

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 | 16/10/2020 17:16 |
| Date Of Accident | 16/10/2020 08:00 |
| Exact Location Of Accident | SENGKANG EAST RD TWDS SENGKANG EAST WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | FBN4118X |
| Insured/Policyholder | |
| Name Of Registered Owner | AZHRUL DANIAL BIN AMAN |
| NRIC No | TXXXX751C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92726765 |
| Alternative Phone No | OFFICE-92726765 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | SNIPER T150 |
| 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 | 5119401807 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | NUR ALYSHA BINTE SAFEN |
| NRIC No | TXXXX217Z |
| Date Of Birth | 19/04/2000 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/03/2020 |
| Driving Experience | 0 YEAR AND 6 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-92726765 |
| Fax Number | |
| Contact Number | OFFICE-92726765 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 161 SIMEI ROAD #02-292 |
| Postcode | 520161 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| 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? | NO |
| 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 | BEDOK POLICE DIVISIONAL HQ (G DIVISION) |
| Police Station Address | ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2440000 - FAX NO: 64443009 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - G/20201016/7052.

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 | SJS483X |
| Vehicle Make/Model/Colour | |
| 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 ALYSHA BINTE SAFEN |
| Approximate Age | |
| Injuries Sustain | LOWER BACK & LEFT ARM |
| Injured person in which vehicle? | FBN4118X |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan


SKETCH PLAN

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- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:



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

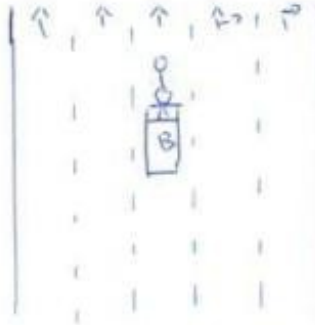


Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:

Accident Sketch Plan

SKETCH PLAN

Songkhro east Road
to west Songkhro east
way



Veh A: FBN4118X

Veh B: 3JS423X

Refer to police report G/20201018/7052

DECLARATION

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



Policyholder's Signature
Date & Time:



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



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

Police Report



**SINGAPORE
POLICE FORCE**



G/20201016/7052

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20201016/7052

| | | |
|---|--|-------------------|
| Date/Time Report Made 16/10/2020 15:49 | Vide Report No. | Station Diary No. |
| Name Of Informant NUR ALYSHA BINTE SAFEN | Address 161 SIMEI ROAD #02-292 SINGAPORE 520161 | |
| ID Type / ID No. NRIC NO / T0012217Z | Contact No. Home/Office: Mobile: 92726765 | |
| Nationality SINGAPORE CITIZEN | Email Address ALYSHASAFEN@GMAIL.COM | |
| Occupation Pharmacist | Sex Female | Age 20 |
| Institution/School Name | Date of Birth 19/04/2000 | Race Malay |
| Date/Time Of Incident 16/10/2020 08:00 | Location Of Incident Sengkang east road | |

Brief details.

On the above mentioned date and time, I was riding my bike FBN4118X along Sengkang East Road towards Sengkang General Hospital direction.

As I was approaching the junction of Compassvale Street, the traffic light changed and as such I gradually came to a stop. Moments later, I felt a huge impact from the rear.

The impact caused me to lose my balance and I fell to my right. My left elbow hit the ground as a result of my fall.

| | |
|--|--|
| 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: 16/10/2020 15:49 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



G/20201016/7052

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201016/7052

I got up myself and Realised that SJS483X had collided into my vehicle's rear.

I suffered bruising and abrasion on my Left elbow as well as pain on my lower back area. I went to Sengkang Polyclinic later for treatment and was given 3 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

16/10/2020 15:49

Classification Of Case:

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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