: 03/07/1995	Type of Informant: Rider
Race: Malay	Language: English		Institution / School Name:
Occupation: INSURANCE AGENT	Driving Licence Information: Class: 2B,3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2020 22:30	Type of Location: Bend
Location:  EAST COAST PARK SERVICE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBE4024E	Motorcycle	YAMAHA	RXZ	Black	Seriously Damaged	0
FBR3312L	Motorcycle			Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBE4024E	FWD Singapore Pte. Ltd	PNMC2020- 00003747	14/09/2020	13/09/2021



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200921/2078

2 of 3

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/20200921/2078

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	NURLIYANA BINTE MUHAMAD ZAIN	ID No.	S9522294C
Related Vehicle	FBE4024E (Motorcycle)	Contact No.	98599942
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

### Brief Details.

On 20/09/2020 at about 10.30pm, I was riding my motorcycle (FBE4024E) along East Coast Park Service Road. It was a one lane road and it was quite dark at that time. I noticed that there was one female motorcyclist (FBR3312L) who looks to be stationary along the left side of the road. As such, I just ride as per normal heading straight. However when I approached her, she suddenly made a right turn, as if she wanted to make a U-turn. I could not stop in time, and ended up hitting her directly on her right side. Both of us suffered injury and passers-by assisted to call for Traffic Police and ambulance. Both of us were conveyed, and I was sent to Singapore General Hospital. I was subsequently given 3 days MC.

Due to the accident, my watch was damaged.



Police Report



**SINGAPORE  
POLICE FORCE**



T/20200921/2078

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

3 of 3

Report No. T/20200921/2078

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:

G /

Staff Sgt PATRICIA LOH YING YU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/09/2020 14:40

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt JOFILIANO BIN MOHAMED ALI

Contact No: 65476960

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





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