

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	27/10/2020 16:02
Date Of Accident	26/10/2020 14:20
Exact Location Of Accident	SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1837M
Insured/Policyholder	
Name Of Registered Owner	NUR ALIAA BINTE MOHAMMED NORMAN
NRIC No	S9238467E
Email Address	ALIAANORMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88626040
Alternative Phone No	OFFICE-88626040

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA PRIMAVERA 150 ABS
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P2259183
Cover Note Number	

Driver

Name of Driver	NUR ALIAA BINTE MOHAMMED NORMAN
NRIC No	S9238467E
Date Of Birth	15/10/1992
Occupation	INDOOR
Date Of Driving Pass	22/11/2012
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88626040
Fax Number	
Contact Number	OFFICE-88626040
EEmail Address	ALIAANORMAN@GMAIL.COM

Address	APT BLK 424 WOODLANDS STREET 41 #11-324 SINGAPORE
Postcode	730424
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	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?	NO
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 [OTHER]	T/20201026/2094
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD6698Y
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 ALIAA BINTE MOHAMMED NORMAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBP1837M
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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: 27/10/20
1445hrs



Driver's Signature

(If driver is not the policyholder)
Date & Time: 27/10/20
1445hrs

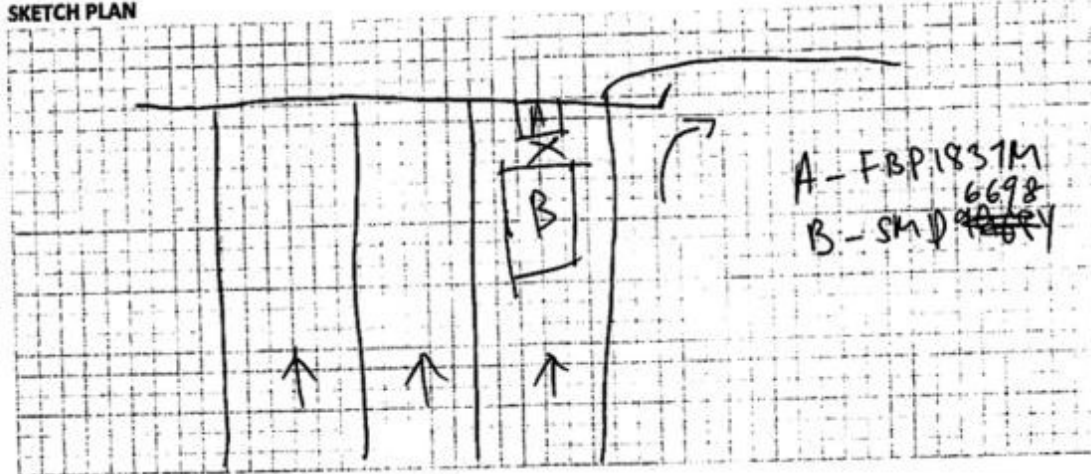


Reporting Centre Personnel's Signature

Name: LILIAN CHIA
NRIC/FIN No.: S80010942

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report.

DECLARATION

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



Policyholder's Signature

Date & Time: 27/10/20

1445ms



Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/10/20

1445ms



Hand-drawn signature of the reporting centre personnel.

Reporting Centre Personnel's Signature

Name: LILIAN CHIA

NRIC/FIN No.: S8001094Z

Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9238467E**



Name

**NUR ALIAA BINTE MOHAMMED
NORMAN**

Race

MALAY

Date of birth

15-10-1992

Sex

F

S9238467E

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S9238467E**

Name:

**NUR ALIAA BINTE MOHAMMED
NORMAN**

Birth Date: **15 Oct 1992**


Issue Date: **22 Nov 2012**



002126071D

Driving License

4134714



NRIC No. **S9238467E**



Date of issue
23-11-2007

**APT BLK 424 WOODLANDS STREET 41 #11-324
SINGAPORE 730424**

NRIC No: **S9238467E** Date: **12/02/2018**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
C	Class 2B Motorcycles =< 200 CC	22 Nov 2012
	Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	29 May 2013

S9238467E **S / No. 9000184760**

NP 428A

Licence No: S9238467E



Police Report



**SINGAPORE
POLICE FORCE**



T/20201026/2094

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20201026/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 16:06	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: NUR ALIAA BINTE MOHAMMED NORMAN			Address: APT BLK 424 WOODLANDS STREET 41 #11-324 SINGAPORE 730424	
ID Type / ID No.: NRIC NO / S9238467E			Contact No.: Home/Office: Mobile: 88626040	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 28	Date of Birth: 15/10/1992	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: STALL HOLDER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2020 14:20	Type of Location: X-Junction
Location: SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1837M	Motorcycle	PIAGGIO	VESPA PRIMAVERA 150 ABS	Grey	Slightly Damaged	0
SMD6698Y	Car	KIA		Silver		0

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/20201026/2094

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20201026/2094

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1837M	AXA INSURANCE SINGAPORE PTE LTD	P2259183	19/02/2020	18/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR ALIAA BINTE MOHAMMED NORMAN	ID No.	S9238467E
Related Vehicle	FBP1837M (Motorcycle)	Contact No.	88626040
Hospital/Clinic	APEX CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/10/2020	Date Discharge	26/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 26/10/2020 at about 2:20pm, I was at the junction of Mandai Avenue and Sembawang Road. I was riding my bike(FBP1837M) on Mandai Avenue going towards Yishun Avenue 1. The traffic light was red thus I was at a stop. When the light turn green, I was about to move off when a car(SMD6698Y) knock onto the back of my motorcycle. My bike moved forward a bit due to the impact and I slant to the side causing me to lose my balance. I managed to stop myself from falling with both my leg. We then stopped at the side of the road and the driver of the car told me to pay for the scratch on his car and he refused to give me his details.

Since we cannot come to an agreement we went our separate ways. I went to see the doctor as I was not feeling good. The clinic gave me 3 days MC and gave me a diagnosis for Contusion. There were a few scratches at the back area of my motorcycle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201026/2094

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20201026/2094

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

NIL

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 /

SI MOHAMAD FAIZAL BIN SIKEN

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

26/10/2020 16:06

Officer In Charge Of Case:

TP / AEIT /

* SSI 2 JUREMAH BINTE AHMAD

* Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168



Apex Clinic & Surgery (Yishun)
844, YISHUN STREET 81
#01-162
SINGAPORE 760844
Tel: 67535621

Medical Certificate

Date of Visit: 26-Oct-2020

MC No. : MC2010263424

This is to certify that

Name: NUR ALIAA BINTE MOHAMMED NORMAN


NRIC: S9238467E

is Unfit for Work

for 3 day(s) from 26-Oct-2020 to 28-Oct-2020

Remarks: Diagnosis
1. Contusion

DR. GOH MIAH KIANG OSWALD
MBBS (SINGAPORE)
MCR NO: 03500I



Doctor Name: Oswald Goh
MCR: M03500I

** This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Printed on 26 Oct 2020 15:13:17 by Alice Neo

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PHOTO



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