

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 07/06/2021 17:18 (SGT)
Date of Accident 03/06/2021 10:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES STREET 34
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ5515K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NUR ADAWIYAH BINTE RAZALI
NRIC No S9840972F
Email Address adawiyahrazali98@gmail.com
Mobile Phone No (Phone) +65-94227417
Alternative Phone No +65-94227417

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YAMAHA / SNIPER T150
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 5113594910-01
Cover Note Number -

DRIVER

Name of Driver NUR ADAWIYAH BINTE RAZALI

Date Of Birth	11/12/1998
Occupation	Indoor
Date Of Driving Pass	10/07/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94227417
Alt. Phone Number	+65-94227417
Email Address	adawiyahrazali98@gmail.com
Address	BLK 351 #05-464 TAMPINES STREET 33
Address complement	-
Postcode	520351
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	Side Swipe
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/2021063/2028;

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM7879M
Vehicle Manufacturer	Honda
Vehicle Model	HONDA / FREED HYBRID 1.5G AUTO
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	NUR ADAWIYAH BINTE RAZALI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	22
Injuries Sustained	-
Injured person in which vehicle?	FBQ5515K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. The 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.

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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@idac.com.sg

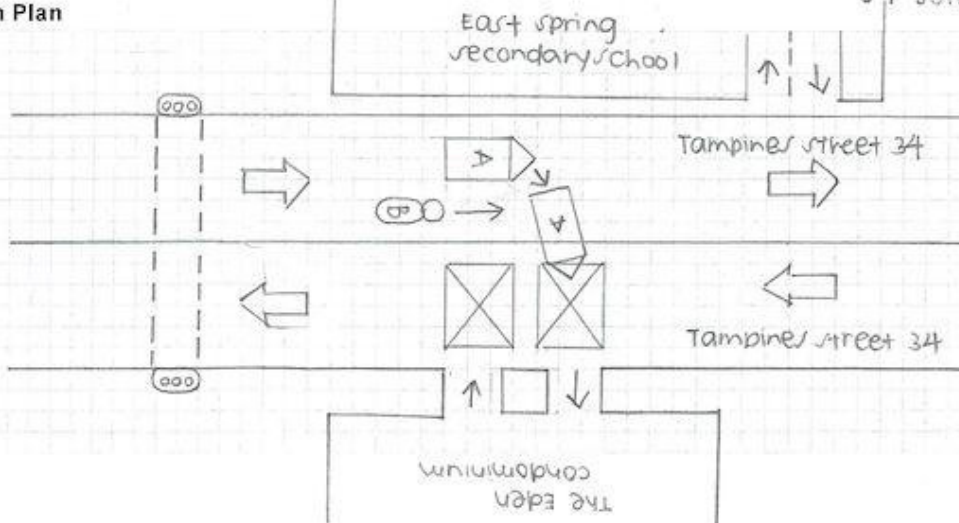
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

07 JUN 2021

Sketch Plan













**SINGAPORE
POLICE FORCE**



T/20210603/2028

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4

Report No. T/20210603/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2021 12:05		Vide Report No.:		Station Diary No.: 26
Informant's Particulars				
Name of Informant: NUR ADAWIYAH BINTE RAZALI		Address: APT BLK 351 TAMPINES STREET 33 #05-464 SINGAPORE 520351		
ID Type / ID No.: NRIC NO / S9840972F		Contact No.: Home/Office: Mobile: 94227417		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 22	Date of Birth: 11/12/1998	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: Preschool Teacher		Driving Licence Information: Class: 2B,2A,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/06/2021 10:40	Type of Location: Straight Road
Location: TAMPINES STREET 34				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ5515K	Motorcycle	YAMAHA	SNIPER T150	Green	Slightly Damaged	0
SMM7879M	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ5515K	NTUC Income Insurance Co-Operative Limited	5113594910-01	23/10/2020	22/10/2021



**SINGAPORE
POLICE FORCE**



T/20210603/2028

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 4

Report No. T/20210603/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR ADAWIYAH BINTE RAZALI	ID No.	S9840972F
Related Vehicle	FBQ5515K (Motorcycle)	Contact No.	94227417
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	HUANG LINTING <i>Linting</i>	ID No.	S7482281I
Related Vehicle	SMM7879M (Car)	Contact No.	91899186
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/06/2021 at about 1040hrs, I was riding my motorbike (FBQ5515K) along Tampines St 34. At that time, I was heading towards Tampines St 32 and there was another car (SMM7879M) in front of me. As we were approaching beside a Condo (The Eden), The car suddenly jammed break and became stationary, seeing this, I wanted to overtake the car on the right as there was no signal lights turned on. As such, I moved to the right side of the car however, as I was about to overtake, it suddenly made a right turn. As such, the front of my motorbike collided into the front right of her car. *At the passenger seat right side.*

Due to the collision, I had a fall from my bike. I was conscious through out the incident. Eventually I got up and moved to the side. The car was still at scene as well. At that point of time I felt some numbness on my arms but aside from that no major injuries. Subsequently, Police and ambulance came to scene, I was administered first aid by SCDF but not conveyed. The other driver and myself then exchanged particulars. The Police at scene then also advised both of us to lodge a traffic report. *I noticed her passenger door on the right was dented as well.*

After which, we left the scene, I made further inspections on my motorbike and saw that the cover set had came out and that there were scratches on the right side of the bike.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20210603/2028

3 of 4

Report No. T/20210603/2028

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20210603/2028

4 of 4

Report No. T/20210603/2028

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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 GIDEON LIM KAI-EN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/06/2021 12:05

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Classification Of Case:

Authentication Stamp
NP168





FAITH Healthcare (Tampines)

11 Tampines Street 32, #01-11 Tampines Mart Singapore (529287) Tel: 6443 3843

...a member of Faith Medical Group

www.faithmedical.sg

MEDICAL CERTIFICATE

A No.: 034719

This is to certify that NUR ADAWIYAH BINTE RAZALI is unfit for duty / school for 2 days, from 04-Jun-2021 to 05-Jun-2021 inclusive.

REMARKS

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Date : 04-Jun-2021

Dr JEREMY GONZALEZ
F MBBS MRCS GDFM
FAITH Healthcare (Tampines)



FAITH Healthcare (Tampines)

11 Tampines Street 32, #01-11 Tampines Mart Singapore (529287) Tel: 6443 3843

...a member of Faith Medical Group

www.faithmedical.sg

MEDICAL CERTIFICATE

A No.: 034747

This is to certify that NUR ADAWIYAH BINTE RAZALI is unfit for duty / school for 3 days, from 06-Jun-2021 to 08-Jun-2021 inclusive.

REMARKS

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Date : 06-Jun-2021



FAITH Healthcare (Tampines)
11 Tampines Street 32, #01-11 Tampines Mart
Singapore 529287 Tel: 64433843