

# 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 .....	27/06/2023 16:37 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	16/06/2023 17:30 (SGT)
Exact Location of Accident .....	AYE, Singapore
Additional Location Information .....	TOWARDS CITY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBN5243K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NURALIA KHOIRUNISA BINTE ZAHID
NRIC No .....	SXXXX317H
Email Address .....	nuraliakhoirunisa@gmail.com
Mobile Phone No .....	(Phone) +65-81217240
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 .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTMC01005787

### DRIVER

Name of Driver .....	NURALIA KHOIRUNISA BINTE ZAHID
NRIC No .....	SXXXX317H
Date Of Birth .....	03/09/1993
Occupation .....	Indoor

Date Of Driving Pass .....	28/03/2016
Driving experience .....	7 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81217240
Alt. Phone Number .....	-
Email Address .....	nuraliakhoirunisa@gmail.com
Address .....	BLK 524 BUKIT BATOK STREET 52 #04-767
Address complement .....	-
Postcode .....	650524
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 - Head to Rear
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

PLEASE REFER TO POLICE REPORT T/20230622/7044

#### 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 .....	SKH4778R
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 .....	NURALIA KHOIRUNISA BINTE ZAHID
Gender .....	Female
Phone No .....	(Phone) +65-81217240
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	FBN5243K
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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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 and 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/are 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 based 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 Centre Personnel
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**Sketch Plan**

B-1: FBN 5243K

Note: Rider does not recall incident, only able to illustrate after incident occurred

**Describe Circumstances of the Accident**


As per police report 7/2023/622/7044


A large rectangular area with horizontal lines for writing, currently blank except for the handwritten text at the top.

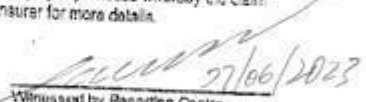
**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

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

 27/06/2023  
Witnessed by Reporting Centre Personnel






















**SINGAPORE  
POLICE FORCE**


T/20230622/7044

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

1 of 3

Report No. T/20230622/7044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/06/2023 14:32	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NURALIA KHOIRUNISA BINTE ZAHID	Address: 524 BUKIT BATOK STREET 52 #04-767 SINGAPORE 650524
ID Type / ID No.: NRIC NO / S9331317H	Contact No.: Home/Office: Mobile: 81217240
Nationality: SINGAPORE CITIZEN	Email: nuraliakhoirunisa@gmail.com
Sex: Age: Date of Birth: Female 29 03/09/1993	Type of Informant: Rider
Race: Malay	Language: English
Occupation: Building construction engineer	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: 16/06/2023 17:30	Type of Location: Straight Road
Location:  CLEMENTI AVENUE 3				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
FBN5243K	Motorcycle	HONDA	CB150R MANUAL	Green	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN5243K	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100578 7	17/10/2022	16/10/2023





**SINGAPORE  
POLICE FORCE**



T/20230622/7044

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

2 of 3  
Report No. T/20230622/7044

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	NURALIA KHOIRUNISA BINTE ZAHID	ID No.	S9331317H
Related Vehicle	FBN5243K (Motorcycle)	Contact No.	81217240
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	16/06/2023	Date	18/06/2023
No. of Days granted Medical Leave	20	Degree of	Serious

**Brief Details.**

On 16/6/2023, at approximately 1730 hours, I was riding my motorcycle (FBN 5243K) on AYE to City, after Jurong Town Hall exit.

I was travelling on the first lane when I suddenly blacked out, I then regain consciousness and was sitting on the first lane, with my bike pinning my left leg.

There was a witness who told me he witnessed the accident. Traffic police and the ambulance arrived, where the officer and paramedic mentioned there was video footage of the accident.

I was conveyed to NUH and sustained abrasions on left shoulder, arm, inner thigh and feet and right neck pain. The hospital performed 2 x-rays and 1 CT scan. I was hospitalized for 2 days and received 20 days hospitalization leave.

I do not have the other vehicle's car plate number nor the witness' contact as of now.



**SINGAPORE  
POLICE FORCE**



T:20230622/7044

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

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Report No. T/20230622/7044

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

Signature Of Informant:

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

Date/Time:  
22/06/2023 14:32

Classification Of Case:

NP16B