

## 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 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 Report	13/05/2019 14:34
Date Of Accident	11/05/2019 19:05
Exact Location Of Accident	T4 LINK OUTSIDE SATS ICC1 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP4135K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SHAHREEN BIN SHABIDIN
NRIC No	S9824991E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92714270
Alternative Phone No	OFFICE-92714270
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	MX KING T150-150CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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
<b>Insurance Company</b>	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	1702159
<b>Driver</b>	
Name of Driver	MUHAMMAD SHAHREEN BIN SHABIDIN
NRIC No	S9824991E
Date Of Birth	28/07/1998
Occupation	INDOOR
Date Of Driving Pass	08/03/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92714270
Fax Number	
Contact Number	OFFICE-92714270
Email Address	NOEMAIL

Address	BLK 578 WOODLANDS DRIVE 16
	#03-546
Postcode	730578
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T20190513/2065
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	SHC8970L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name

MUHAMMAD SHAHREEN BIN SHABIDIN

Approximate Age

Injuries Sustain

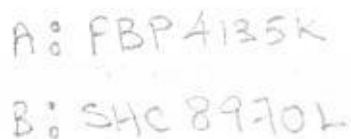
Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



REFER TO POLICE REPORT : T/20190513/2065

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

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
SR/C/PIN No: \_\_\_\_\_

## Sketch Plan Pg. 2

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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.

*Mohd*

Policyholder's Signature

Date & Time: 13/05/2019 13:50

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

## Sketch Plan Pg. 3



SINGAPORE  
POLICE FORCE



T/20190513/2065

1 of 3

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

Report No: T/20190513/2065

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2019 13:09		Vide Report No.: P/20190511/0051		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SHAHREEN BIN SHABIDIN			Address: APT BLK 578 WOODLANDS DRIVE 16 #03-546 SINGAPORE 730578		
ID Type / ID No.: NRIC NO / S9824991E			Contact No.: Home/Office: Mobile: 92714270		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 28/07/1998	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SATS			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/05/2019 07:05	Type of Location:
Location: Along Road 1 AIRPORT BOULEVARD T4 LINK OUTSIDE SATS ICC1 CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4135K	Motorcycle	YAMAHA	MX KING T150 MANUAL	Blue	Slightly Damaged	0
SHC8970L	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR			0



SINGAPORE  
POLICE FORCE



T/20190513/2065

2 of 3

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

Report No. T/20190513/2065

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP4135K	TENET SOMPO INSURANCE PTE. LTD.	D19MTMC0100265 2	05/04/2019	04/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SHAHREEN BIN SHABIDIN	ID No.	S9824991E
Related Vehicle	FBP4135K (Motorcycle)	Contact No.	92714270
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/05/2019	Date Discharge	12/05/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	TOLOSI RAHMAN	ID No.	S0216954A
Related Vehicle	SHC8970L (Car)	Contact No.	NIL
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 STATE TIME, DATE AND LOCATION,

I WAS TRAVELLING ALONG THE SAID LOCATION WANTED TO TURN LEFT TO ENTER THE CARPARK. FEW METRES AWAYS BEFORE ENTERING THE CARPARK, I TURNED ON MY LEFT SIGNAL LIGHT AND CHECKED MY BLINDSPOT. WHEN ABOUT TO ENTER, OUT OF A SUDDEN THE SAID TAXI COLLIDED ONTO MY REAR LEFT PORTION OF MY VEHICLE FROM BEHIND. SOME PASSERBY CALLED AMBULANCE FOR HELP. I WAS CONVEYED TO THE SAID HOSPITAL.

Sketch Plan Pg. 5



SINGAPORE  
POLICE FORCE



T/20190513/2065

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

3 of 3

Report No. T/20190513/2065

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:  
TP /  
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD SHAHRIL BIN ABDULLAH  
Contact No.: 65476083

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
13/05/2019 13:09

Classification Of Case:

SINGAPORE  
POLICE FORCE