

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	10/06/2019 17:09
Date Of Accident	05/06/2019 00:30
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG1860S
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD IRFAN BIN MOHAMMAD RAIS
NRIC No	T0008526F
Email Address	IRFANRAIS09@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90280674
Alternative Phone No	Office-90280674

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MTMC01000596
Cover Note Number	

Driver

Name of Driver	MOHAMMAD IRFAN BIN MOHAMMAD RAIS
NRIC No	T0008526F
Date Of Birth	20/03/2000
Occupation	INDOOR
Date Of Driving Pass	10/01/2019
Driving Experience	0 YEAR AND 4 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-90280674
Fax Number	
Contact Number	OFFICE-90280674
E-Mail Address	IRFANRAIS09@YAHOO.COM.SG
Address	BLOCK 719 YISHUN STREET 71 #03-205
Postcode	760719
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	SIDE SWIPE
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)	2
Passenger 1	Name: : MOHAMMAD IRHAN BIN MOHAMMAD RAIS Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to the attached Sketch Plan and the Police Report for the accident details.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6629S
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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 MOHAMMAD IRFAN BIN MOHAMMAD RAIS

Approximate Age 19

Injuries Sustain

Injured person in which vehicle? FBG1860S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address BLOCK 719 YISHUN STREET 71
#03-205

Postcode 760719

Sketch Plan

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:

10/06/19
4:20 pm.

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

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

SKETCH PLAN

Refer Police Report.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to the police report attached.
T/20190605/2092 dtd 5/6/2019
Motorcycle not available for phototaking.
Vehicle still ~~was~~ at the compound area.
sit Reporting duty.

DECLARATION

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


Policyholder's Signature
Date & Time: 10/06/19 .
8.20pm

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

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



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190605/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD IRFAN BIN MOHAMMAD RAIS	ID No.	T0008526F
Related Vehicle	FBG1860S (Motorcycle)	Contact No.	90280674
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/06/2019	Date Discharge	05/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Pillion			
Name	MOHAMMAD IRHAN BIN MOHAMMAD RAIS	ID No.	T0106005D
Related Vehicle	FBG1860S (Motorcycle)	Contact No.	90280424
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/06/2019	Date Discharge	05/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 05/06/2019 at about 0030hrs, I was riding my motorcycle 'FBG1860S' along PIE towards Tuas as I was heading back home. While on the expressway I was riding at the 3rd lane of a 4th lane road after which I wanted to change to the 2nd lane and while I was moving into the 2nd the taxi 'SHB6629S' in front of me suddenly slow down then as I wanted to avoid the accident with the taxi I had self-skidded together with my brother who is the pillion.

Subsequently, I was being send to TTSH for treatment and after the treatment I was given 3 days MC from TTSH.



**SINGAPORE
POLICE FORCE**



T/20190605/2092

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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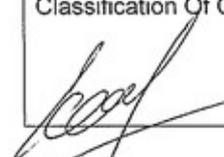
Report No. T/20190605/2092

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: L / Sgt 2 TOH WEE KEAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2019 19:16
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case: 
Authentication Stamp NP168	

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0008526F



Name

MOHAMMAD IRFAN BIN MOHAMMAD
RAIS

Race

MALAY

Date of birth

20-03-2000

Sex

M

T0008526F

Country/Place of birth

SINGAPORE



5496445



NRIC No. T0008526F



Date of issue

07-07-2015

Address

APT BLK 719 YISHUN STREET 71
#03-205
SINGAPORE 760719

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **T 0008526 F**
Name:

MOHAMMAD IRFAN BIN MOHAMMAD RAIS

Birth Date: **20 Mar 2000**

Issue Date: **10 Jan 2019**

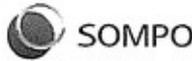


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	10 Jan 2019

NP 428A





Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co Reg No. 198905492E | GST Reg. No. M200903195

Certificate of Insurance

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Cert No./Policy No. : D19MTMC01000596
Insured : MOHAMMAD IRFAN BIN MOHAMMAD RAIS
Motor Vehicle (Regn No.) : FBG1860S
Cover : Third Party
Policy Commencement Date : 17 JANUARY 2019 11:50
Policy Expiry Date : 16 JANUARY 2020 23:59
Maximum Liability (Section I) : Third Party
Excess* : NIL
Named Driver 1 : MOHAMMAD IRFAN BIN MOHAMMAD RAIS
Named Driver 2 : JUMARI BIN RAHMAN
HIRE PURCHASE OWNER : UNITED CYCLES LLP

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
MOHAMMAD IRFAN BIN MOHAMMAD RAIS, JUMARI BIN RAHMAN

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 02)

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 17 JANUARY 2019 11:50

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle.
- o 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.
- o 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).
- o 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 : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 R8DOHQ4J4YD1MPAJ