

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	07/04/2023 08:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/04/2023 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE(MCE) INTO PIE(CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6184A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HASJOEANNA KARTINILYDIAWATI BINTE HASSIM
NRIC No	S 048Z
Email Address	
Mobile Phone No	(Phone) +65-{} -
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
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	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131416071

DRIVER

Name of Driver	HASJOEANNA KARTINILYDIAWATI BINTE HASSIM
NRIC No	S^{}^{}048Z
Date Of Birth	30/12/1986
Occupation	Indoor

Date Of Driving Pass	04/11/2019
Driving experience	3 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-
Alt. Phone Number	-
Email Address	
Address	
Address complement	
Postcode	
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNJ1237J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	GHAZALI BIN OSMAN
NRIC No	S7602427H
Contact Number	(Phone) +65-80204504
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HASJOEANNA KARTINILYDIAWATI BINTE HASSIM
Gender	Female
Phone No	(Phone) +65-82204820
Address	
Address Complement	
Post Code	
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ6184A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

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.

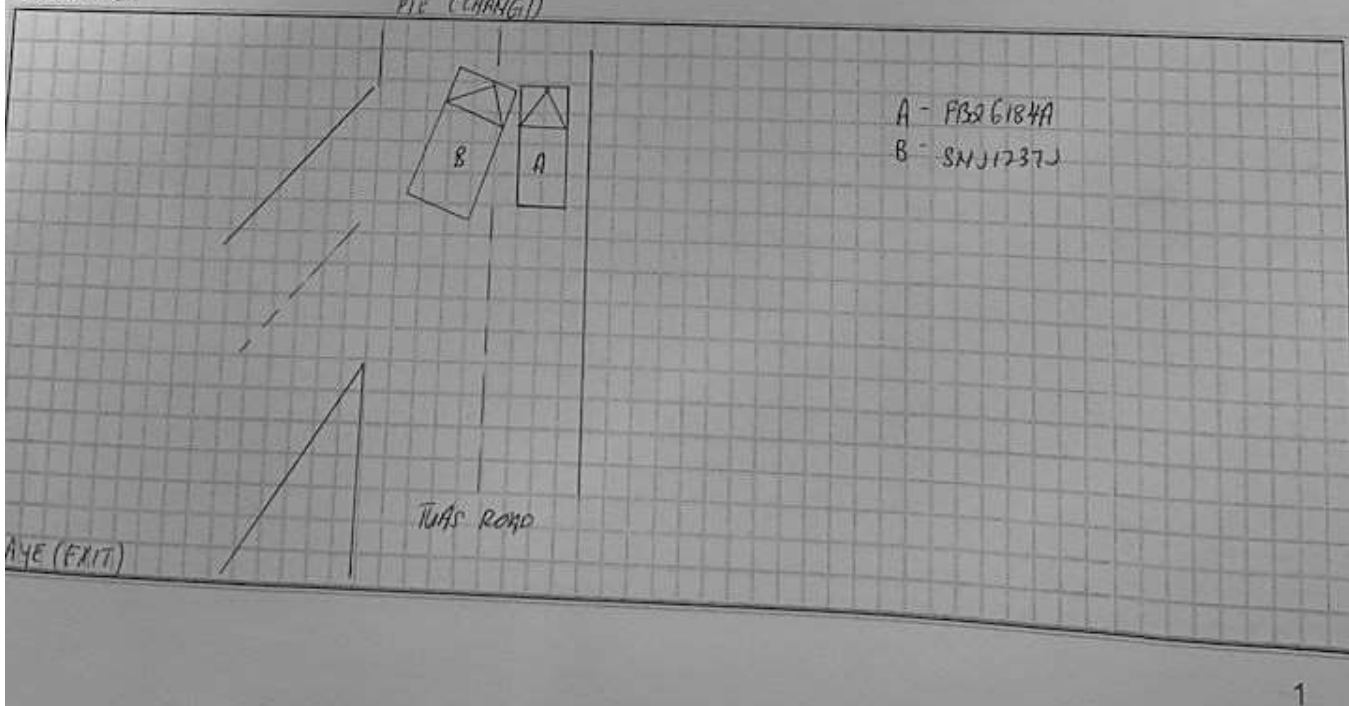
[Signature]
7/4/23 0820
Policyholder's Signature / Date & Time

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

PIE (CHANGII)

[Signature]
MUNAMMAD HAZIQ SHAH BAAS
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident

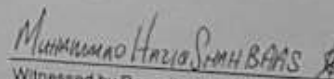
REFER TO REPORT NUM T/20230406/7048

Declaration

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


Policyholder's Signature / Date & Time 7/4/23 0820

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


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


















**SINGAPORE
POLICE FORCE**


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Report No. T/20230406/2048

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2023 14:08	Vide Report No.:	Station Diary No.: 79
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Informant's Particulars

Name of Informant: HASJOEANNA KARTINILYDIAWATI BINTE HASSIM			Address: [REDACTED]		
ID Type / ID No.: NRIC NO / S 3048Z			Contact No.: Home/Office: Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 36	Date of Birth: 30/12/1986	Type of Informant: Rider		
Race: Malay			Language:		
Occupation: ADMINISTRATOR			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: 05/04/2023 17:25	Type of Location: Straight Road
Location: TUAS ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6184A	Motorcycle	HONDA	CB150R MANUAL	White		0
SNJ1237J	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6184A	NTUC Income Insurance Co-Operative Limited	5131416071	06/11/2022	05/11/2023



**SINGAPORE
POLICE FORCE**

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



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Report No. T/20230406/2048

CONTINUATION OF REPORT

Brief Details.

On 5/4/2023 at about 1725hrs, I was riding my motorcycle bearing FBQ6184A at Tuas Rd. I then exited the roundabout at the Tuas Flyover towards PIE. I then kept on the right lane after exiting from the roundabout. Thereafter, a vehicle bearing SNJ1237J came out from the filter lane at the Tuas Flyover towards PIE. He then drove his vehicle into my lane without signaling and his right-side portion of the vehicle collided onto my left side portion of my motorcycle. He then moved off and waited for me at (After Tuas flyover) bus stop and we settle privately amicably. We then traded our particular and left the scene. At that point of time, I suffered redness and pain at my left hand.

On 5/4/2023 at about 2130hrs, I went to NUH to seek for medical attention. The doctor did an x-ray on my left arm and informed that everything was okay. However, there is swelling on my left hand.

There were no police and ambulance at the scene. No government properties were damaged.

There are multiple scratches on my motorcycle at the left handlebar.

I am lodging this report for claiming insurance purposes.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20230406/2048

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Report No. T/20230406/2048

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 2 FRANCO KAM CHUAN
KUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SI TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:

Date/Time:

06/04/2023 14:08

Classification Of Case:

NP168