

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 Authorised 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 ability.
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 Report	04/09/2018 16:33
Date Of Accident	01/09/2018 23:50
Exact Location Of Accident	ALONG UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU603D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN
NRIC No	S9702631I
Email Address	HXZIQIRUXN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82646590
Alternative Phone No	OFFICE-82646590

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRR-ZX150
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MTMC01004804
Cover Note Number	11/08/2018-10/08/2019

Driver

Name of Driver	MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN
NRIC No	S9702631I
Date Of Birth	30/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82646590
Fax Number	
Contact Number	OFFICE-82646590
Email Address	HXZIQIRUXN@HOTMAIL.COM

Address	111 TECK WHYE LANE 03-616
Postcode	680111
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : FATIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF631D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOEL
NRIC/Passport Number	S9528070F
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? FU603D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name FATIN SYAHIRAH BINTE MUHAMMAD NOR
Approximate Age
Injuries Sustain
Injured person in which vehicle? FU603D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



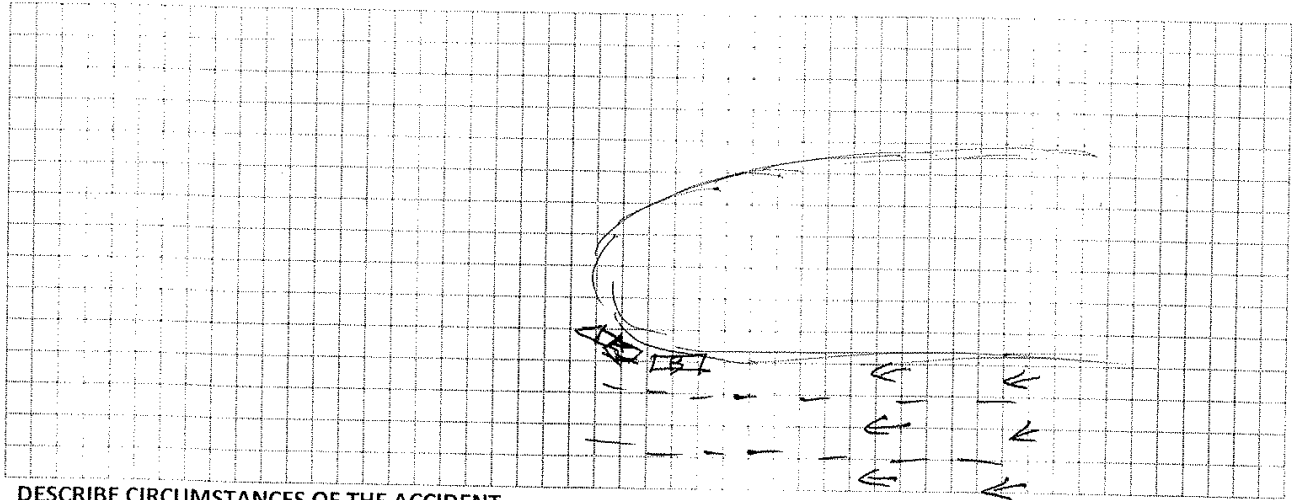
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre/Personnel's Signature
Name: Shweta
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report


Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

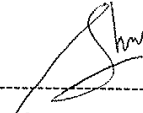
	- Reporting Only
	- Claim OD
	- Claim TP
<input checked="" type="checkbox"/>	- Claim OD/TP at other workshop

DECLARATION

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


 Policyholder's signature
 Date & Time

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


 Reporting Centre Personnel's Signature
 Name:
 Nric/Fin No.

INSURANCE CERT



Sompo Insurance Singapore Pte. Ltd.
60 Raffles Place, #05-04/05 Singapore Land Tower, Singapore 048621
Tel: 6461 6555 | Fax: 6321 3362 | Website: www.sompo.com.sg
CIC Reg. No. 193905450E | GST Reg. No. M20963158

Road Tax Renewal - FU603D
Road Tax (14 Jul 2018 - 13 Jan 2019)
20180810111716114071
Road Tax Renewal - FU603C
Rd Tax Late Renewal Fee - Late Fee
20180810111716114071

Sub-Total

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No. : D18MTMC01004804
Insured : MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN
Motor Vehicle (Regn No.) : FU603D
Cover : Third Party
Policy Commencement Date : 11 AUGUST 2018 00:00
Policy Expiry Date : 10 AUGUST 2019 23:59
Maximum Liability (Section I) : Third Party
Excess* : NIL
Named Driver 1 : MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN
Named Driver 2 : MUHAMMAD HAIQAL IZUAN BIN JAMALUDIN
HIRE PURCHASE OWNER : SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN, MUHAMMAD HAIQAL IZUAN BIN JAMALUDIN

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purposes and

- (a) by the Insured in person in connection with his business or profession or
- (b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing, pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.01)

Sompo Insurance Singapore Pte. Ltd.

Stella

Authorised Signatory

Date/Time of Issue : 08 AUGUST 2018 16:27

IMPORTANT NOTICE

- a. Keep the Certificate in your Motor Vehicle;
- b. Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- c. On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- d. This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07601 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 _J30DLZK44B90TKA

DRIVER DL

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S97026311**

Name: **MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN**

Birth Date: **30 Jan 1997**
Issue Date: **27 Aug 2016**

002603518E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S97026311**

Name: **MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN**

Race: **MALAY**

Date of birth: **30-01-1997** Sex: **M**

Country of birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

12 May 2016

NP 426A



Licence No: S97026311



4899074

NRIC No: **S97026311**



Date of issue: **24-10-2012**

APT BLK 111 TECK WHYE LANE #03-616
SINGAPORE 680111

NRIC No: **S97026311**

Date: **05/08/2016**

MEDICAL CERT Pg. 1

Ng Teng Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:34273119)

ORIGINAL

NAME: FATIN SYAHIRAH BINTE MUHAMMAD NOR

NRIC: S9813547B

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**


The above named is unfit for duty from **2/9/2018** to **6/9/2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **02/09/2018 12:08** to **02/09/2018 14:57**.

02/09/2018
Date

Dr. Ahmad Syahir MOHD ROSLI (18696A)
Issued by


Signature

Location: NTFGH EMERGENCY

MEDICAL CERT Pg. 2

Ng Teng Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:4056351)

ORIGINAL

NAME: MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN

NRIC: S9702631I

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

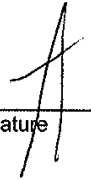
The above named is unfit for duty from **2/9/2018** to **6/9/2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **02/09/2018 12:11** to **02/09/2018 14:54**.

02/09/2018
Date

Dr. Ahmad Syahir MOHD ROSLI (18696A)
Issued by


Signature

Location: NTFGH EMERGENCY



**SINGAPORE
POLICE FORCE**



T/20180902/2002

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

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Report No. T/20180902/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2018 00:33		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN			Address: APT BLK 111 TECK WHYE LANE #03-616 SINGAPORE 680111		
ID Type / ID No.: NRIC NO / S97026311			Contact No.: Home/Office: Mobile: 82646590		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 30/01/1997	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2018 23:50	Type of Location: Y-Junction
Location: Along Road 1 UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU603D	Motorcycle	KAWASAKI	KRR-ZX150	Green	Slightly Damaged	1
SJF631D	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU603D	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC0100480 4	11/08/2018	10/08/2019



**SINGAPORE
POLICE FORCE**



T/20180902/2002

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

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Report No. T/20180902/2002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	FATIN SYAHIRAH BINTE MUHAMMAD NOR	ID No.	S9813547B
Related Vehicle	FU603D (Motorcycle)	Contact No.	87769322
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	MUHAMMAD HAZIQ IRUAN BIN JAMALUDIN	ID No.	S97026311
Related Vehicle	FU603D (Motorcycle)	Contact No.	82646590
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JOEL	ID No.	NIL
Related Vehicle	SJF631D (Car)	Contact No.	87513110
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was riding along lane 1 and wanted to make a U-turn. I stopped my motor and waited for the green arrow to flash. There was one vehicle slightly behind me. When the green arrow was flashed, I checked for any incoming vehicle before making the turn. However one vehicle behind me, accelerated and collided with the rear of my motor. The driver stopped his vehicle and approached me. We exchanged particulars. He claimed that he was at fault for not checking the blind spot before moving. We then left on our separate ways.



**SINGAPORE
POLICE FORCE**



T/20180902/2002

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

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Report No. T/20180902/2002

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180902/2002

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

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Report No. T/20180902/2002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Staff Sgt MUHAMMAD HASIF BIN KAMARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/09/2018 00:33

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

