

SA1D232N0001 / Ajax Mars Pte Ltd  
ENTRY DATE & TIME: 23/02/2023 17:29 (SGT)  
SUBMITTED BY: Hashim  
VERSION: 1 (23/02/2023 17:29 (SGT))

Your NCD will be affected due to late reporting

## 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	23/02/2023 17:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/01/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8659H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AMALINA BINTE AIDAL
NRIC No	S9414022F
Email Address	Amlna.a@outlook.com
Mobile Phone No	(Phone) +65-88666920
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	DRZ400SMK8
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	Auto
CC	398

#### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/01071669

#### DRIVER

Name of Driver	AMALINA BINTE AIDAL
NRIC No	S9414022F
Date Of Birth	28/04/1994

Date Of Driving Pass .....	03/03/2021
Driving experience .....	1 YEAR AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-88666920
Alt. Phone Number .....	-
Email Address .....	Amlna.a@outlook.com
Address .....	621 Woodlands Drive 52
Address complement .....	#11-42
Postcode .....	730621
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 - U-Turn
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 .....	FATIN
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

AS PER ATTACHED POLICE REPORT LODGED ON LINE. VIDE REPORT NO. T/20230206/7097.

#### Brief Details

I was from Admiralty (my house) going to Singa Goody at Bedok North Ave 4 via SLE/TPE to have dinner with my pillion, Fatin. Accident happened after the flyover, after traffic light. I was going about 50km/hr as I just made a stop at traffic light. I was going on a straight road, and a Lexus Car (SLZ3447X) made a uturn abruptly from the other lane. I could not emergency brake on time or swerve to the side. Next moment I was conscious, I saw my pillion on the curb side, and passerby asking me to stay awake. Following after that, I know I was in Changi General Hospital being attended by the doctors.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ3447X
Vehicle Manufacturer	Toyota
Vehicle Model	LEXUS ES250 EXECUTIVE A/T S/R
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NO DETAIL
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	AMALINA BINTE AIDAL
Gender	Female
Phone No	(Phone) +65-88666920
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBC8659H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

##### INJURED 2

Name of injured person	FATIN RAFHANAH
Gender	Female
Phone No	(Phone) +65-92445968
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBC8659H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Hashim Bin Kamari

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

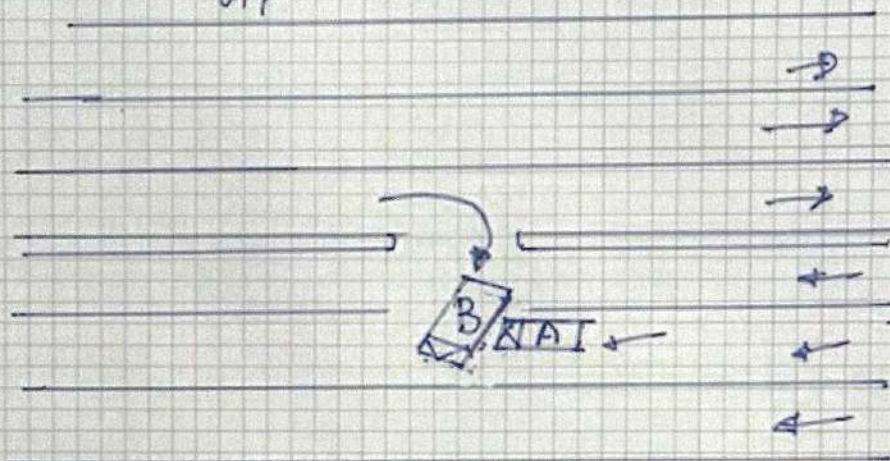
REFER TO ATTACHED ACCIDENT DIAGRAM


ACCIDENT DIAGRAM

A: FBC 8659H. ~~SLZ~~ X

B: SLZ 3447X

UPPER CANTING ROAD EAST



X   
 Policyholder's Signature  
 Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
 REPORTING OFFICER  
 HASHIM BIN KAMARI

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




**Describe Circumstances of the Accident**

AS PER ATTACHED POLICE REPORT LODGED ON LINE. VIDE REPORT NO. T/20230206/7097.

**Declaration**

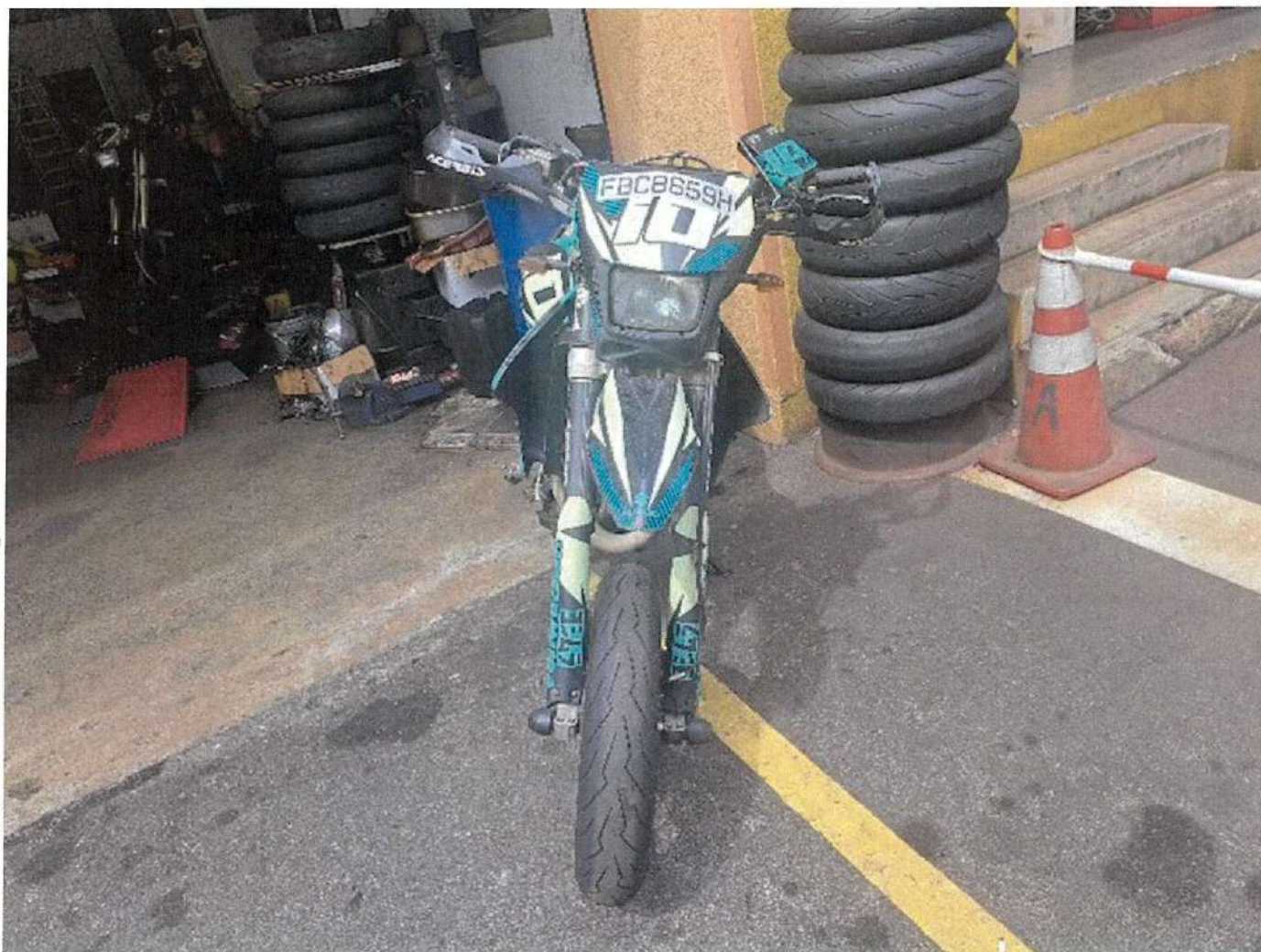
We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

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

Witnessed By Reporting Officer  
Hashim Bin Kamari

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel























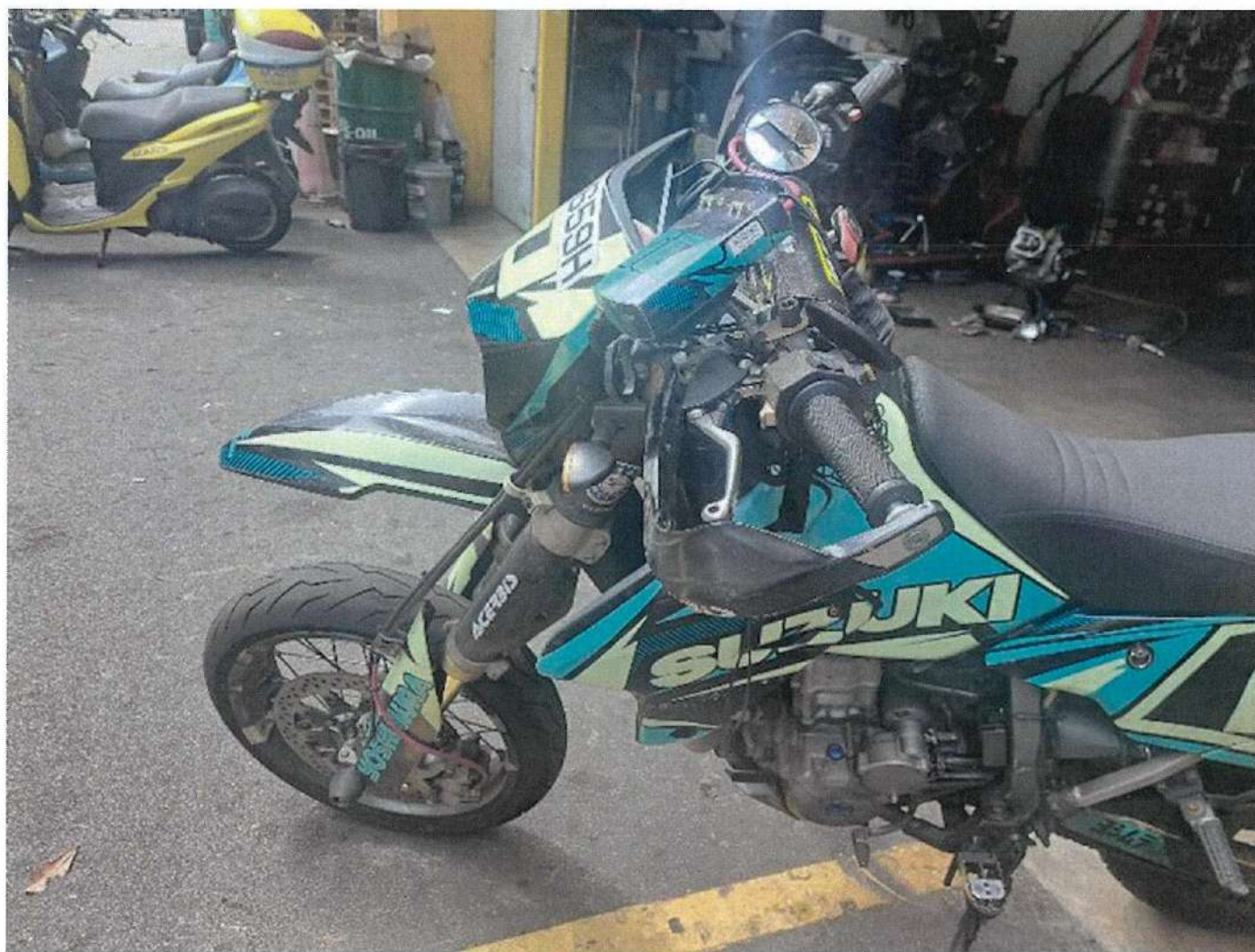












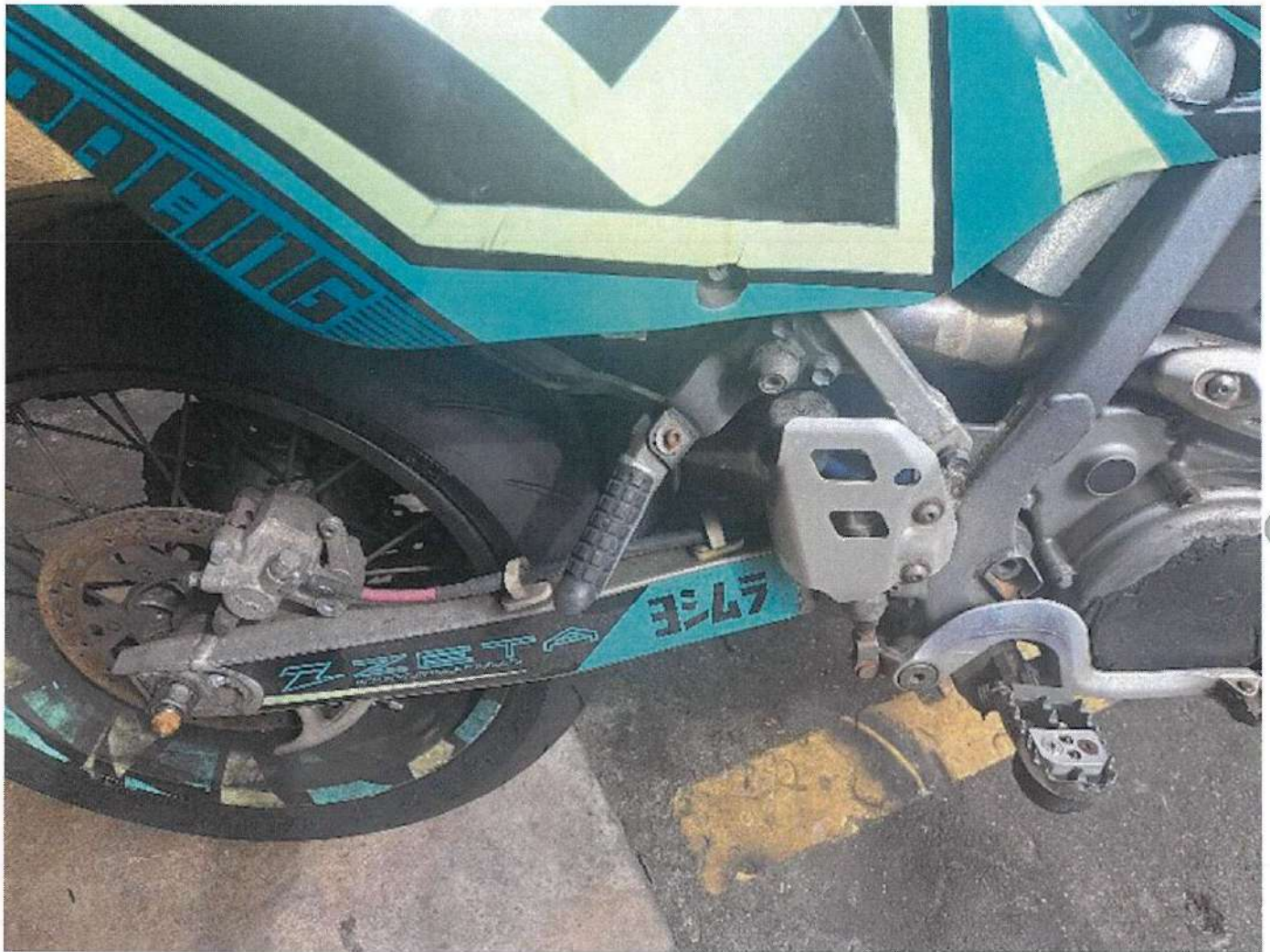




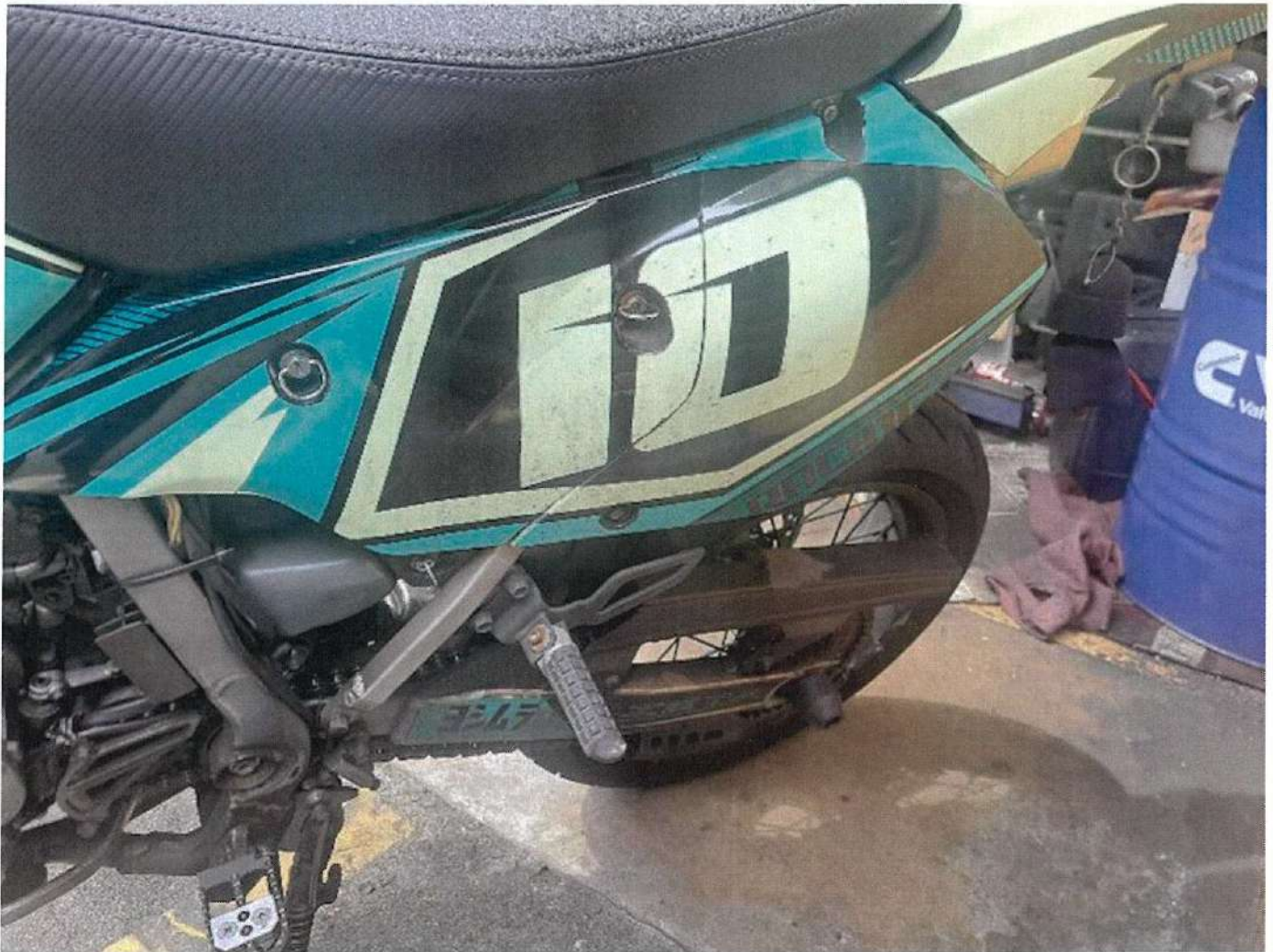






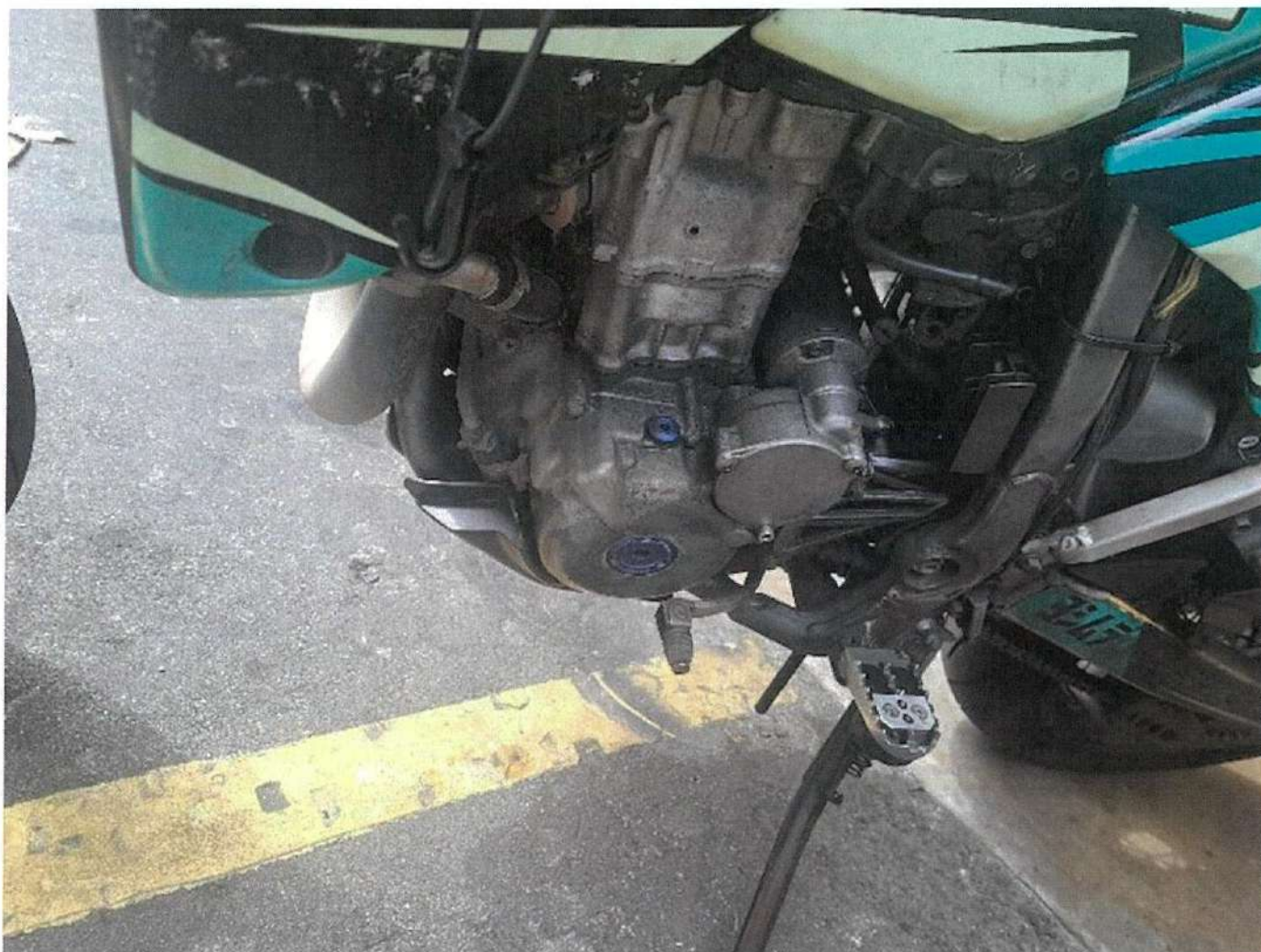


















**SINGAPORE  
POLICE FORCE**



T/20230206/7097

1 of 3

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

Report No. T/20230206/7097

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/02/2023 18:26		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AMALINA BINTE AIDAL			Address: 621 WOODLANDS DRIVE 52 #11-42 SINGAPORE 730621		
ID Type / ID No.: NRIC NO / S9414022F			Contact No.: Home/Office: Mobile: 88666920		
Nationality: SINGAPORE CITIZEN			Email: MYSECRETSCUFFLE@HOTMAIL.COM		
Sex: Female	Age: 28	Date of Birth: 28/04/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/01/2023 19:30	Type of Location: Straight Road
Location:  UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBC8659H	Motorcycle	SUZUKI	DRZ400SMK 8	Black		0
SLZ3447X	Car	LEXUS				0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230206/7097

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

2 of 3

Report No. T/20230206/7097

## CONTINUATION OF REPORT

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC8659H	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/01071669	07/08/2022	31/07/2023

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Pillion**

Name	FATIN RAFHANAH BINTE RAMLI	ID No.	G2384402N
Related Vehicle	FBC8659H (Motorcycle)	Contact No.	92445968
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/01/2023	Date	27/01/2023
No. of Days granted Medical Leave	05	Degree of	Slight

**Rider**

Name	AMALINA BINTE AIDAL	ID No.	S9414022F
Related Vehicle	FBC8659H (Motorcycle)	Contact No.	88666920
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	27/01/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

**Brief Details.**

I was from Admiralty (my house) going to Singa Goody at Bedok North Ave 4 via SLE/TPE to have dinner with my pillion, Fatin. Accident happened after the flyover, after traffic light. I was going about 50km/hr as I just made a stop at traffic light. I was going on a straight road, and a Lexus Car (SLZ 3447X) made a turn abruptly from the other lane. I could not emergency brake on time or swerve to the side. Next moment I was conscious, I saw my pillion on the curb side, and passerby asking me to stay awake. Following after that, I know I was in Changi General Hospital being attended by the doctors.





**SINGAPORE  
POLICE FORCE**

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



T/20230206/7097

3 of 3

Report No. T/20230206/7097

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

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

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

Date/Time:  
06/02/2023 18:26

Classification Of Case:

