

## 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 Actual 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 as stated.

### ACCIDENT STATEMENT

Date of Submission ..... 25/08/2022 14:18 (SGT)  
Reported by ..... Both  
Date of Accident ..... 23/08/2022 15:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 21 Tampines Ave 1 Singapore 529757 (Tampines carpark)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS9283S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NURUL NATASHA BINTE MUHAMMAD  
NRIC No ..... S9415957A  
Email Address ..... POLICE\_FUTURE94@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-92372500  
Alternative Phone No .....

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... R15 ABS 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 under own  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 160

### INSURANCE COMPANY

Name of Insurance Company .....  
Policy Number / Cover Note Number .....

### DRIVER

Name of Driver .....  
NRIC No .....  
Date Of Birth .....

### 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 Actual 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 rescind 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 Traffic Police Department for investigation.**
- 6 This report will be forwarded by the Insurers to 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.

### 2 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

### SKETCH PLAN

Policyholder's Signature / Date & Time

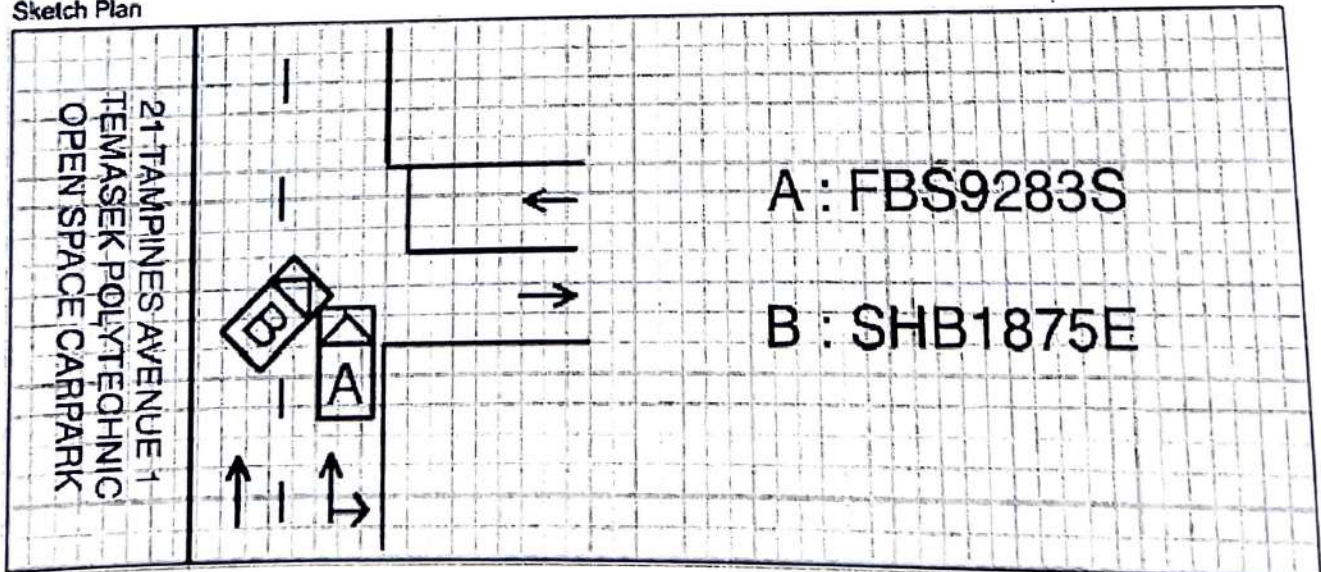
25/08/2022  
1400HRS

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

SUMAN SUKUMAR  
S990968

### Sketch Plan







**SINGAPORE  
POLICE FORCE**



F/20220824/7059

1 of 2

Report No. F/20220824/7059

**POLICE REPORT (NP299)**

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 24/08/2022 18:08		Vide Report No.		Station Diary No.	
Name Of Informant NURUL NATASHA BINTE MOHD SALIM		Address 641 ANG MO KIO AVENUE 4 #07-818 SINGAPORE 560641			
ID Type / ID No. NRIC NO / S9415957A		Contact No. Home/Office:		Mobile: 92372500	
Nationality SINGAPORE CITIZEN		Email Address POLICE_FUTURE94@HOTMAIL.COM			
Occupation Applications/Systems programmer		Sex Female	Age 28	Date of Birth 13/05/1994	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 23/08/2022 15:50 - 24/08/2022 17:55		Location Of Incident 641 ANG MO KIO AVENUE 4 #07-818 SINGAPORE 560641			

**Brief details.**

On 23 august at about 1550hrs , i was at Temasek polytechnic on the way to another block to return the school keys.

I was on the extreme right lane on 2 lane while the taxi was on the left side of the lane. My bike FBS9283S collided with taxi strides SHB1875E

I was going straight for the road and the taxi from the left swift in to turn in to the right . In result , i was hit by the taxi and flung off from my bike

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2022 18:08
Officer In-Charge Of Case:	Classification Of Case: