

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 23/03/2021 15:44 (SGT)
Date of Accident 23/03/2021 08:05 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN1618P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MD YUSOFF B SAID AHMAD
NRIC No SXXXX440J
Email Address ZAINA.SAID.AHMAD@GMAIL.COM
Mobile Phone No (Phone) +65-83059395
Alternative Phone No +65-83059395

VEHICLE PARTICULARS

Manufacturer Yamaha
Model SNIPER 150
Variant -
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 - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5111504187-01
Cover Note Number -

DRIVER

Name of Driver NURZAINA BINTI SAID AHMAD
NRIC No SXXXX701J

Date Of Birth	21/11/1994
Occupation	Indoor
Date Of Driving Pass	05/07/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90188247
Alt. Phone Number	-
Email Address	ZAINA.SAID.AHMAD@GMAIL.COM
Address	BLK 805 TAMPINES AVE 4 #03-27
Address complement	-
Postcode	520805
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210323/2026

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	SJN7561J
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	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBN1618P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

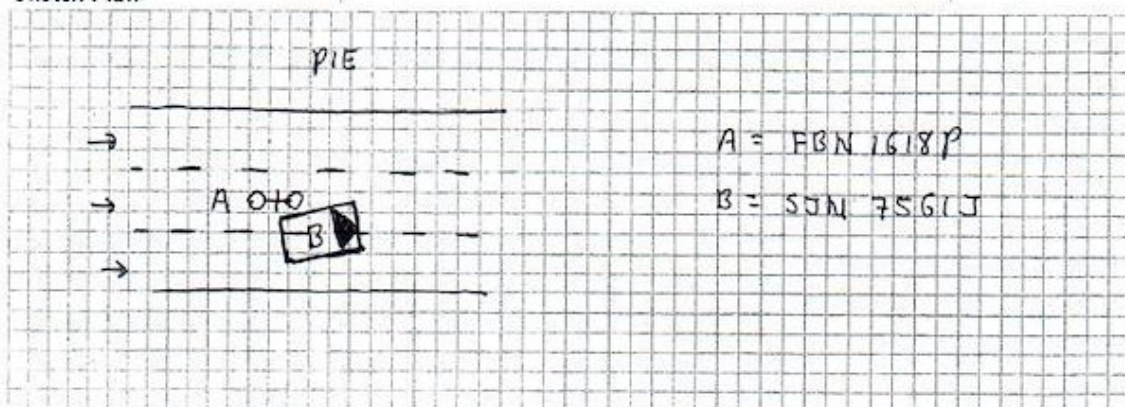
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report T/20210323/2026

I wish to state veh B without signaling and cut into my lane

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel































**SINGAPORE
POLICE FORCE**



T/20210323/2026

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20210323/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2021 11:18	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars			
Name of Informant: NURZAINA BINTI SAID AHMAD		Address: APT BLK 805 TAMPINES AVENUE 4 #03-27 SINGAPORE 520805	
ID Type / ID No.: NRIC NO / S9442701J		Contact No.: Home/Office: Mobile: 90188247	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 26	Date of Birth: 21/11/1994	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Customs/Immigration officer		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2021 08:05	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1618P	Motorcycle				Slightly Damaged	1
SJN7561J	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210323/2026

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529662
Tel No: 1800-5871999

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Report No. T/20210323/2026

CONTINUATION OF REPORT

Brief Details.

On 23/3/2021 at 0805hrs, I was travelling on my motorcycle on PIE towards Tuas. I was on the first lane, and in front of me was a Red Toyota Vios, bearing plate number SJN7561J. I noticed that the car in front was driving slowly, and as such, I moved into the second lane to overtake.

However, just as I was about to pass by the Red Toyota Vios, he tried to move into the second lane and as such, collided with my motorcycle, causing me to fall off.

I made a check on my motorcycle, and discovered that there were some scratches and dents as a result of the accident.

The driver then approached me, asking whether I had sustained any injuries. We then proceeded to exchange particulars, as he was rushing off to his destination.

I wish to state that neither the driver nor myself have any footage of the accident.

Afterwards, I proceeded to Changi General Hospital to examine my injuries, and was given three days of medical leave. That is all.



**SINGAPORE
POLICE FORCE**



T/20210323/2026

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20210323/2026

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:

G /

Sgt 2 MUHAMMAD ASYRAF BIN MOHAMMED
IBRAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/03/2021 11:18

Officer In Charge Of Case:

TP / AEIT /

Insp BOON-YEN KIAN

Contact No: 65476172

POLICE FOR

Authentication Stamp

NP168

SIGNATURE

Classification Of Case: