

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 05/05/2021 10:42 (SGT)
Date of Accident 01/05/2021 12:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information MARTIN PLACE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ8301R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner QURAISHA BINTE ABDUL JALAL
NRIC No SXXXX224A
Email Address quraishajalal@gmail.com
Mobile Phone No (Phone) +65-90471640
Alternative Phone No +65-90471640

VEHICLE PARTICULARS

Manufacturer Piaggio
Model Vespa Sprint
Variant -
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 - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5120325345 (TPFT)
Cover Note Number -

DRIVER

Name of Driver QURAISHA BINTE ABDUL JALAL
NRIC No SXXXX224A

Date Of Birth	29/11/1992
Occupation	Indoor
Date Of Driving Pass	28/06/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90471640
Alt. Phone Number	+65-90471640
Email Address	quraishajalal@gmail.com
Address	BLK 257 JURONG EAST STREET 24 #07-417
Address complement	-
Postcode	600257
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	2
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

Refer to Police Report T/20210501/7022

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	SME7720D
Vehicle Manufacturer	Honda
Vehicle Model	Freed
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	PHUA LI PING JULIANA
NRIC No	SXXXX699H
Contact Number	(Phone) +65-93234131
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	QURAISHA BINTE ABDUL JALAL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	28
Injuries Sustained	Fracture of Fibula (Ankle Fractured) - 10 days Medical Leave (Singapore General Hospital)
Injured person in which vehicle?	FBQ8301R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

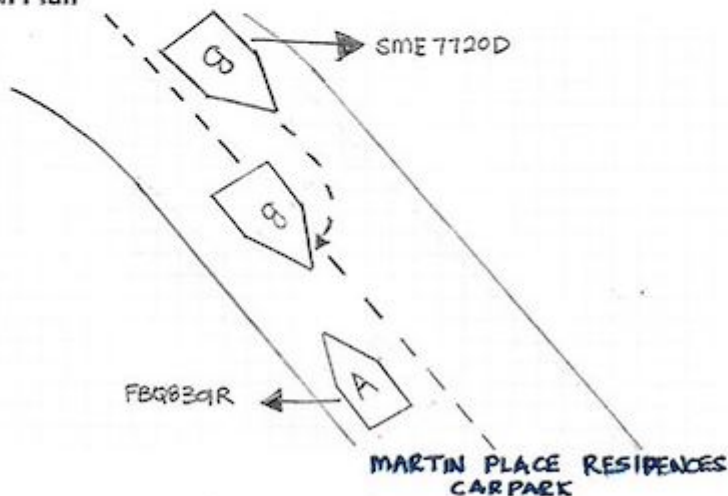
SKETCH PLAN**IMPORTANT NOTICE**

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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

IDAC KAKI BUKIT (VICOM LTD)
23 KAKI BUKIT AVENUE 4S(415933)
Witnessed by Reporting Centre Personnel

Sketch Plan

A: FBQ8301R

B: SME7720D

Describe Circumstances of the Accident

- KINDLY REFER TO THE POLICE REPORT BRIEF DETAILS

- KINDLY REFER TO THE POLICE REPORT BRIEF DETAILS

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

IDAC KAKI BUKIT (VICOM LTD)
23 KAKI BUKIT AVENUE 4S(415933)
Witnessed by Reporting Centre
Personnel























**SINGAPORE
POLICE FORCE**



T/20210501/7022

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

1 of 4
Report No. T/20210501/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2021 19:47		Vide Report No.: E/20210501/0134		Station Diary No.:	
Informant's Particulars					
Name of Informant: QURASHA BINTE ABDUL JALAL			Address: 257 JURONG EAST STREET 24 #07-417 SINGAPORE 600257		
ID Type / ID No.: NRIC NO / S9244224A			Contact No.: Home/Office: Mobile: 90471640		
Nationality: SINGAPORE CITIZEN			Email: QURASHAJALAL@GMAIL.COM		
Sex: Female	Age: 28	Date of Birth: 29/11/1992	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Cabin attendant/steward			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/05/2021 12:15	Type of Location: Condo carpark entrance
Location: MARTIN PLACE				
Weather: Clear		Road Surface: Uneven		Road Speed Limit: 15 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ8301R	Motorcycle	PIAGGIO	VESPA SPRINT 150 ABS MIV	Blue	Seriously Damaged	0
SME7720D	Car	HONDA	Freed	Blue	Slightly Damaged	1



**SINGAPORE
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T/20210501/7022

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

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Report No. T/20210501/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ8301R	NTUC Income Insurance Co-Operative Limited	5120325345	23/12/2020	22/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	QURAISHA BINTE ABDUL JALAL		ID No.	S9244224A
Related Vehicle	FBQ8301R (Motorcycle)		Contact No.	90471640
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	01/05/2021		Date	01/05/2021
No. of Days granted Medical Leave		10	Degree of	Serious
Driver				
Name	PHUA LI PING JULIANA		ID No.	S8032699H
Related Vehicle	SME7720D (Car)		Contact No.	93234131
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

On 1 May 2021 at about 1230hours, my motorbike FBQ8301R collided with a car, SME7720D while I was turning out from Martin Place Residence Condo. It's a two way lane, without any markings.

Ms Phua informed me that she was distracted that's why she encroached into the lane that I was on.

I conveyed on an ambulance to SGH and was diagnosed to have sustained an fracture of fibula (ankle fractured) and will need to be in a cast for 6 weeks - resulting in major loss of income, pain suffering and long term inconvenience.

Any further enquiries, do contact me at 90471640. Thank you!



**SINGAPORE
POLICE FORCE**



T/20210501/7022

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

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Report No. T/20210501/7022

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210501/7022

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20210501/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
TAN JUN YAN
Contact No.: 65476311

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
01/05/2021 19:47

Classification Of Case: