

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 Submission 08/01/2021 12:13 (SGT)
Date of Accident 05/01/2021 07:20 (SGT)
Exact Location of Accident Tampines Street 32, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM84R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ROSLINA BINTE ZUMAHAR
NRIC No SXXXX739I
Email Address rosezluvs@yahoo.com
Mobile Phone No (Phone) +65-93857994
Alternative Phone No +65-87152464

VEHICLE PARTICULARS

Manufacturer Honda
Model Pcx125
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5117456064
Cover Note Number -

DRIVER

Name of Driver ROSLINA BINTE ZUMAHAR
NRIC No SXXXX739I
Date Of Birth 05/11/1982
Occupation Indoor

Date Of Driving Pass	14/09/2004
Driving experience	16 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93857994
Alt. Phone Number	+65-87152464
Email Address	rosezluvs@yahoo.com
Address	BLK 355 TAMPINES STREET 33 #02-644
Address complement	-
Postcode	520355
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210106/7038

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	SMG6429S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ROSLINA BINTE ZUMAHAR
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS INJURIES
Injured person in which vehicle? FBM84R
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

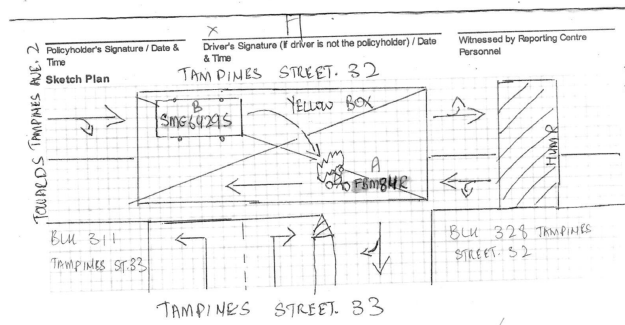
Policyholder's Signature / Date & Time: 06/01/2021
 1055 1485

Driver's Signature (if driver is not the policyholder) / Date & Time: X

Witnessed by Reporting Centre Personnel: 06/01/2021

Sketch Plan

AS PHR MARCH



A) FBM 84R
B) SM6 64295

gn
ad/2021

Describe Circumstances of the Accident

REFER TO POLICE REPORT T1021066/7038.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
 1055 HKS 08/01/2021

Driver's Signature (if driver is not the policyholder) / Date & Time
 X

Witnessed by Reporting Centre Personnel
 08/01/2021



















































**SINGAPORE
POLICE FORCE**



T/20210106/7038

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 40865
Tel No: 65470000

Report No. T/20210106/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2021 11:45	Vide Report No.: G/20210105/0060	Station Diary No.:
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Informant's Particulars				
Name of Informant: ROSLINA BINTE ZUMAHAR		Address: 355 TAMPINES STREET 33 #02-644 SINGAPORE 520355		
ID Type / ID No.: NRIC NO / S8234739I		Contact No.: Home/Office: Mobile: 93857994		
Nationality: SINGAPORE CITIZEN		Email: rosezluvs@yahoo.com		
Sex: Female	Age: 38	Date of Birth: 05/11/1982	Type of Informant: Rider	
Race: Boyanesse		Language: English		Institution / School Name:
Occupation: Fire-fighting and rescue officer		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2021 07:20	Type of Location: T-Junction
Location: TAMPINES STREET 32				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved					
Vehicle No.	Type	Make	Model	Color	Conditio
FBM84R	Motorcycle	HONDA	WW150 (PCX150)	Black	No of
SMG6429S	Car				0

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective
			Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210106/7038

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

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Report No. T/20210106/7038

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM84R	NTUC Income Insurance Co-Operative Limited	5117456064	09/06/2020	08/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ROSLINA BINTE ZUMAHAR	ID No.	S8234739I
Related Vehicle	FBM84R (Motorcycle)	Contact No.	93857994
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	05/01/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

I was travelling straight along Tampines St.32 towards Tampines Ave.2. Suddenly, I was hit on my right side by a car at the junction of Tampines St.32 and Tampines St.33. The car (SMG6429S) was in the opposite road and making a right turn. I was convey by ambulance.



**SINGAPORE
POLICE FORCE**



T/20210106/7038

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408685
Tel No: 65470000

Report No. T/20210106/7038

CONTINUATION OF REPORT

Sketch Plan
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:
06/01/2021 11:45

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

Authentication Stamp
NP168