

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	03/06/2021 16:15 (SGT)
Date of Accident	22/05/2021 14:50 (SGT)
Exact Location of Accident	Bishan St. 15, Singapore
Additional Location Information	BISHAN STREET 15, SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3957C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAFIDAH BINTE EUNOS
NRIC No	S8812824I
Email Address	rafidaheunos@gmail.com
Mobile Phone No	(Phone) +65-94271422
Alternative Phone No	+65-94271422

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBF 190WH
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
Transmission	Manual
CC	190

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5095283725-03 (TPFT)
Cover Note Number	-

DRIVER

Name of Driver	RAFIDAH BINTE EUNOS
NRIC No	S8812824I

Date Of Birth	22/04/1988
Occupation	Outdoor
Date Of Driving Pass	11/10/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94271422
Alt. Phone Number	+65-94271422
Email Address	rafidaheunos@gmail.com
Address	BLK 621B EDGEFIELD WALK #04-49
Address complement	-
Postcode	822621
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 - U-Turn
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

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	SDU84A
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	RAFIDAH BINTE EUNOS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT KNEE, RIGHT ANKLE, RIGHT ELBOW AND OTHER PARTS OF BODY SWOLLEN.
Injured person in which vehicle?	FBM3957C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

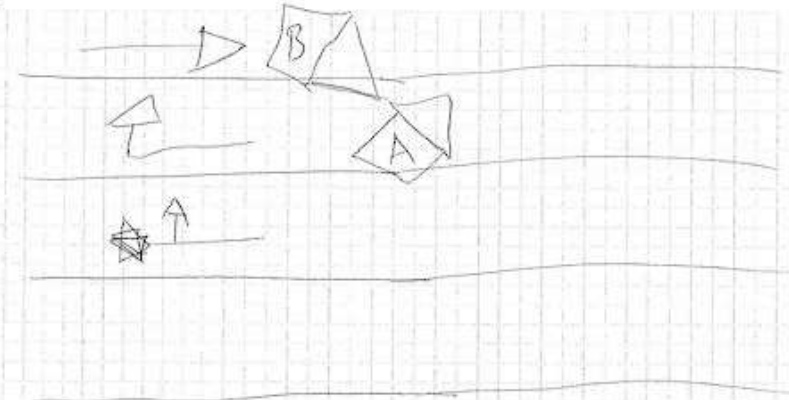
SKETCH PLAN**IMPORTANT NOTICE**

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

ho 30 JUNE 2021
1438 HRS
Policyholder's Signature / Date & Time

03 JUN 2021
Driver's Signature (If driver is not the policyholder) / Date & Time

WITNESSED BY REPORTING CENTRE PERSONNEL
Witnessed by Reporting Centre Personnel

Sketch Plan

[illegible]

Declaration

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

3rd JUNE 2021
1438HRS

Policyholder's Signature / Date & Time

03 JUN 2021

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



Witnessed by Reporting Centre
Personnel



























**SINGAPORE
POLICE FORCE**



T/20210523/7000

1 of 3

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

Report No. T/20210523/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2021 01:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RAFIDAH BINTE EUNOS			Address: 621B EDGEFIELD WALK #04-49 SINGAPORE 822621		
ID Type / ID No.: NRIC NO / S8812824I			Contact No.: Home/Office: Mobile: 94271422		
Nationality: SINGAPORE CITIZEN			Email: RAFIDAHEUNOS@GMAIL.COM		
Sex: Female	Age: 33	Date of Birth: 22/04/1988	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Despatch worker			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: 22/05/2021 14:50	Type of Location: Straight Road
Location: BISHAN STREET 15				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBM3957C	Motorcycle	HONDA	CBF190W	Multi-Colored	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM3957C	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
POLICE FORCE**



T/20210523/7000

2 of 3

Report No. T/20210523/7000

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAFIDAH BINTE EUNOS	ID No.	S8812824I
Related Vehicle	FBM3957C (Motorcycle)	Contact No.	94271422
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	22/05/2021	Date	22/05/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was going straight after the right turn from Bishan Street 14. As i was riding along Bishan Street 15 towards SkyVue Condominium, a SUV plate no SDU84A made a sudden illegal U-turn which i tried to avoid the accident by swerving to my right side and end up with a collision.



**SINGAPORE
POLICE FORCE**



T/20210523/7000

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

3 of 3

Report No. T/20210523/7000

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 /
LIM ENG KUAN, CLARENCE
Contact No.: 65476200

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:
23/05/2021 01:40

Classification Of Case: