

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 06/01/2022 10:18 (SGT)
Date of Accident 04/01/2022 18:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE(PIE) BEFORE TAMPINES AVENUE 10 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ6983K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HERMAN SIANIPAR BIN SUDIN
NRIC No S7016763H
Email Address hermansianipar@yahoo.com
Mobile Phone No (Phone) +65-94529799
Alternative Phone No +65-94529799

VEHICLE PARTICULARS

Manufacturer Kawasaki
Model W175 SE
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 180

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5125091228
Cover Note Number -

DRIVER

Name of Driver FELLA FAZLINI BINTE HERMAN SIANIPAR
NRIC No T0234421H

Date Of Birth	16/11/2002
Occupation	Indoor
Date Of Driving Pass	15/12/2021
Driving experience	1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81832303
Alt. Phone Number	-
Email Address	hermansianipar@yahoo.com
Address	BLK 232 TAMPINES STREET 21 #08-641
Address complement	-
Postcode	521232
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 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	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

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	SENT TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9292Y
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Blue

Vehicle Category	Taxi
Name of Driver	QUEK PIAK KHIM
NRIC No	S0199907I
Contact Number	(Phone) +65-98233611
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	FELLA FAZLINI BINTE HERMAN SIANIPAR
Gender	Female
Phone No	(Phone) +65-81832302
Address	BLK 232 TAMPINES STREET 21 #08-641
Address Complement	-
Post Code	521232
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ6983K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

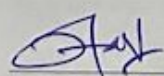
SKETCH PLANIMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

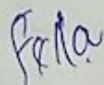
I understand, acknowledge, agree and consent that:

- (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: 6/1/20 1000



Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/1/20 1000



Reporting Centre Personnel's Signature

Name: HAZAR

NRIC/FIN No.: 8151750

A - FEB 26 983K

B - 549292Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT NUM T/20220105/2005

DECLARATION

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


Policyholder's Signature

Date & Time: 6/1/22 1120

Driver's Signature *Jella S.*
(If driver is not the policyholder)
Date & Time: 6/1/22 10:00

Reporting Centre Personnel's Signature
Name: S92/91 Alvin
NRIC/FIN No.: 599/750





















**SINGAPORE
POLICE FORCE**



T/20220105/2003

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

1 of 3

Report No. T/20220105/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2022 00:56	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: FELLA FAZLINI BINTE HERMAN SIANIPAR	Address: APT BLK 232 TAMPINES STREET 21 #08-641 SINGAPORE 521232		
ID Type / ID No.: NRIC NO / T0234421H	Contact No.: Home/Office: Mobile: 81832303		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 19	Date of Birth: 16/11/2002	Type of Informant: Rider
Race: Javanese	Language:		Institution / School Name:
Occupation: Student	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2022 18:05	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBQ6983K	Motorcycle				Seriously Damaged	0
SH9292Y	Car					1

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**



T/20220105/2003

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

2 of 3

Report No. T/20220105/2003

CONTINUATION OF REPORT

Rider			
Name	FELLA FAZLINI BINTE HERMAN SIANIPAR	ID No.	T0234421H
Related Vehicle	FBQ6983K (Motorcycle)	Contact No.	81832303
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2022	Date Discharge	04/01/2022
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	QUEK PIAK KHIM	ID No.	S0199907I
Related Vehicle	SH9292Y (Car)	Contact No.	98233611
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 04/01/2021 at 1808hrs, I was riding my motorbike (FBQ6983K) along TPE towards Changi Airport on the lane 3 of the four-lane road. While about 800m before the exit to Pasir Ris Dr 12, a taxi from my rear suddenly side swipe onto me and my bike fell to the floor beside the taxi and I am not sure if I was dragged by the taxi or my motorbike skidded on its own. I called my family's friend to come down to scene, while waiting for her arrival, we moved our vehicle to the side of the expressway due to obstruction of the road. My motorbike was severely damaged from the accident and the dash cam camera was damaged due to it as well. The footage was fine up till the point of the accident. I went to Changi General Hospital and received a 7-day MC.

**SINGAPORE
POLICE FORCE**

T/20220105/2003

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

3 of 3

Report No. T/20220105/2003

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 WONG QING JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:

05/01/2022 00:56

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE