

## 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	24/10/2020 11:26
Date Of Accident	10/10/2020 11:45
Exact Location Of Accident	ALONG TANGLIN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB8402L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OMAR B MOHAMED
NRIC No	SXXXX962C
Email Address	NURFARHANABINTEOMAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97887424
Alternative Phone No	OTHERS-92959372

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150-149CC (M)
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
Fleet Policy	NO
Policy Number	5051253961-09
Cover Note Number	

### Driver

Name of Driver	NUR FARHANA BINTE OMAR
NRIC No	SXXXX338D
Date Of Birth	21/06/1989
Occupation	INDOOR
Date Of Driving Pass	02/04/2008
Driving Experience	12 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97887424
Fax Number	
Contact Number	OTHERS-92959372
Email Address	NURFARHANABINTEOMAR@GMAIL.COM

Address	BLK 4B ST. GEORGE'S LANE #05-179
Postcode	321004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201012/7030

#### 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	SFY7722B
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO GUO-LIANG
NRIC/Passport Number	SXXXX993A
Contact Number	92701449
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NUR FARHANA BINTE OMAR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FB8402L
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 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: 24/10/20  
1000 hrs.

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/10/2020 1000 hrs.

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

### SKETCH PLAN



## DECLARATION

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

Policyholder's Signature

Date & Time: 24/10/20

GSA/NTC StandardForm 58

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/10/2020 @ 10:10h.

Reporting Centre Personnel's Signature \_\_\_\_\_

Name:

NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201012/7030

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

1 of 3

Report No. T/20201012/7030

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2020 19:16	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: NUR FARHANA BINTE OMAR			Address: 4B ST. GEORGE'S LANE #05-179 SINGAPORE 321004		
ID Type / ID No.: NRIC NO / S8920338D			Contact No.: Home/Office: Mobile: 92959372		
Nationality: SINGAPORE CITIZEN			Email: nurfarhanabinteomar@gmail.com		
Sex: Female	Age: 31	Date of Birth: 21/06/1989	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Voyage Planning Specialist			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

### General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2020 11:45	Type of Location: Straight Road
Location:  TANGLIN ROAD				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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	Conditio	No of
FBB8402L	Motorcycle					0
SFY7722B	Car	TOYOTA	wish	Silver		4

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201012/7030

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

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Report No. T/20201012/7030

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	NUR FARHANA BINTE OMAR		ID No. S8920338D
Related Vehicle	FBB8402L (Motorcycle)		Contact No. 92959372
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	10/10/2020	Date	11/10/2020
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Driver</b>			
Name	FOO GUO-LIANG		ID No. S7919993A
Related Vehicle	SFY7722B (Car)		Contact No. 92701449
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

### Brief Details.

I was riding from Napier Road turned to Tanglin Road.  
After overtaking stationery bus on the 4th lane, switch to 3rd lane.  
While riding along Tanglin Rd on the 3rd lane, a car stopped abruptly in the middle of the 3rd lane.  
Managed to e-brake the bike but couldn't stop in time and hit the rear end of the car.  
Point of impact was on the 3rd land between Tempur & Tanglin shopping ctr.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201012/7030

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

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Report No. T/20201012/7030

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

Authentication Stamp  
NP168

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

Date/Time:  
12/10/2020 19:16

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

