

# 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 .....	03/08/2021 12:36 (SGT)
Date of Accident .....	30/07/2021 15:00 (SGT)
Exact Location of Accident .....	Hazel Park Terrace, Singapore
Additional Location Information .....	HAZEL PARK TERRACE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBN4026C
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NORHIDAYAH BINTE MD TAIB
NRIC No .....	SXXXX865E
Email Address .....	IDAHAIDAYAH1782@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87922407
Alternative Phone No .....	(Home) +65-87922407

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	SUPRA GTR 150 MANUAL
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 .....	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	-
Cover Note Number .....	-

### DRIVER

Name of Driver .....	NORHIDAYAH BINTE MD TAIB
NRIC No .....	SXXXX865E

Date Of Birth .....	17/02/1982
Occupation .....	Indoor
Date Of Driving Pass .....	21/05/2008
Driving experience .....	13 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-87922407
Alt. Phone Number .....	(Home) +65-87922407
Email Address .....	IDAHIDAYAH1782@GMAIL.COM
Address .....	BLK 525 BEDOK NORTH ST 3
Address complement .....	#05-416
Postcode .....	460525
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 vehicle 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 .....	Kaki Bukit Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004429999
Alt. Police Station Phone No .....	(Fax) +65-62444377
Police Station Address .....	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
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 .....	SMM6723K
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 .....	NORHIDAYAH BINTE MD TAIB
Gender .....	Female
Phone No .....	(Phone) +65-87922407
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBN4026C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/IN No.:



## DECLARATION

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





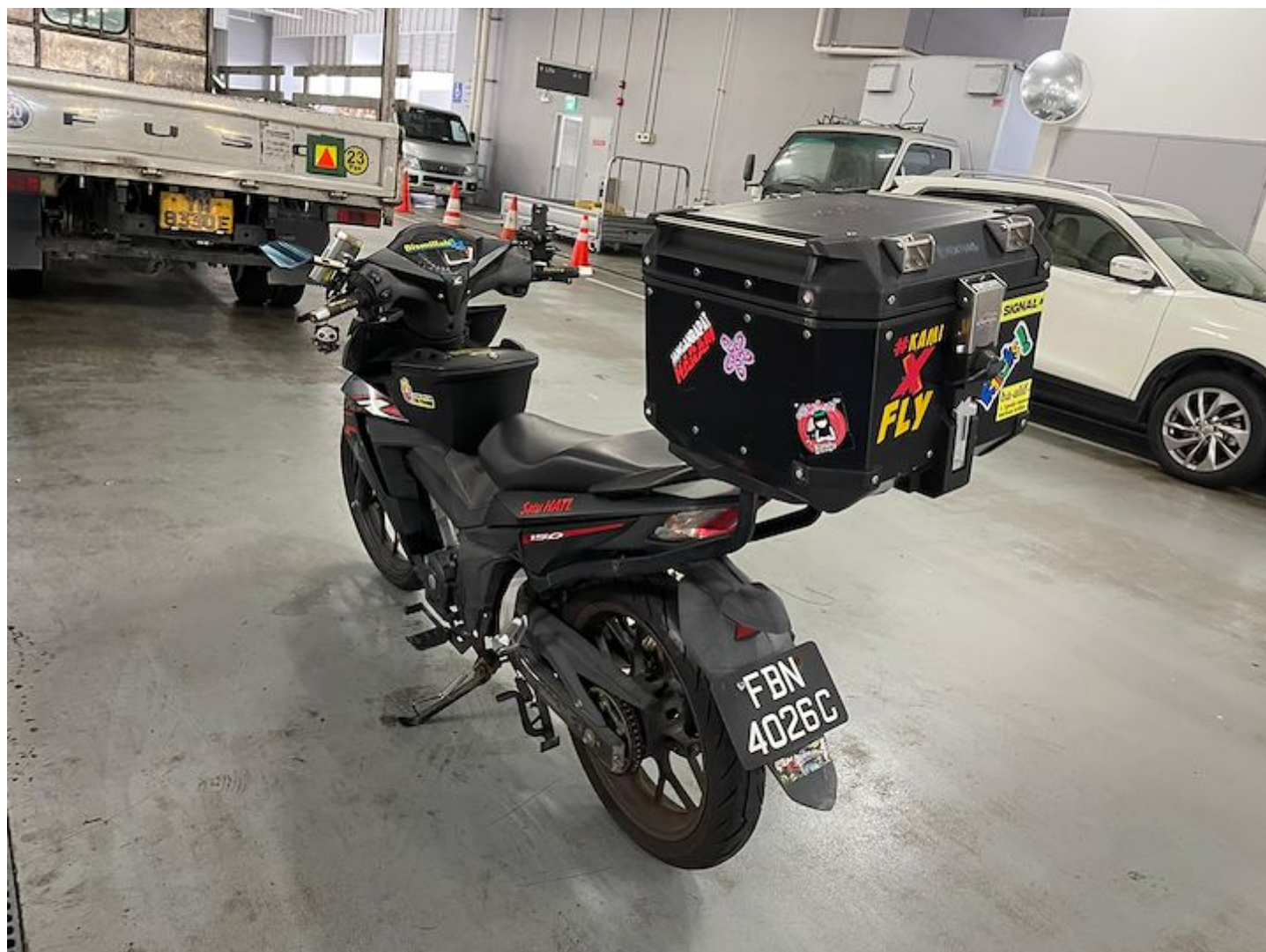
















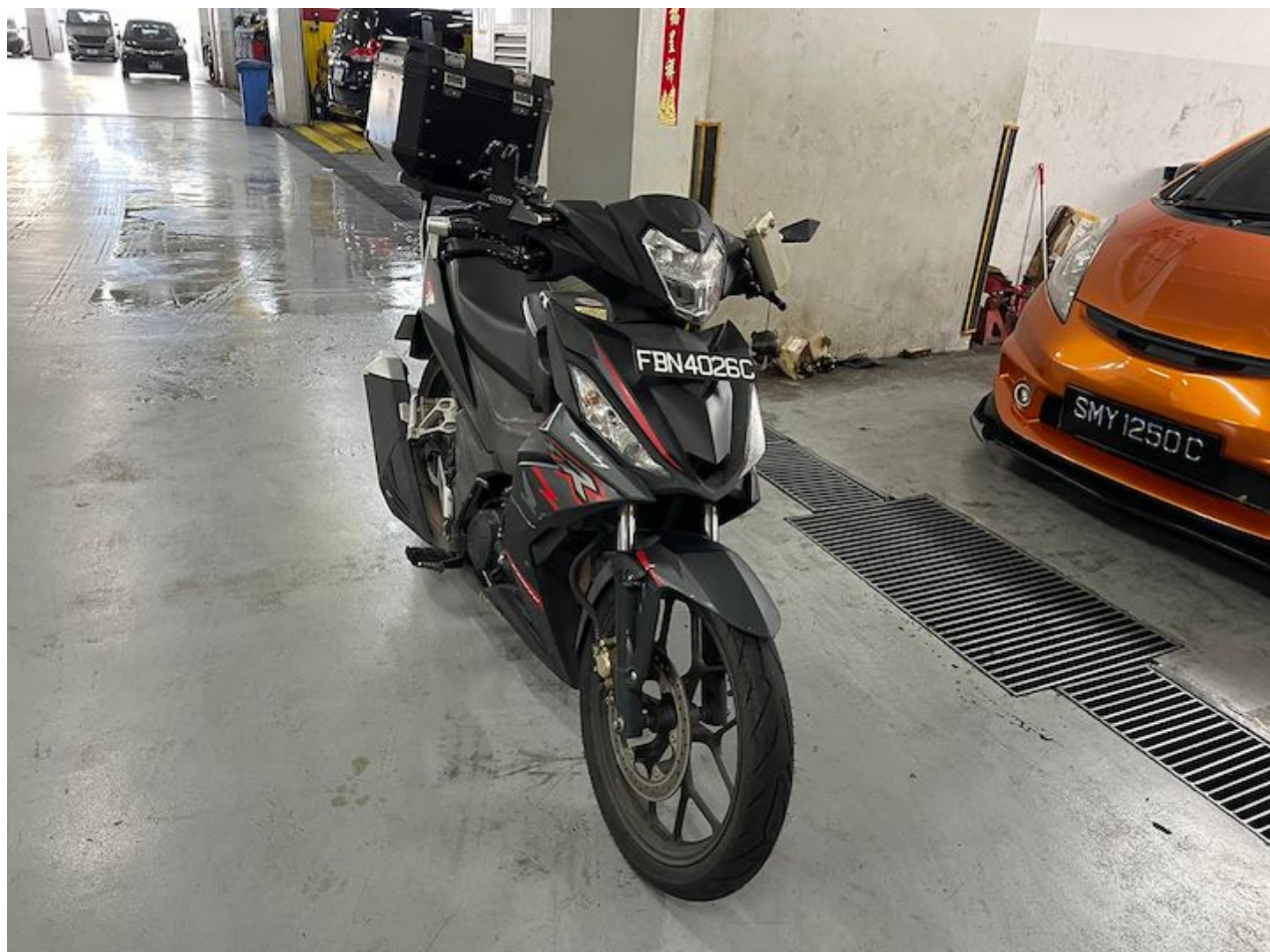


























**SINGAPORE  
POLICE FORCE**



T/20210731/2061

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

1 of 3

Report No. T/20210731/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/07/2021 16:04	Vide Report No.: J/20210730/0107	Station Diary No.: 15
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: NORHIDAYAH BINTE MD TAIB			Address: APT BLK 525 BEDOK NORTH STREET 3 #05-416 SINGAPORE 460525		
ID Type / ID No.: NRIC NO / S8203865E			Contact No.: Home/Office: Mobile: 87922407		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 17/02/1982	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: MOM STAFF			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/07/2021 15:00	Type of Location: Straight Road
Location:  HAZEL PARK TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4026C	Motorcycle	HONDA	SUPRA GTR 150 MANUAL	Black	Seriously Damaged	0
SMM6723K	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------





**SINGAPORE  
POLICE FORCE**



T/20210731/2061

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

2 of 3  
Report No. T/20210731/2061

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN4026C	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC01006610	22/09/2020	21/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NORHIDAYAH BINTE MD TAIB	ID No.	S8203865E
Related Vehicle	FBN4026C (Motorcycle)	Contact No.	87922407
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/07/2021	Date Discharge	30/07/2021
No. of Days granted Medical Leave	10	Degree of Injury	Serious

**Brief Details.**

on 30/07/21 about 1500hrs I was at the said location doing my Dispatch , in the condo was a 2 way traffic and out of sudden the car turn right and hit onto my motorcycle and the driver came over to help me and told me he is was at fault but that time I was in pain and I call my company then call 995 for me and I was conveyed to Ng Teng Fong General Hospital and the doctor say I have rib fracture and my right hand also fracture and was given 10 day MCs.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999



T/20210731/2061

3 of 3

Report No. T/20210731/2061

**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 1 NICHOLAS LEONG BOON KIAT

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
31/07/2021 16:04

Classification Of Case: