

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 First Submission | 03/09/2024 15:34 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 02/09/2024 14:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TAMPINES NORTH DRIVE 2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | FBK763A |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | AZROY BIN IZMAIR |
| NRIC No | T0028675Z |
| Email Address | MIKHAILAIMAN116@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98462095 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Cbr150r |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Motorcycle |
| Transmission | Manual |
| CC | 150 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D23MTMC01004497 |

DRIVER

| | |
|--|--|
| Name of Driver | MIKHAIL AIMAN BIN MUSDI |
| NRIC No | T0234879E |
| Date Of Birth | 20/11/2002 |
| Occupation | Outdoor |
| Driving Pass Date | 30/08/2021 |
| Driving License Pass Class | 3A |
| Driving License Validity | Valid |
| Driving experience | 3 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-90298021 |
| Alt. Phone Number | - |
| Email Address | MIKHAILAIMAN116@GMAIL.COM |
| Address | BLK 522 WOODLANDS DRIVE 14 02-363 SINGAPORE 730522 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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 on collision |
| 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 | NURLYLA SYAFIQAH BINTE NOORIZAN |
| 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

REFER TO ATTACHED POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNN2027X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver CHIU CHI LING
NRIC No S7073689F
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 MIKHAIL AIMAN BIN MUSDI
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained REFER TO DETAILS IN POLICE REPORT
Injured person in which vehicle? FBK763A
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person NURLYLA SYAFIQAH BINTE NOORIZAN
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained REFER TO DETAILS IN THE POLICE REPORT
Injured person in which vehicle? FBK763A
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

IMPORTANT NOTICE

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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

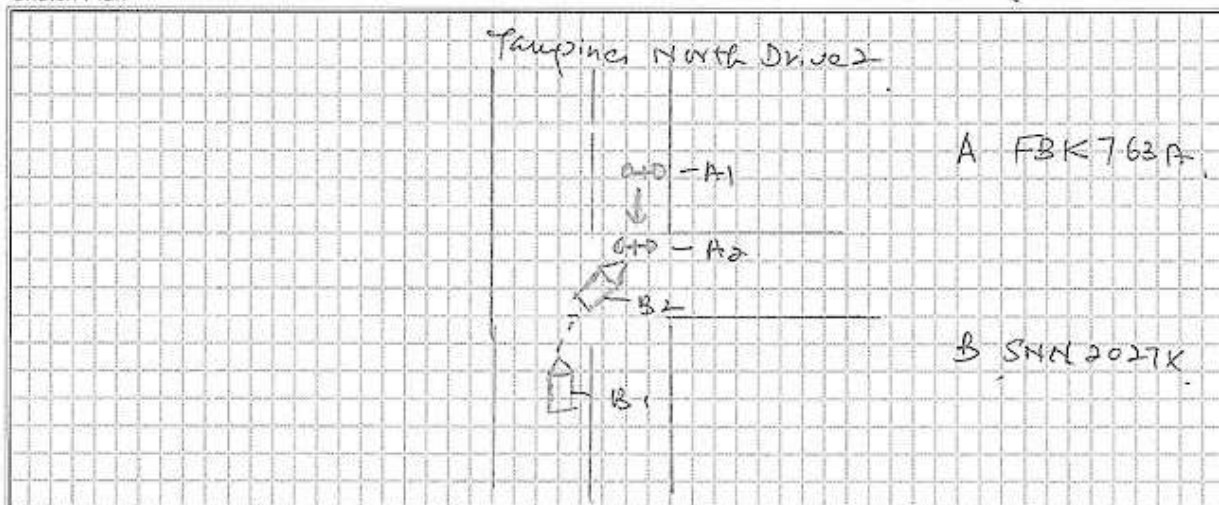
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to attached Police Report.

Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

I/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 Centre Personnel
(Name as in NRIC/ID card)

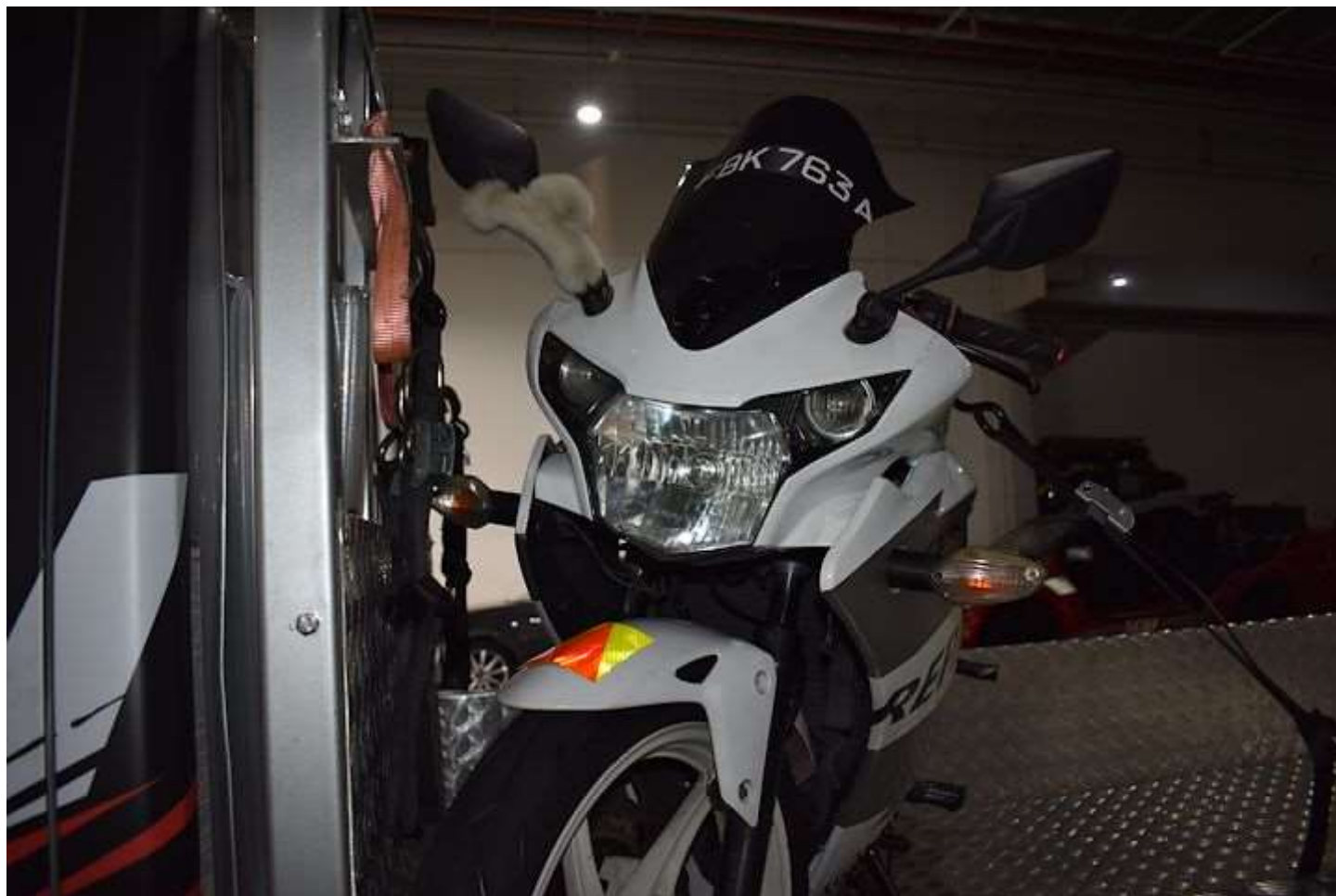
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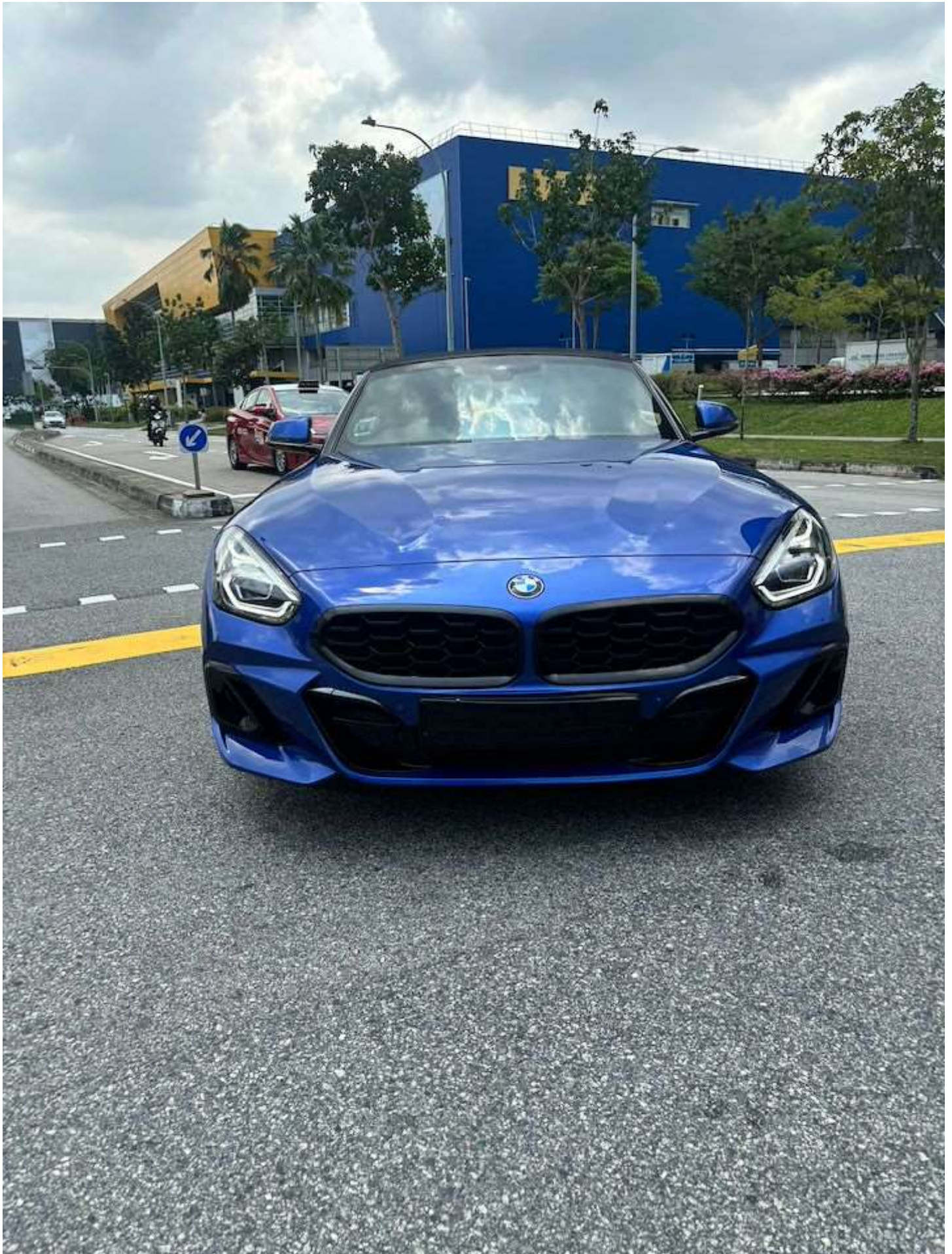
















**SINGAPORE
POLICE FORCE**

T/20240902/7120

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

1 of 3

Report No. T/20240902/7120

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|--------------------|--|
| Date/Time Report Made: 02/09/2024 22:34 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: MIKHAIL AIMAN BIN MUSDI | | | Address: 522 WOODLANDS DRIVE 14 #02-363 SINGAPORE 730522 | | |
| ID Type / ID No.: NRIC NO / T0234879E | | | Contact No.: Home/Office: Mobile: 90298021 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: MIKHAILAIMAN116@GMAIL.COM | | |
| Sex: Male | Age: 21 | Date of Birth: 20/11/2002 | Type of Informant: Rider | | |
| Race: Boyonese | | | Language: English | | |
| Occupation: Delivery man using motorised personal mobility aids/devices | | | Driving Licence Information: Class: 2B,3A Date of Expiry: | | |

| | | | | |
|---|------------------------------|---|--|---|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 02/09/2024 14:45 | Type of Location: T-Junction |
| Location: TAMPINES NORTH DRIVE 2 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head On | | | | Anyone conveyed by ambulance: Yes |

| | | | | | | |
|------------------------------------|------------|-------|---------|-------|----------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBK763A | Motorcycle | HONDA | CBR150R | White | Seriously Damaged | 2 |
| SNN2027X | Motor car | BMW | Z4 | Blue | Slightly Damaged | 1 |

| | | | | |
|-------------------------------------|--|-----------------|----------------|-------------|
| Details of Vehicle Insurance | | | | |
| Vehicle No. | Insurance Company | Insurance No | Effective Date | Expiry Date |
| FBK763A | SOMPO INSURANCE SINGAPORE PTE. LTD. | D23MTMC01004497 | 09/10/2023 | 08/10/2024 |



**SINGAPORE
POLICE FORCE**



T/20240902/7120

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

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Report No. T/20240902/7120

CONTINUATION OF REPORT

| | | | |
|--|--------------------------------|--|-------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MIKHAIL AIMAN BIN MUSDI | ID No. | T0234879E |
| Related Vehicle | FBK763A (Motorcycle) | Contact No. | 90298021 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3A Date of Expiry: NIL |
| Date Treatment | 02/09/2024 | Date Discharge | 02/09/2024 |
| No. of Days granted Medical Leave (MC) | 05 | Degree of Injury | Serious |
| Passenger | | | |
| Name | NURLYLA SYAFIAH BINTE NOORIZAN | ID No. | T0337291F |
| Related Vehicle | FBK763A (Motorcycle) | Contact No. | 88819013 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 02/09/2024 | Date Discharge | 02/09/2024 |
| No. of Days granted Medical Leave (MC) | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | CHIU CHI LING | ID No. | S7073689F |
| Related Vehicle | SNN2027X (Motor car) | Contact No. | 82018188 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave (MC) | NIL | Degree of Injury | NIL |

Brief Details.

- I have video evidence of the accident taken from the vehicle behind the car that crashed into my vehicle.
- Accident took place at t-junction beside Courts/Ikea Tampines.
- I was travelling Tampines link.
- Accident did not take place at a pedestrian crossing.



SINGAPORE
POLICE FORCE

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



T/20240902/7120

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Report No. T/20240902/7120

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MUHAMMAD FARHAN BIN MOHAMED
Contact No.: 65476224

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

Date/Time:
02/09/2024 22:34

Classification Of Case: