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Owner / Driver: (1 2 120 7.	<u>,, , , , , , , , , , , , , , , , , </u>	Tel:	, .)
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Insured/Driver Liability: (%)	[Note-Est States (WC): N: 0-20	%; P: 21-79	%. P: 80-100	<u> </u>
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1) Apply for Transport Allowance ()	/ Courtesy Car ()			,w	
2) QC Check / Post Repair Inspection	(·)			· 	· · · · · · · · · · · · · · · · · · ·
3) Upload Resurvey Photo [Repuir Cost>	23000] ()	`	<u></u>		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

antant Niconhar

- 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 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.

	ACCIDENT STATEMENT
Date Of Report	21/10/2020 12:41
Date Of Accident	08/10/2020 09:20
exact Location Of Accident	TPE EXIT TOWARDS PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	FBE5882M
nsured/Policyholder	
Name Of Registered Owner	NURASHIDA BINTE MOHAMAD ZULKIFLI
RIC No	SXXXX380J
Email Address	NURASHIDAZULKIFLI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98530090
Alternative Phone No	OTHERS-98530090
Vehicle Particulars	
Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used a time of accident	t TRAVELLING TO WORK
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle 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	5108557165-01
Cover Note Number	
Driver	
Name of Driver	NURASHIDA BINTE MOHAMAD ZULKIFLI
NRIC No	SXXXX380J

26/06/1989

08/05/2008

12 YEARS AND 5 MONTHS

(LOCAL) +65-98530090

OTHERS DOESDOOD

INDOOR

FEMALE

Address

BLK 440A FERNVALE LINK

#20-175

Postcode

791440

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

RAINING

Road Surface

WET

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

YES

ambulance?

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

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

Circumstances of Accident

NO

If Yes, against whom?

PLEASE REFER TO POLICE REPORT T/20201009/7001

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

PA5938S

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NURASHIDA BINTE MOHAMAD ZULKIFL

Approximate Age

Injuries Sustain

SERIOUS INJURIES

Injured person in which vehicle?

FBE5882M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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: 21 10 2020

11-19am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature

Date & Time: 21/10/2010

GIARMC SketchPlanForm_V3 (1-19am

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Approximate Age

Injuries Sustain

BODY

injurea person	on in which vehicle? PRUBBOCINI STATEMENT	
Were seat belt	elts worn?	.0
Was this injure	ired conveyed to hospital by 10. 1000 (DD/MM/YYY), TIME	:(P : 20)(HH:MM)
ambulance?	10 NO. 1	C. C. C
Address	LOCATION: TYPE FIXET TOWARDS POPEIR	KIS DILX
Postcode	I DETAILS OF NEW	
rosicode	1. DETAILS OF VEHICLE GIVENICLE NUMBER. FRE 5882 M	
	-/ · Zi moce Inolytola.	
	DINSURANCE COMPANY: NTUC INCOME	
	CIPOLICY NUMBER: 5108557165 - 01	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THE	IRD PARTY FIRE &THEFT)
	F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MO	-
	GIVEHICLE CATEGORY/PRIVATE / CONTINUED IN	ORCYCLE / OTHERS)
	DIPURPOSE OF USING AT ACCIDENT THE	DIORCYCLE) ·
	h)PURPOSE OF USING AT ACCIDENT TIME: TRAVELL	ING TO WORK
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE	(AEZNÃO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING	G ONLY)
	AJNAME: NURASHIDA BINTE MOHAMAD ZULKIFLI	
	t transmitted to the control of the	
	C)ADDRESS: BLE LIVE FERNVALE LINE #	TACT: 9853 0090
8	6 (791440)	20-175
	* CONTRIBUTE VA	
Ano of be	Passan 493 DRIVER	
7	a) NAME: AS ABOVE	
Chickding	ny driver) hindre server	(MALE / FEMALE)
(01)	OJADDRESS:CON	TACT:
	C/ADDICESS.	
	"d)DATE OF RIPTH-1 36 1 06 1 1909 1175	
	*d)DATE OF BIRTH: (16/06/1989)(DD/MM/YYY	Υ) :
	FIDATE OF DRIVING PACE 08 1 05 1 2008	- A
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S CO	MPANY? (YES 7 NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSUR 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS_	ED: OWNING
	b)ROAD SURFACE: (DRY / WET / OTHERS	
	6. WAS ANYBODY INJURED (YES / NO)	
	7. a) REPORTED TO POLICE (YES / NO)	* 3
	IF YES, PLEASE STATE WHICH POLICE STATION:	7.3
	D THE DA DELL STREET	
the of passo	24. 44 DA 5939S	400 400
Charland	driver) b) DRIVER'S NAME:MODE	Lt
Clududing o	c) NRIC/FIN/PASSPORT: CONT	107
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the of pas	Stanger e) DRIVER'S NAME:MODE	·
(Induding.	Act as \ Of Edit Ed Official	
1). SPRIC/FIN/PASSPORT:CONT.	ACT: <u>:-</u>
()	Si 1	55

email = nurashida zulkifii @ gmail com VIDEO





1 of 3

Report No. T/20201009/7001

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

DEPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 09/10/2020 09:40		lade:	Vide Report No.:	Station Diary No.:		
Informan	's Particu	ılars				
Name of Informant: NURASHIDA BINTE MOHAMAD ZULKIFLI		MOHAMAD	Address: 440A FERNVALE LINK #20-175 SINGAPORE 791440			
ID Type / ID No.: NRIC NO / S8921380J		30J	Contact No.: Home/Office:	Mobile: 98530090		
Nationalit	Nationality: SINGAPORE CITIZEN		Email: nurashidazulkifli@gmail.com			
Sex: Age: Date of Birth:		Date of Birth: 26/06/1989	Type of Informant: Rider			
Race: Boyanese			Language: English	Institution / School Name:		
Occupation: Bank teller			Driving Licence Information: Class: 2B	Date of Expiry:		

Injury Type of Accident:		Drink Drive: No	Date/Time of Accident: 08/10/2020 09:20	Type of Location: Filter Lane towards Pasir Ris Dr 8	
Location: TAMPINES E	XPRESSWAY	<u> </u>		'	
Weather: Raining		Road Surface: Wet		Road Speed Limit: 50 Km/h	
Traffic Flow:		Traffic Control: Pedestrian Cros	100	Traffic Volume: Light	
Hallic How.				Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBE5882M	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black		0

Details of Vehicle Insurance						
	Insurance Company	Insurance No	Effective	Expiry Date		





2 of 3

Report No. T/20201009/7001

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBE5882M	NTUC Income Insurance Co-Operative Limited	5108557165-01	29/03/2020	28/03/2021		

Details of Perso	n Involved				HOUSE STATE	
Any Pedestrian II	nvolved: No		×			
No. of Pedestrian	s Injured: NIL		Use of Per	destrian C	ross	sing: NA
Rider			46.62 N 1 34		1	
Name	NURASHIDA BINTE	MOHAMA	ZULKIFLI	ID No.		S8921380J
Related Vehicle	FBE5882M (Motorcycle)		Contact	No.	98530090	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence Expiry		Class: 2B Date of Expiry: NIL	
Date	08/10/2020		Date	0	8/10	0/2020
No. of Days gran	ted Medical Leave	03	Degree of	5	Serio	us

Brief Details.

I was exiting TPE towards Pasir Ris. I was stationary on filter lane towards Pasir Ris Dr 8 when I was suddenly hit on the rear . My bike was bang forward and I suffered injuries due to the impact. I did not manage to get the details of the other party as I was conveyed by ambulance to the hospital.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20201009/7001

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch

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: 09/10/2020 09:40
Officer In Charge Of Case: TP / TPIB / INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476256	Classification Of Case:

Claim Handling Accident MT/1107294

Policy No. Certificate No.	5108557165-01	Vehicle No.	FBE5882M		GST Regist	tration No.
Policyholder Name	NURASHIDA BINTE MOHAMAD ZULKIFLI				Policyholde	er NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & 1	Theft	Loading	
Contact No.(Mobile) Email Address	98530090	Contact No.(Office)			Contact No	o.(Home)
	147 027	Special Remark	40 - 10		eCode	
KFK	No Yes	TCA	No Yes		eCode Rea	
NCD Protection Accident Details	No	NCD Entitlement(%)	20		Private Hin	e
	A CONTRACTOR OF THE PARTY OF TH	1 27 08420 - 1042 ABO 41 104421 M C25 D- POC 1	1913		-5	menta.
Report Date	21/10/2020 12:48	Accident Report Within 24 hrs	Yes		Accident T	
Date of Accident	08/10/2020	Time of Accident hh:mm	09:20		Country of	Accident
Reporting Centre		Orange Force			ICM No.	
Accident Location	TPE EXIT TOWARDS PASIR RIS DRIVE 8					
▼ Total Excess Applicable	Book and the second					
Excess Type	Per Accident	Windscreen Excess				
OD Standard Excess	0.00	TP Standard Excess		0.00		
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is C	overed?
Additional Excess						
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00		
▽ Benefits		The second secon				
GST Registered Informat	ion					
GST Registered	No		GST Regist	ration Date		
GST Registration No.			GST Status	Verified		Yes
Modification History						
Policyholder Mailing Add	ress					
Address 1	BLK 440A #20-175	Address 2	FERNVALE LINK		Address 3	
Address 4	SINGAPORE 791440	Address Type	Singapore address		Post Code	
Unit No.	20-175	Related Policy Number	5108557165-01			
OI Driver Info						
Driver Name	NURASHIDA BINTE MOHAMAD ZULKIFLI	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S8921380J		Driver DO	
Register Date of Driver License	08/05/2008	Driver Age	31		Driving Ex	
Contact No.(Mobile)		Contact No.(Office)			Contact No	
Address 1	BLK 440A #20-175	Address 2	FERNVALE LINK		Address 3	
Address 4	SINGAPORE 791440	Address Type	Singapore address		Post Code	
Unit No.	20-175					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBE5882M		Driver Ins	urer Comp
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 New						
Claim Type •				OD-MX	Insured Name	NURASH
Contact No.(Mobile)				98530090	Contact No.	NIL
ar-time traditional)				SHARANA	(Home)	LIVE
Email Address					OI Vehicle Number	FBE5882
Claim Description				FBES882M / PA5938S ON	8 Oct 2020	
Contract Contracts						
Preferred Warkshop	Insured Liability Not at F			12		
Bonuet No. Voc	▼ Repair Preferred Workshop	, Name unknown V GIA Receive	d v			
Finalisation Yes Date Registered	Option	report receive		1	Claim	_

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.

MT/1107294

Claim No.

001

Last Doc. Received

● Yes ○ No

Path *

Upload Date

21/10/2020 13:07

Choose File No file chosen

Choose File No file chosen Choose File No file chosen

Choose File No file chosen

Choose File No file chosen
Choose File No file chosen

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Attachment List

4	Attachment I	List				
	Attachment	Uploaded By/Date	Category	9	Urgency	Descr
		NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Oct 2020 13:07	Photos	76	Normal	Photos 20
		NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Oct 2020 13:07	Photos		Normal	Photos 20
		NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Oct 2020 13:07	Photos		Normal	Photos 20
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		NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Oct 2020 13:07	Photos		Normal	Photos 20
		NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Oct 2020 13:03	Photos		Normal	Photos 20
	63.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Oct 2020 13:03	Photos		Normal	Photos 20
	3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Oct 2020 13:03	Photos		Normal	Photos 20
	Y S	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Oct 2020 13:03	Photos		Normal	Photos 20
	MARIE SISS TOTAL	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Oct 2020 13:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Oct 2020 13:03	SAS		Normal	SAS 202
	1.00					

Video List

Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading

9

Continue

 eBaoTech 	Genera						Claim				
Hello, NAC_PAYA_UBI_80 My Desktop		cy Query	Change Language						• Log Out		
Notice of Loss	Policy No. Vehicle No.(For Motor)		FBE58	FBE5882M		Date of Accident Certificate Number			08/10/2020 11:11		
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC		Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108557165- 01		NURASHIDA BINTE MOHAMAD ZULKIFLI	\$89213803	GMC	Third Party, Fire & Theft	FBE5882M	FBE5882M	29/03/2020	28/03/2021