

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	05/01/2023 11:11 (SGT)
Reported by	Driver
Date of Accident	28/12/2022 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI AVENUE 2 & UBI ROAD 3 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3441Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMAD ALIFF HAIDAR BIN MUHAMMAD NUR
NRIC No	S9325691C
Email Address	NUSAIBAHMDNUR@GMAIL.COM
Mobile Phone No	(Phone) +65-89284126
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Xabre
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	Income Insurance Limited
Policy Number / Cover Note Number	5126174253

DRIVER

Name of Driver	NUSAIBAH NUR AMIRAH BINTE MUHAMMAD NUR
NRIC No	T0119165E
Date Of Birth	13/06/2001
Occupation	Outdoor

Date Of Driving Pass	16/02/2022
Driving experience	10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98528279
Alt. Phone Number	-
Email Address	NUSAIBAHMDNUR@GMAIL.COM
Address	BLK 211B COMPASSVALE LANE
Address complement	#03-210
Postcode	542211
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - Cross Junction
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)	2
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	-

PASSENGER 1

Name	SITTI NUR SYAKIRAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	ADVICE OI TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE9325J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NUSAIBAH NUR AMIRAH BINTE MUHAMMAD NUR
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BROKEN LEFT WRIST ABRASIONS ALL OVER BODY BACK PAIN
Injured person in which vehicle?	FBM3441Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	SITTI NUR SYAKIRAH BINTE MUSA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND ABRASION & WRIST INJURY
Injured person in which vehicle?	FBM3441Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

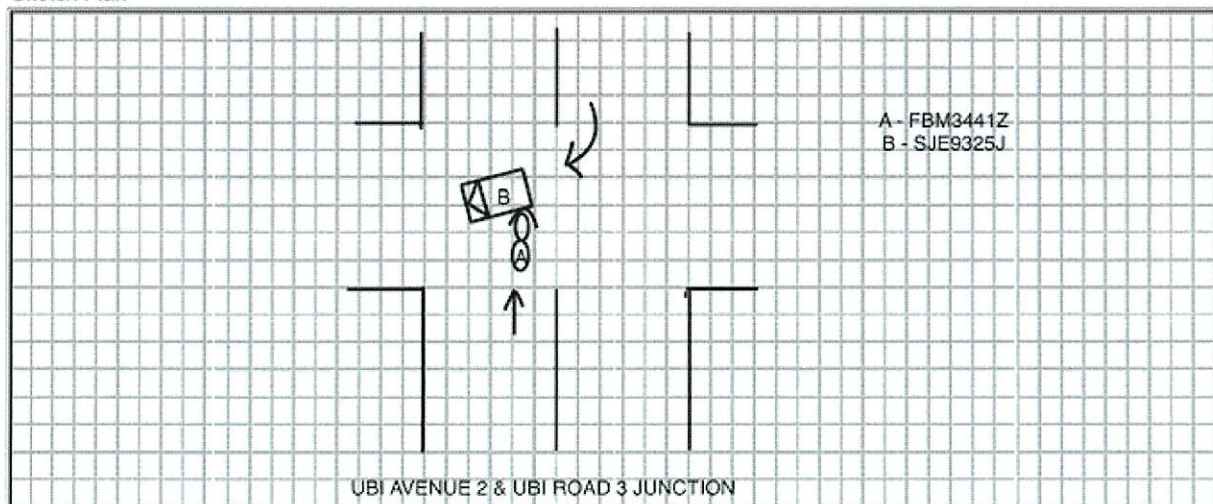
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

05/01/2023
Policyholder's Signature / Date & Time

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

MUAMMAR GADDAFI BIN MARZUKI
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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

05/01/2023
Policyholder's Signature / Date & Time

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

MUAMMAR GADDAFI BIN MARZUKI
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

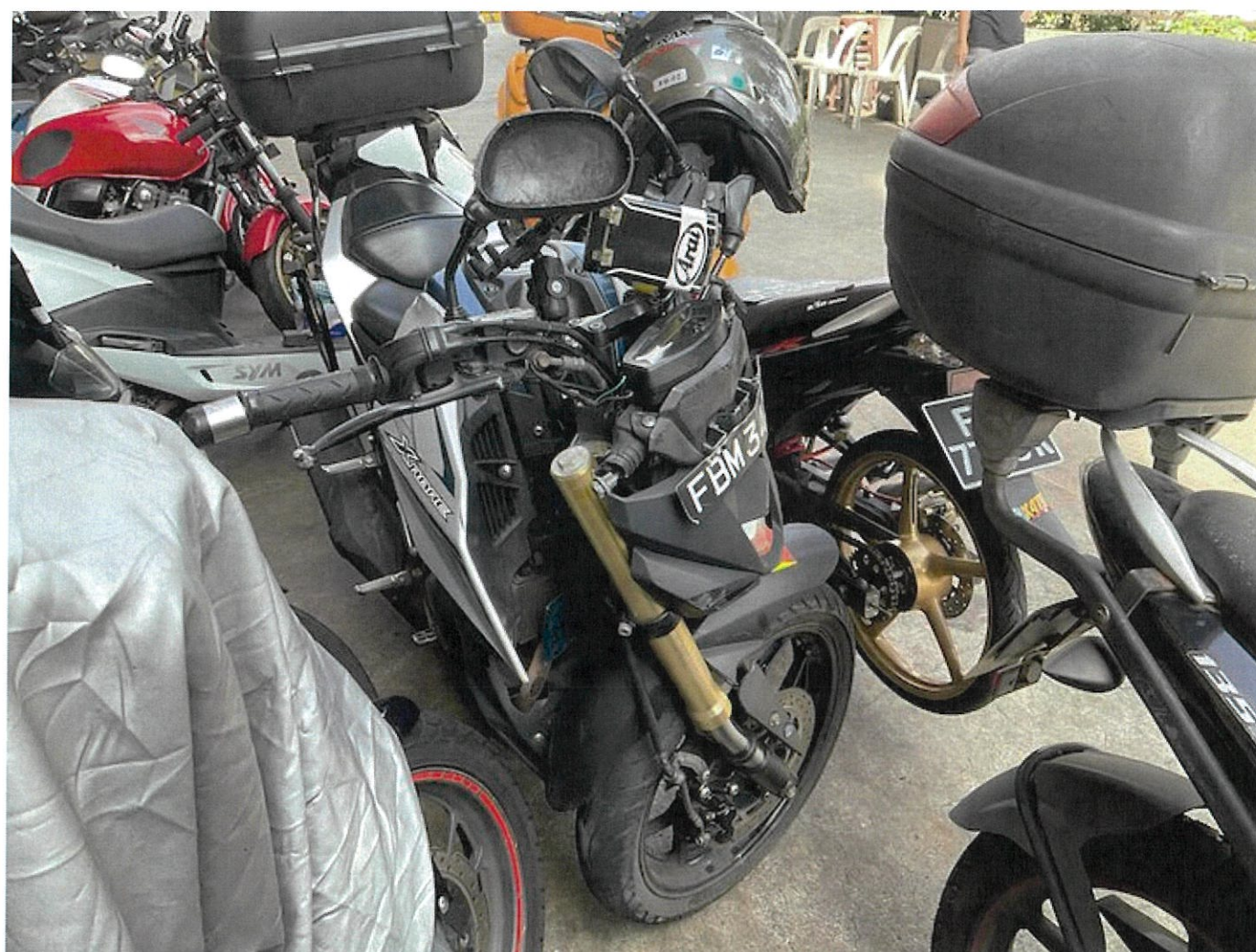






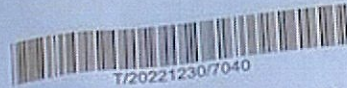







**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221230/7040

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Report No. T/20221230/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
30/12/2022 15:19

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: NUSAIBAH NUR AMIRAH BINTE MUHAMMAD NUR		Address: 211B COMPASSVALE LANE #03-210 SINGAPORE 542211	
ID Type / ID No.: NRIC NO / T0119165E		Contact No.:	Mobile: 98528279
Nationality: SINGAPORE CITIZEN		Home/Office:	
Sex: Female		Email: NUSAIBAHMDNUR@GMAIL.COM	
Age: 21	Date of Birth: 13/06/2001	Type of Informant: Rider	
Race: Indian	Language: English		Institution / School Name:
Occupation: GRAB Delivery	Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/12/2022 20:00	Type of Location: X-Junction
Location: UBI AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBM3441Z	Motorcycle					0
SJE9325J	Car					0

Details of Person Involved

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


**SINGAPORE
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20221230/7040

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Report No. T/20221230/7040

CONTINUATION OF REPORT

Pillion			
Name	SITTI NUR SYAKIRAH BINTE MUSA	ID No.	T0201571/J
Related Vehicle	FBM3441Z (Motorcycle)	Contact No.	88944410
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/12/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Rider			
Name	NUSAIBAH NUR AMIRAH BINTE MUHAMMAD NUR	ID No.	T0119165E
Related Vehicle	FBM3441Z (Motorcycle)	Contact No.	98528279
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	28/12/2022	Date	NIL
No. of Days granted Medical Leave	21	Degree of	Serious

Brief Details.

On the 28/12/2022 at about 8.00 pm, I was riding my motorcycle no. FBM 3441 Z along Ubi Avenue 2 towards the direction Ubi Road 1 with a pillion-rider namely, Sitti Nur Syakirah (NRIC no. T0201571/J). I travel this road very often because I do food delivery covering this area for the past 1 year.

As I was about to reach the junction of Ubi Avenue 2 and Ubi Road 3, I saw the traffic light was green in my favor and I proceeded straight to cross the junction. All of a sudden, there was a motorcar no. SJE 9325 J coming from the opposite direction of Ubi Avenue 2 who fail to stop to give way to me when I had the right of way and dashed out to turn right into Ubi Road 3 and caused a collision with my motorcycle. I and my pillion was flung off the motorcycle and suffered serious injuries and my pillion-rider was unconscious. I was told that the motorcar did not stop at the scene but came back a few minutes later to the scene of accident and inform the Traffic Police that he was the driver of the motorcar no. SJE 9325 J that was involved in the accident with my motorcycle.

I was conveyed by ambulance to Changi General Hospital and was given 21 days MC as I suffered fracture left wrist bone and among other things. I enclosed herewith my MC for 21 days from Changi General hospital for your attention.

I wish to claim against the insurance company of the motorcar no. SJE 9325 J for my serious personal injuries and consequential loss.



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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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T/20221230/7040

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Report No. T/20221230/7040

CONTINUATION OF REPORT

**SINGAPORE
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221230/7040

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Report No. T/20221230/7040

Sketch Plan

Informant is not able to provide sketch

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/12/2022 15:19

Classification Of Case:

