

## 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	18/05/2023 15:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/05/2023 17:40 (SGT)
Exact Location of Accident	Tampines Ave 1, Singapore
Additional Location Information	ALONG TAMPINES AVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5675H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR FADILAH BINTE ARSHAD
NRIC No	S8722025G
Email Address	nurfadilaharshad87@gmail.com
Mobile Phone No	(Phone) +65-93362901
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-03
Variant	ABS (MTN320-A)
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	321

#### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/01132908

#### DRIVER

Name of Driver	NUR FADILAH BINTE ARSHAD
NRIC No	S8722025G
Date Of Birth	18/07/1987
Occupation	Indoor

Date Of Driving Pass .....	18/09/2012
Driving experience .....	10 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93362901
Alt. Phone Number .....	-
Email Address .....	nurfadilaharshad87@gmail.com
Address .....	APT BLK 156 JALAN TECK WHYE #04-53
Address complement .....	-
Postcode .....	680156
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? .....	Yes
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 .....	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

PLS REFER TO POLICE REPORT NO: T/20230516/7007.

\* I WISH TO STATE THAT I'M UNABLE TO PROVIDE MY VEHICLE DURING THE ACCIDENT REPORT DUE TO MY VEHICLE IS CURRENTLY IN TP COMPOUND.

#### 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 .....	SDE3633E
Vehicle Manufacturer .....	-

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

## SKETCH PLAN

### 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to the GI&A 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:

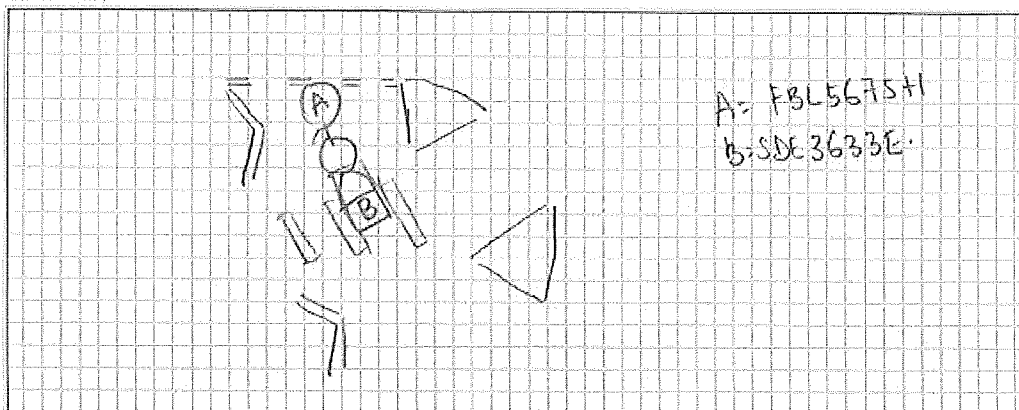
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

4   
Policyholder's Signature / Date & Time

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

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

#### Sketch Plan



vJun2022

1


Describe Circumstance of the Accident

Pls refer to Police Report No: T/20230516/7007.


\* I wish to state that I'm unable to provide my vehicle during the accident report due to my vehicle is currently in the compound.

Declaration

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

  
Policyholder's Signature / Date & Time

Actual 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**



T/20230516/7007

1 of 3

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

Report No. T/20230516/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/05/2023 09:58	Vide Report No.: G/20230515/0123	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NUR FADILAH BINTE ARSHAD			Address: 156 JALAN TECK WHYE #04-53 SINGAPORE 680156	
ID Type / ID No.: NRIC NO / S8722025G			Contact No.: Home/Office: Mobile: 93362901	
Nationality: SINGAPORE CITIZEN			Email: nurfadilaharshad87@gmail.com	
Sex: Female	Age: 35	Date of Birth: 18/07/1987	Type of Informant: Rider	
Race: Malay			Language: English	
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

General Information / Details		Date/Time of Accident:		Type of Location:
Type of Accident:	Injury Attended by Police	Drink Drive: No	15/05/2023 17:40	Slip Rd
Location:				
TAMPINES AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5675H	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Blue	Slightly Damaged	0
SDE3633E	Car	BMW		Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

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



T/20230516/7007

2 of 3

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

Report No. T/20230516/7007

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5675H	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/01132908	27/12/2022	26/12/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NUR FADILAH BINTE ARSHAD		ID No.	S8722025G
Related Vehicle	FBL5675H (Motorcycle)		Contact No.	93362901
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	15/05/2023		Date	15/05/2023
No. of Days granted Medical Leave		07	Degree of	Slight
Driver				
Name	CHUA JIA HONG		ID No.	NIL
Related Vehicle	SDE3633E (Car)		Contact No.	98357923
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

## Brief Details.

On 15/05/2023 at about 1740hrs, I was riding my motorcycle(FBL5675H) along Tampines Ave 10 towards Bartley Rd East. While I was on the slip road turning left towards Tampines Ave 1, I stopped my motorcycle to give way to the oncoming traffic. Suddenly, I felt a strong impact from the rear. The impact caused my motorcycle to move forward and my top box hit the back of my body. Subsequently, I fell to the ground together with my motorcycle. When I was still seated on the ground, I saw the car (SDE3633E) that collided with the rear of my motorcycle. The driver of the car got out of his vehicle and assisted to carry my motorcycle up. The driver kept apologizing to me and mentioned that his brake was not effective.

My back hurts after the collision. As such, I called for an ambulance. I was subsequently conveyed to Changi General Hospital. I was treated as outpatient and was given 7 days of Hospitalization Leave(EMD202384006).



**SINGAPORE  
POLICE FORCE**



T/20230516/7007

3 of 3

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

Report No. T/20230516/7007

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
LEE GUANG HUI  
Contact No.: 65476423

NP169

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

Date/Time:  
16/05/2023 09:58

Classification Of Case: