

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 17:41
Date Of Accident	19/10/2020 16:50
Exact Location Of Accident	ALJUNIED ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9959M
Insured/Policyholder	
Name Of Registered Owner	MELISSA NG HUI MIN
NRIC No	SXXXX910F
Email Address	MELISSANG0231@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-97836634
Alternative Phone No	OTHERS-97836634

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA / CBF190X MANUAL
Exact Purpose for which vehicle was being used at time of accident	
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	5119127422
Cover Note Number	

Driver

Name of Driver	MELISSA NG HUI MIN
NRIC No	SXXXX910F
Date Of Birth	03/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2017
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97836634
Fax Number	
Contact Number	OTHERS-97836634
Email Address	MELISSANG0231@OUTLOOK.COM

Address	BLK 125 #13-03 ALJUNIED ROAD
Postcode	380125
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	SIDE SWIPE
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20201023/2013; AS PER POLICE REPORT No.G/20201026/7091; ADD ON

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	SLQ8922E
Vehicle Make/Model/Colour	HONDA / FIT 1.3G F PACKAGE A
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	MELISSA NG HUI MIN
Approximate Age	26
Injuries Sustain	
Injured person in which vehicle?	FBL9959M
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 125 #13-03 ALJUNIED ROAD
Postcode	380125

Accident Sketch Plan

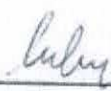
SKETCH PLAN


IMPORTANT NOTICE

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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.

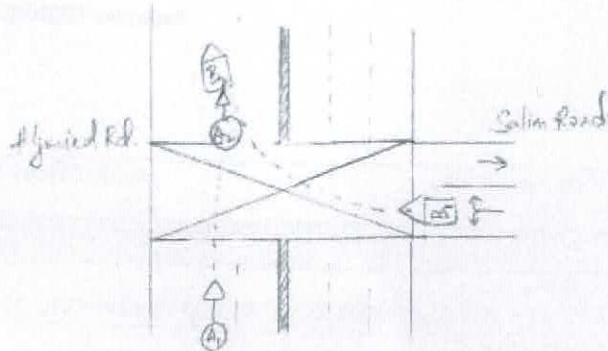

Policyholder's Signature
Date & Time:


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

IDAC KARI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415833
Tel: 67416887 Fax: 67492305
Email: vackb@viscom.com.sg
Reporting Centre Personnel's Signature
Name: 27 OCT 2020
NRIC/ FIN No:

Accident Sketch Plan

SKETCH PLAN



VEH(A) FBL 9959M

VEH(B) SLQ 8922E

Refer to Police Reports : G/20201026/7091

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vncbb@iycom.com.sg

Reporting Centre Personnel's Signature
Name:

NRIC/ FIN No: 27 OCT 2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201023/2013

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No: T/20201023/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2020 09:39		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: MELISSA NG HUI MIN			Address: APT BLK 125 ALJUNIED ROAD #13-03 SINGAPORE 380125		
ID Type / ID No.: NRIC NO / S9439910F			Contact No.: Home/Office:		Mobile: 97836634
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 26	Date of Birth: 03/10/1994	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Administrative Staff			Driving Licence Information: Class: 28		Date of Expiry:

General information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/10/2020 16:50	Type of Location: Straight Road
Location: ALJUNIED ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9959M	Motorcycle	HONDA	CBF190X MANUAL	White	Slightly Damaged	1
SLQ8922E	Car				Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9959M	NTUC Income Insurance Co-Operative Limited	5119127422	18/09/2020	17/09/2021

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201023/2013

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3
Report No: T/20201023/2013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MELISSA NG HUI MIN	ID No.	S9439910F
Related Vehicle	NIL	Contact No.	97836634
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	19/10/2020	Date Discharge	20/10/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	MDM DAWN	ID No.	NIL
Related Vehicle	NIL	Contact No.	91198709
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/10/2020, at around 1650hrs, when I was travelling along Aljunied Road on my motorcycle FBL9959M, a white Honda Fit, SLQ8922E, was turning out from Salim Road onto Aljunied road. I was unable to brake in time, therefore I hit the rear of the vehicle. As a result, I was knocked out of my motorcycle and I was subsequently conveyed to Raffles Hospital where I was warded for 1 day. I suffered abrasions on my right shin, left ankle, left shoulder and left flank. I was provided with a 7 day MC due to the pain from the abrasions.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201023/2013

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20201023/2013

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:

A /

Sgt 1 RYAN LEE QI XUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/10/2020 09:39

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP163



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



G/20201026/7091

1 of 2

POLICE REPORT (NP299)

Report No. G/20201026/7091

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

Date/Time Report Made 26/10/2020 22:44		Vide Report No.		Station Diary No.	
Name Of Informant MELISSA NG HUI MIN		Address 125 ALJUNIED ROAD #13-03 SINGAPORE 380125			
ID Type / ID No. NRIC NO / S9439910F		Contact No. Home/Office: Mobile: 97836634			
Nationality SINGAPORE CITIZEN		Email Address melissang0231@outlook.com			
Occupation Administration manager		Sex Female	Age 26	Date of Birth 03/10/1994	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 19/10/2020 16:50		Location Of Incident Aljunied Road			

Brief details.

Vide: T/20201023/2013

I would like to add on to my initial report.

I was riding my bike FBL 9959M along the the middle of 3 lanes along Aljunied road towards MacPherson Road direction.

As I was approaching the yellow box at the junction of Salim Road, SLQ 8922E made an abrupt right turn

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: 26/10/2020 22:44
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Sketch Plan



SINGAPORE
POLICE FORCE



G/20201026/7091

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201026/7091

onto Aljunied road from Salim Road.

Just as SLQ8922E was about to swerve into my path, I downgeared immediately and slammed on my brakes.

However, I could not avoid the collision and slammed into the rear right portion of SLQ 8922E.

I was flung forwards and slammed against the rear portion of SLQ8922E before landing hard on the ground.

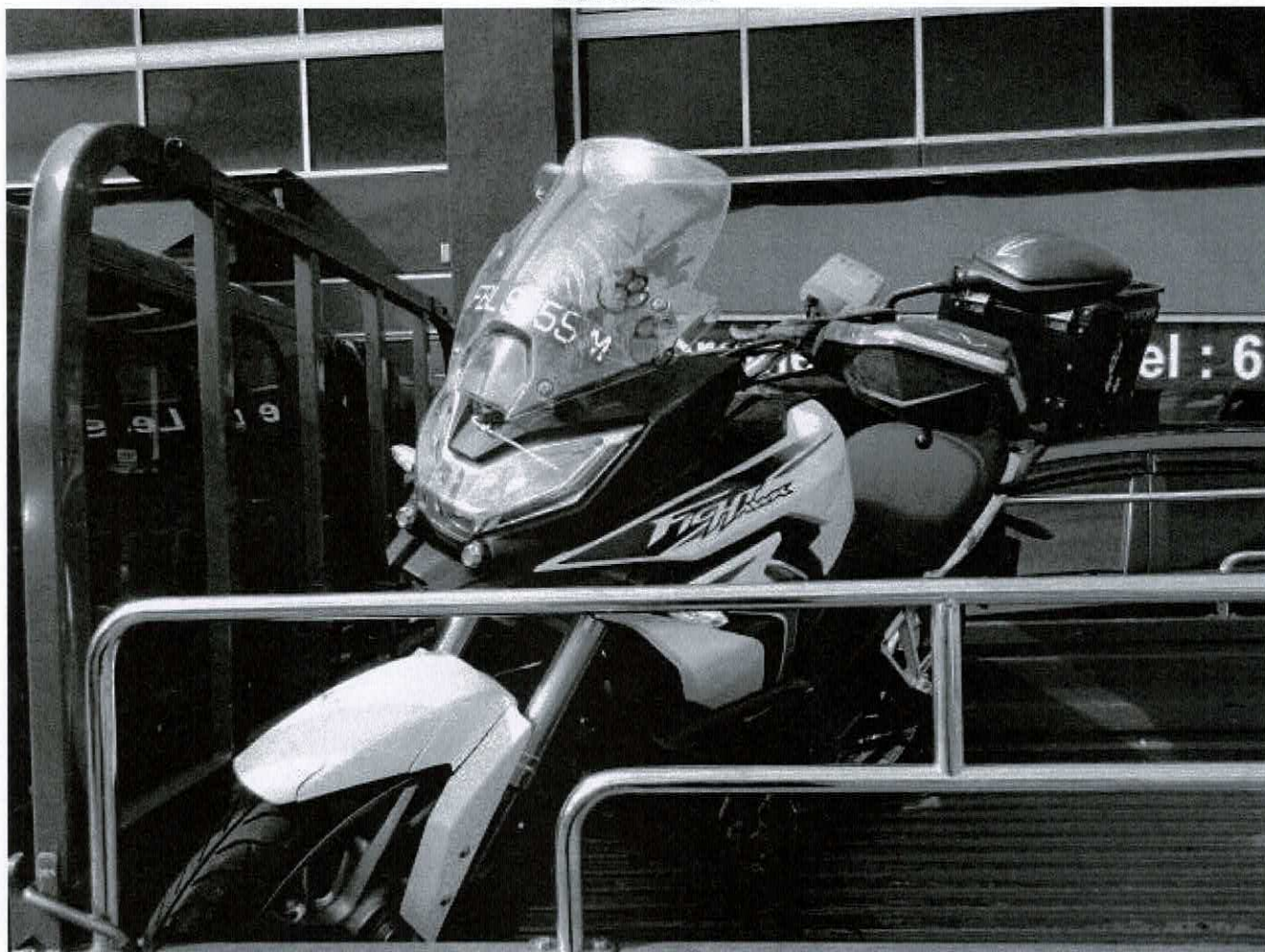
I was later conveyed to Raffles Hospitalised and was warded for 1 day. I discharged the next day with 7 days HL for multiple injuries suffered due to the accident.

I wish to state that I have a passerby who witnessed the driver of SLQ8922E admitting that she had turned out of Salim Road onto Aljunied Road and there was a lorry blocking the driver's view and as such, she did not notice my bike, which had the right of way.

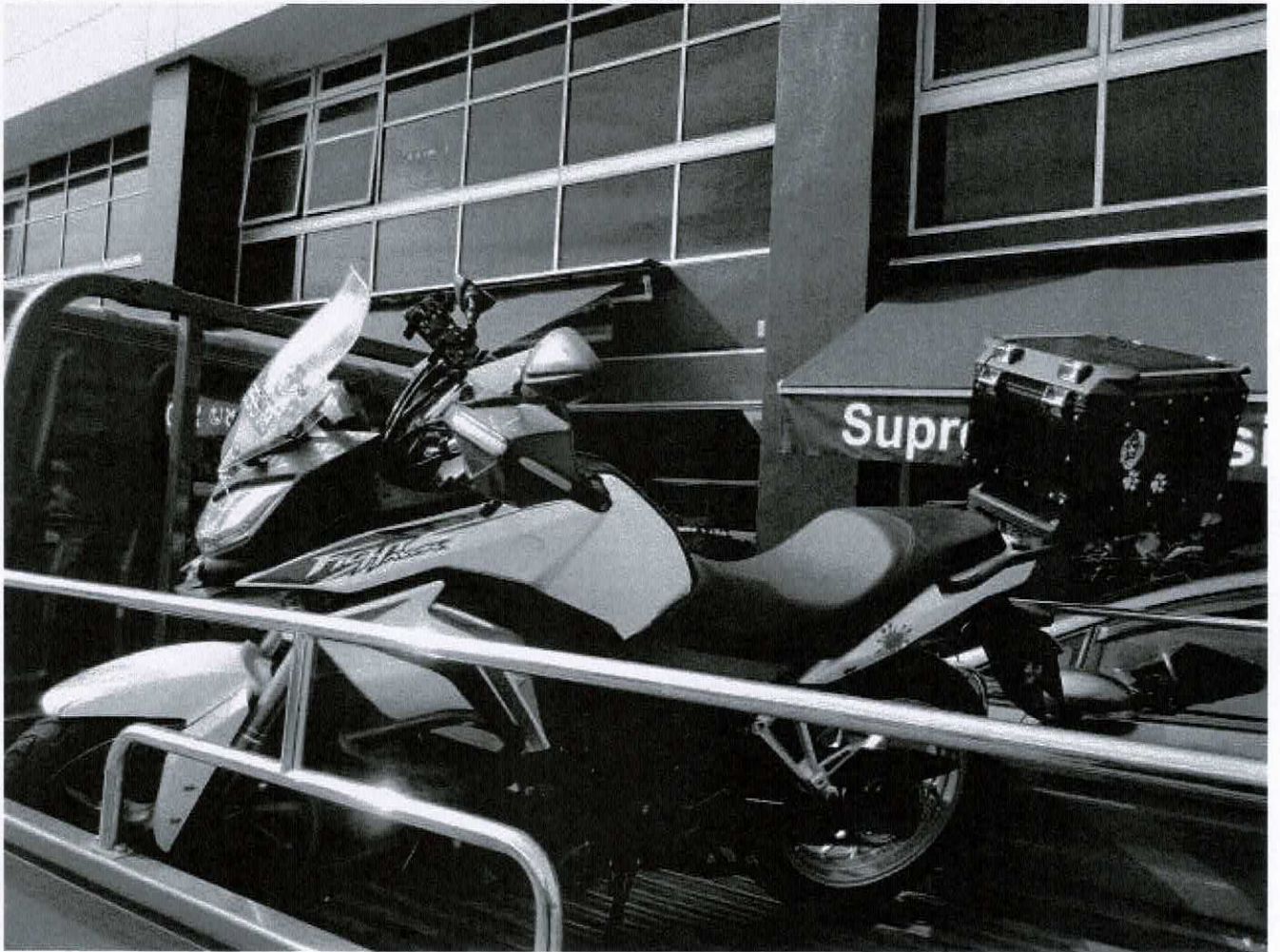
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2020 22:44
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

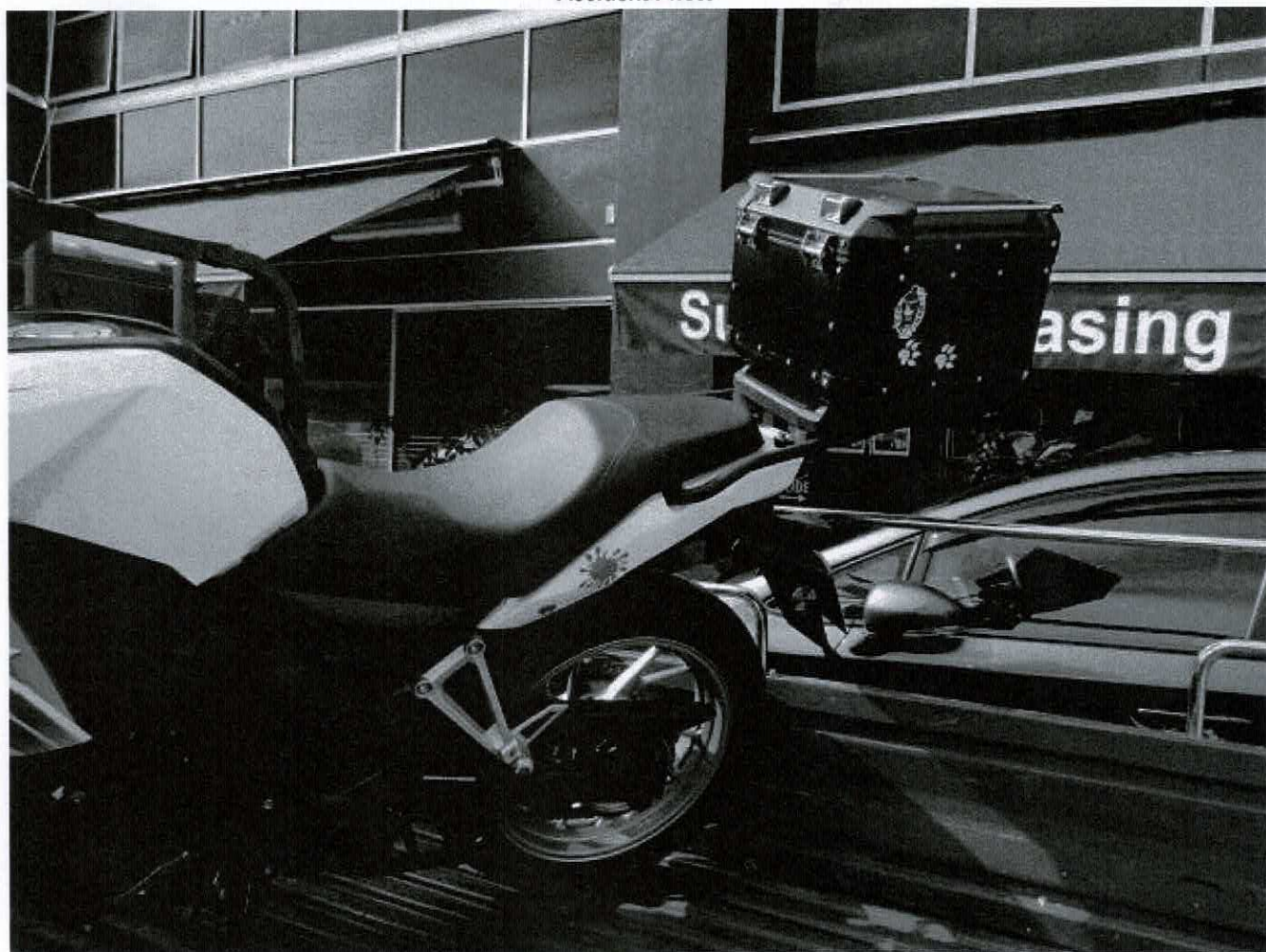
Accident Photo



Accident Photo



Accident Photo



Accident Photo



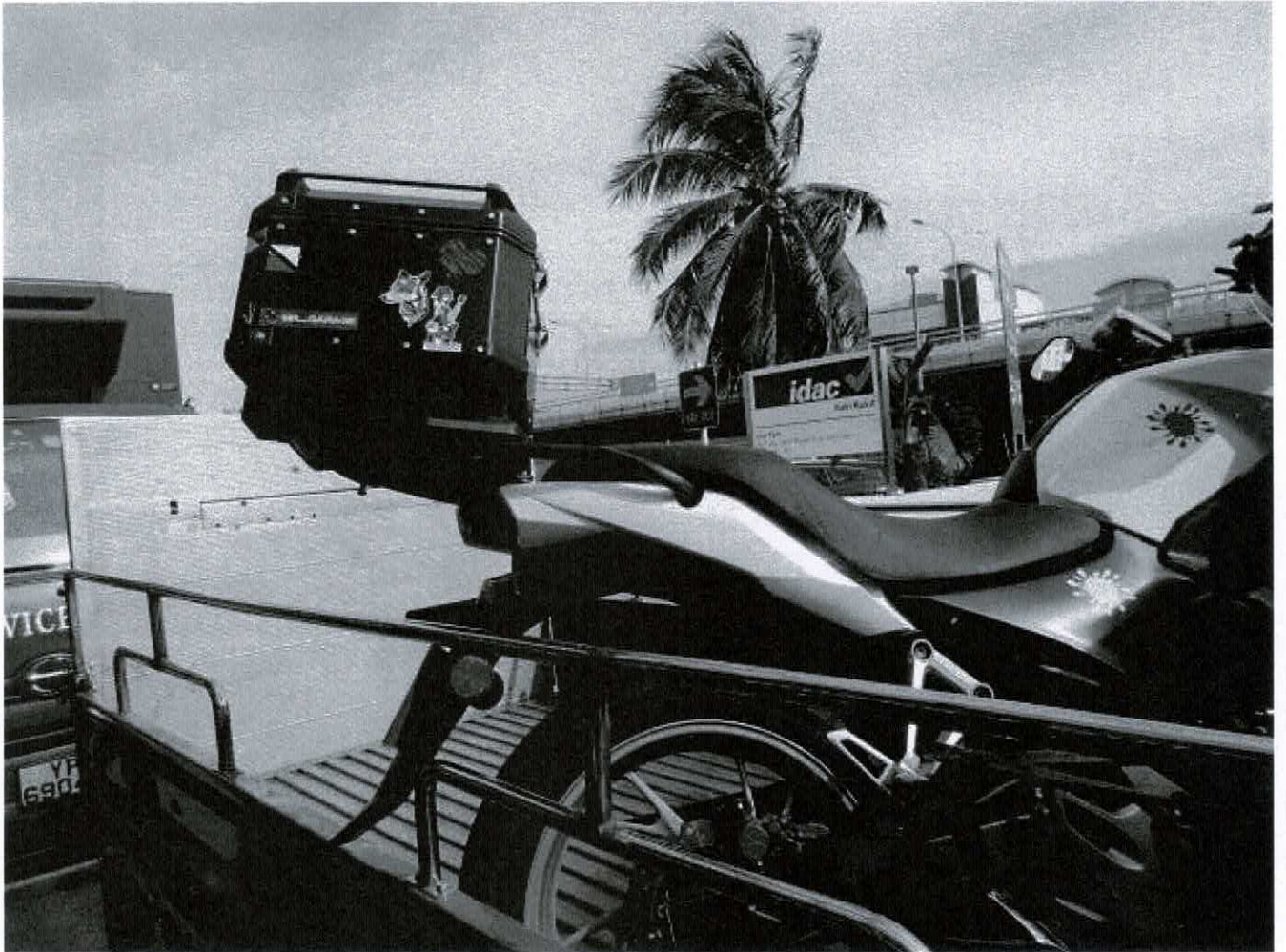
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