

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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 19/10/2022 20:13 (SGT)
Reported by Both
Date of Accident 17/10/2022 08:30 (SGT)
Exact Location of Accident Tuas South Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD8982T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner EMELDA NATASHA ADANAN
NRIC No S9440183F
Email Address 94EMELDA@GMAIL.COM
Mobile Phone No (Phone) +65-91689588
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T135
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 0

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5122324542-01

DRIVER

Name of Driver EMELDA NATASHA ADANAN
NRIC No S9440183F
Date Of Birth 26/10/1994
Occupation Indoor

Date Of Driving Pass	28/04/2016
Driving experience	6 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91689588
Alt. Phone Number	-
Email Address	94EMELDA@GMAIL.COM
Address	APT BLK 737 WOODLANDS CIRCLE #11-481
Address complement	-
Postcode	730737
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 to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3623Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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

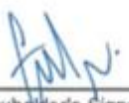
Name of injured person	EMELDA NATASHA ADANAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD8982T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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)**

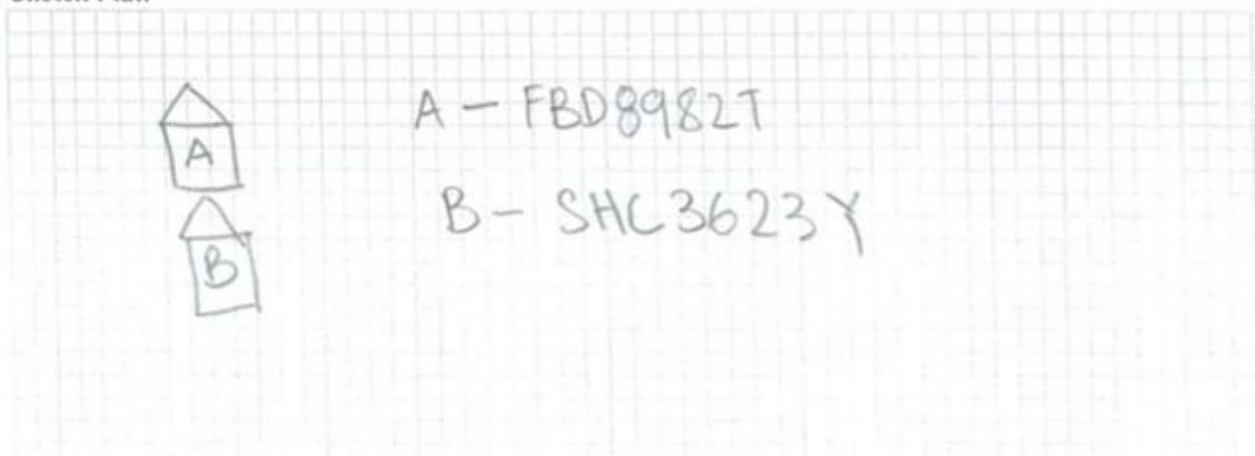
I understand, acknowledge, agree and consent that:

- (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.


Policyholder's Signature / Date & Time

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

SHAUN TOH
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO TRAFFIC ACCIDENT REPORT BY POLICE

Declaration

We declare the foregoing particulars are true in every respect.

[Handwritten Signature]

Policyholder's Signature / Date & Time

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

SHAUN TOH

Witnessed by Reporting Centre Personnel

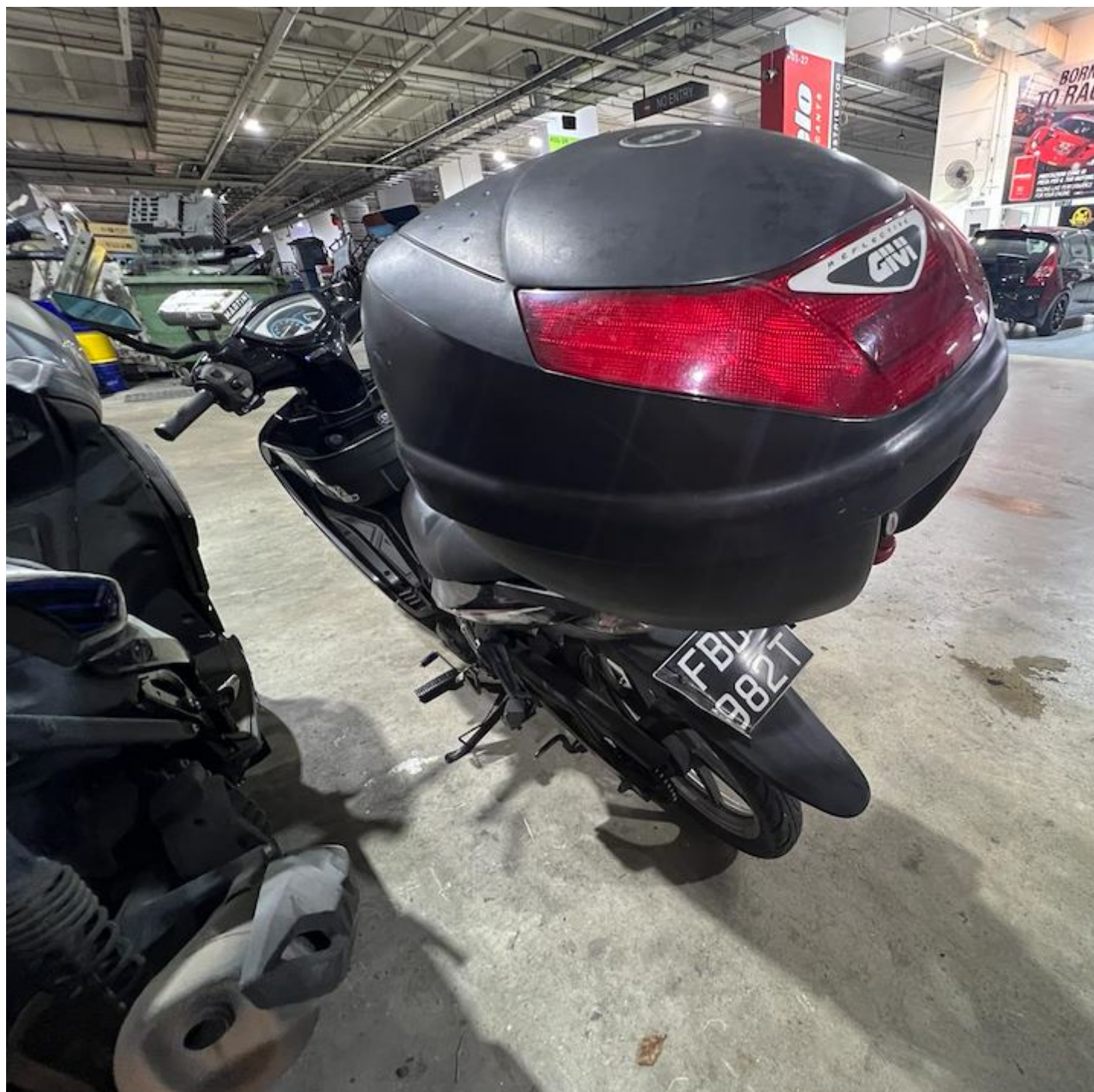














**SINGAPORE
POLICE FORCE**



T/20221017/2075

2 of 3

Report No. T/20221017/2075

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	EMELDA NATASHA BINTE ADANAN	ID No.	S9440183F
Related Vehicle	FBD8982T (Motorcycle)	Contact No.	91689588
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	EE TECK HUA	ID No.	S7625589Z
Related Vehicle	SHC3623Y (Car)	Contact No.	90265641
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 17/10/2022 at about 0830hrs, I was riding my motorcycle FBD8982T along Tuas South Avenue 5 along the third lane, at the junction of Tuas South Avenue 2. The traffic light was red, and my motorcycle was stopped along the stop line and there was a taxi SHC3623Y behind me. When the light turned green, I wanted to move off however my motorcycle stalled. As I was about to start it up, the taxi collided onto the rear of my motorcycle, causing me to fall on my left while my motorcycle fell towards the right.

Subsequently the taxi driver got out of his taxi and assisted me. We then exchanged particulars. However I felt pain on my left shoulder and my tailbone. I went to Ng Teng Fong General Hospital and was given 3 days of MC due to contusion of flank, back, and my shoulder/upper arm.

**SINGAPORE
POLICE FORCE**

T/20221017/2075

3 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No: T/20221017/2075

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:

L /
STAFF SGT KHAIRUL ARIFIN
BIN KAMAL

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
17/10/2022 16:41Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20221017/2075

1 of 3

Report No. T/20221017/2075

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2022 16:41	Vide Report No.:	Station Diary No.: 85
--	------------------	--------------------------

Informant's Particulars		
Name of Informant: EMELDA NATASHA BINTE ADANAN		Address: APT BLK 737 WOODLANDS CIRCLE #11-481 SINGAPORE 730737
ID Type / ID No.: NRIC NO / S9440183F	Contact No.:	Mobile: 91689588
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Female	Age: 27	Date of Birth: 26/10/1994
Type of Informant: Rider		Institution / School Name:
Race: Malay	Language: English	
Occupation: ASSISTANT SUPPLY CHAIN ENGINEER	Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2022 08:30	Type of Location: T-Junction
Location: TUAS SOUTH AVENUE 5				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8982T	Motorcycle	YAMAHA	T135	Black	Slightly Damaged	0
SHC3623Y	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD8982T	NTUC Income Insurance Co-Operative Limited	5122324542-01	17/03/2022	16/03/2023