

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 21/03/2023 13:02 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 18/03/2023 20:05 (SGT)
Exact Location of Accident Tampines Street 81, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT4276R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NUR 'ASYURA BINTE NORSHAHARILI ZULZATA
NRIC No TXXXX888A
Email Address syurawr23@gmail.com
Mobile Phone No (Phone) +65-86588344
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kawasaki
Model KRRZX150
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 149

INSURANCE COMPANY

Name of Insurance Company Sampo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTMC01001079

DRIVER

Name of Driver NUR 'ASYURA BINTE NORSHAHARILI ZULZATA
NRIC No TXXXX888A
Date Of Birth 27/09/2002
Occupation Indoor

Date Of Driving Pass	08/09/2021
Driving experience	1 YEAR AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86588344
Alt. Phone Number	-
Email Address	syurawr23@gmail.com
Address	BLK 897 TAMPINES STREET 81 #12-812
Address complement	-
Postcode	520897
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 - Major/Minor Rd
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
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	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

PLEASE REFER TO POLICE REPORT T/20230318/2094

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	SJT9163E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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	NUR 'ASYURA BINTE NORSHAHARILI ZULZATA
Gender	Female
Phone No	(Phone) +65-86588344
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT LEG PAIN
Injured person in which vehicle?	FBT4276R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

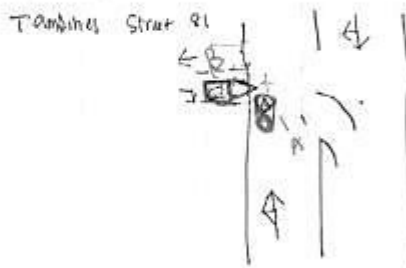
SKETCH PLAN

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- 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

11.43 am / 21 March 11.43 am / 21 March 21/03/2023
 Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A : P85 4276R
 Vehicle B : SST 9163E

Describe Circumstances of the Accident

On the stated date and time, I vehicle A was travelling at the stated location. Upon passing a Service Road gate, vehicle B drove out and collided onto my left portion of my leg. The accident impact was minor, but the impact was on my left leg area which I feel pain in. The driver did not acknowledge and drove off from the incident. However, I managed to stop vehicle B, the driver then provided her particulars. After that I went to see a medical due to my pain of my left leg.

Police Report 7/20230318/2094

Declaration

We declare the foregoing particulars are true in every respect

h. 11.43 am / 21 March
Policyholder's Signature / Date & Time

h. 11.43 am / 21 March
Driver's Signature (If driver is not the policyholder) / Date & Time

21/03/2023
Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20230318/2094

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

1 of 3

Report No. T/20230318/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2023 23:47		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: NUR 'ASYURA BINTE NORSHAHARILI ZULZATA			Address: APT BLK 897 TAMPINES STREET 81 #12-812 SINGAPORE 520897		
ID Type / ID No.: NRIC NO / T0228888A			Contact No.: Home/Office: Mobile: 86588344		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 20	Date of Birth: 27/09/2002	Type of Informant: Rider		
Race: Malay			Language:		
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: 18/03/2023 20:05	Type of Location: Straight Road
Location: TAMPINES STREET 81				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT4276R	Motorcycle	KAWASAKI	KRRZX150 M	Blue		0
SJT9163E	Car	TOYOTA				0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT4276R	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01001079	17/02/2022	04/04/2023


**SINGAPORE
POLICE FORCE**


T/20230318/2094

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Report No. T/20230318/2094

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR 'ASYURA BINTE NORSHAHARILI ZULZATA	ID No.	T0228888A
Related Vehicle	NIL	Contact No.	86588344
Hospital/Clinic	TRUE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/03/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the date, time and location mentioned above, I; FBT4276R was riding on the left of 2 lane going straight. Upon passing a service road gantry, a car SJT9163E drove out and collided onto my left side.

The accident impact was minor, but the impact was on my left leg area which I feel pain. The driver did not acknowledge and drove off from the incident.

However, I manage to stop the vehicle afterwards. The driver was a female, who then provided her particulars.

The accident was minor, no medical was required at scene. But I went for my own medical due to pain.

I do not have any dash cam mounted on my vehicle.

**SINGAPORE
POLICE FORCE**

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



T/20230318/2094

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Report No. T/20230318/2094

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 3 GOH JUN KIAT JASON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/03/2023 23:47

Officer In Charge Of Case:
TP / AEIT /

Contact No.:

Classification Of Case:

NP168