

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 | 18/11/2020 14:24 |
| Date Of Accident | 12/11/2020 11:00 |
| Exact Location Of Accident | BEHIND FAR EAST SHOPPING CTR PUBLIC CARPARK A0007 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBF404M |
| Insured/Policyholder | |
| Name Of Registered Owner | NORMALA BTE MANAP |
| NRIC No | SXXXX516B |
| Email Address | NORMALAX@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-91144778 |
| Alternative Phone No | OTHERS-91144778 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | DUCATI |
| Model | MONSTER 796 |
| Exact Purpose for which vehicle was being used at time of accident | SOCIAL APPOINTMENT |
| 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 | 5106340939-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | NORMALA BTE MANAP |
| NRIC No | SXXXX516B |
| Date Of Birth | 14/02/1960 |
| Occupation | INDOOR |
| Date Of Driving Pass | 04/05/2010 |
| Driving Experience | 10 YEARS AND 6 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91144778 |
| Fax Number | |
| Contact Number | OTHERS-91144778 |
| Email Address | NORMALAX@YAHOO.COM |

| | |
|---|--|
| Address | BLK 290B BUKIT BATOK STREET 24 #09-65 |
| Postcode | 653290 |
| 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? | 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 | JURONG POLICE DIVISIONAL HQ ('J' DIVISION) |
| Police Station Address | ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7910000 - FAX NO: 68965649 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20201113/7027

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 | GBH59R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | DANIEL DERWIN BIN AZMI |
| NRIC/Passport Number | SXXXX158F |
| Contact Number | 88922105 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|-------------------|
| Name | NORMALA BTE MANAP |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBF404M |
| 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 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: 14/20

Driver's Signature

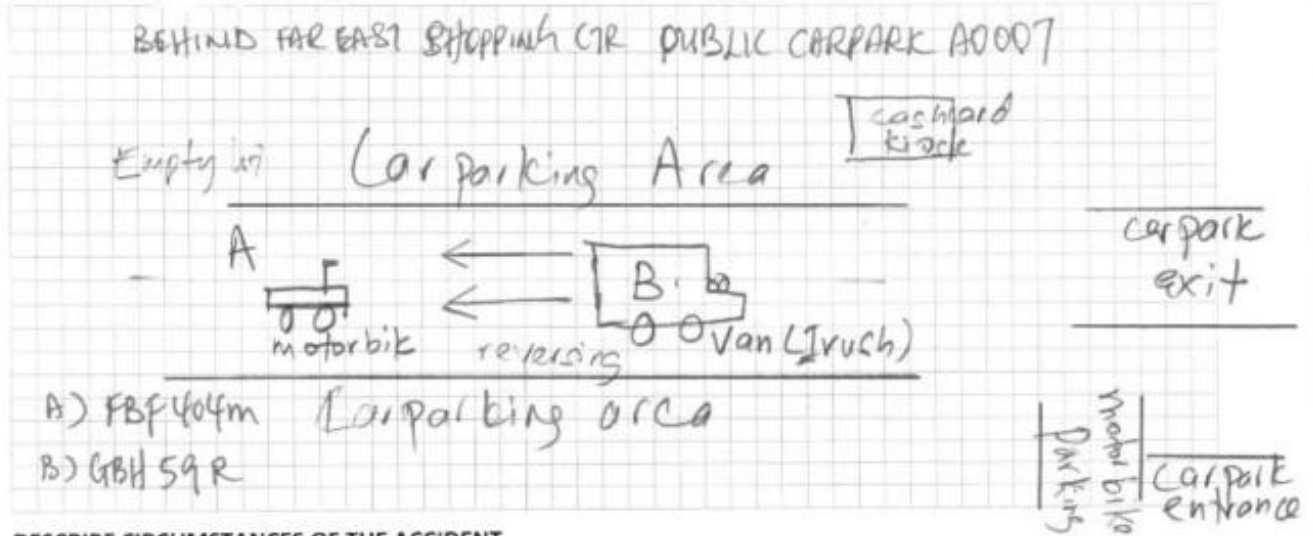
(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report J/2020/113/7027

DECLARATION

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

18/11/20
14:20

18/11/2020
Ref: 110 H112

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20201113/7027

1 of 2

POLICE REPORT (NP299)

Report No. J/20201113/7027

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

| | | |
|--|--|-------------------|
| Date/Time Report Made 13/11/2020 15:40 | Vide Report No. | Station Diary No. |
| Name Of Informant NORMALA BINTE MANAP | Address 290B BUKIT BATOK STREET 24 #09-65 SINGAPORE 653290 | |
| ID Type / ID No. NRIC NO / S1457516B | Contact No. Home/Office: Mobile: 91144778 | |
| Nationality SINGAPORE CITIZEN | Email Address NORMALAX@YAHOO.COM | |
| Occupation Administration manager | Sex Female | Age 60 |
| Institution/School Name | Date of Birth 14/02/1960 | Race Malay |
| Date/Time Of Incident 12/11/2020 11:00 - 12/11/2020 11:45 | Location Of Incident carpark A0007 | |

Brief details.

i was riding on my motor bike FBF404M in the carpark area ie Public Carpark A0007 , behind Far East Shopping Centre, looking for a parking when i noticed a van (GBH59R) backing fast towards me. i stopped and started honking at the van but it didnt stop and hit straight onto me . It was moving too fast and i was not able to move out of its path . The bike dropped on impact and i fell to the ground. Damages to the bike are substantial (broken front guard, brake and clutch levers, dented headlight and there was oil spill on the ground . The bike was able to start for a moment and then then engine stopped). I sustained bruises and soreness especially as i woke today. The driver of the van came out and i asked

| | |
|--|--|
| 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: 13/11/2020 15:40 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20201113/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20201113/7027

him why he didnt stop when i honked . He didnt say anything but when i asked him if he had his headset on, he nodded. I also asked why he backed his vehicle fast and he said he was trying to grab a parking spot . I took pictures of the van, my damage bike as well as the ID of the driver ie driving license and IC (Daniel Derwin Bin Azmi S9902158F) .I then made arrangements for the bike to be towed to the workshop. i have pictures of the vehicles involved and damages but am unable to attach with this report as i dont have a usb drive and this report is made an an E-NPP

| | | | | | | | | |
|----------------------|---------------------------------|---------------------------|---|-------|-----------------------|--------------|-------|-------------|
| Subjects Involved | | | | | | | | |
| Victim | | | | | | | | |
| Person Name | NORMALA BINTE MANAP | | | | | | | |
| ID Type | NRIC NO | ID No | S1457516B | | | | | |
| Gender | Female | Age | 60 | | | | | |
| Race | Malay | Language | English | | | | | |
| Occupation | Administration manager | Address | 290B BUKIT BATOK STREET 24 #09-65 SINGAPORE 653290 | | | | | |
| Mobile No | 91144778 | Is Informant A Victim? | Yes | | | | | |
| | | | | | | | | |
| Person Name | NORMALA BINTE MANAP (Informant) | | | | | | | |
| | | | | | | | | |
| Property Information | | | | | | | | |
| S/N | Item | Type | Brand | Model | Serial No/ IMEI No | Quantit y | Value | Description |
| 1 | cashcard | Stolen | | | | 1 | 20.00 | |

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:

13/11/2020 15:40

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



Accident Photo



Accident Photo

