

## 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	03/07/2019 13:22
Date Of Accident	01/07/2019 20:30
Exact Location Of Accident	AT SLIP RD OF ANG MO KIO AVE 3 TO ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6070Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL RAZAK BIN KASIM
NRIC No	S7220113B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86667828
Alternative Phone No	OFFICE-86667828

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16
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	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	D18MTMC01004917
Cover Note Number	

### Driver

Name of Driver	ABDUL RAZAK BIN KASIM
NRIC No	S7220113B
Date Of Birth	14/06/1972
Occupation	INDOOR
Date Of Driving Pass	10/12/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86667828
Fax Number	
Contact Number	OFFICE-86667828
Email Address	NOEMAIL

Address	BLOCK 217 ANG MO KIO AVENUE 1 #06-985
Postcode	560217
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to the attached Sketch Plan for the accident details.

#### 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	SFH800U
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	ABDUL RAZAK BIN KASIM
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Approximate Age	47
Injuries Sustain	ABRASIONS TO CHEST, RH ANKLE AND LEG
Injured person in which vehicle?	FBG6070Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 217 ANG MO KIO AVENUE 1 #06-985
Postcode	560217

**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:

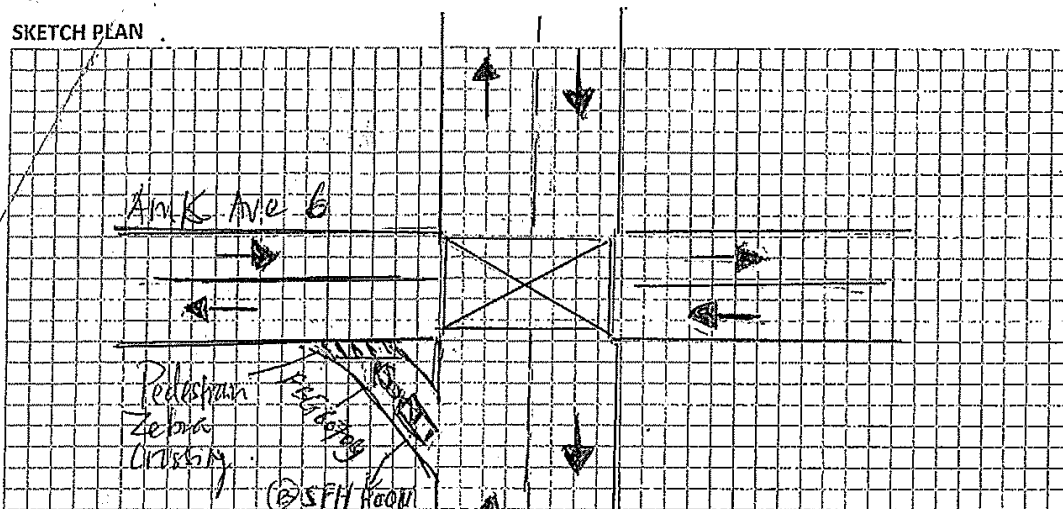
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Razak  
 Policyholder's Signature  
 Date & Time: 3/7/19  
 1306 hrs

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(Amk Hub)

Amk Ave 3.

On the Material date & Time. While riding my bike no. FBG 6070Y along Ave 3 (AMK) exiting into Amk Ave 6. I slow down & stopped at the Zebra crossing. Suddenly I felt a impact from the rear and caused me to fall to my right. I then get up and realised a white Volvo-SFH 8000 has collided into my bike rear portion. The rear portion & right side of my bike was damaged and I also sustained abrasions to my chest & rear & RH ankle swollen & leg abrasions. Consulted doctor at Polyclinic & was given 2 days mc from 02/07/19 to 03/07/19. Lodging this Accd report for Insurance claim purpose. That's all.

DECLARATION


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

Policyholder's Signature Razak  
Date & Time: 3/7/19  
1300 hrs

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7220113B



Name  
ABDUL RAZAK BIN KASIM

Race  
MALAY

Date of birth  
14-06-1972

Sex  
M

Country/Place of birth  
SINGAPORE

S7220113B

REPUBLIC OF SINGAPORE DRIVING LICENCE



NRIC No. S7220113B


ABDUL RAZAK BIN KASIM

Birth Date: 14 Jun 1972


Issue Date: 06 Mar 2019

002909190C

5851527



NRIC No. S7220113B



Date of issue  
13-01-2018

APT BLK 217 AND MD KIO AVENUE 1709-885  
SINGAPORE 560217


NRIC No. S7220113B Date: 18/09/2018

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	10 Dec 1997

NP 428A

Licence No: S7220113B





**SOMPO**

50 Raffles Place, #05-01/05 Singapore Land Tower, Singapore 046623  
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg  
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

**Certificate of Insurance**

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189)  
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.** : D18MTMC01004917  
**Insured** : ABDUL RAZAK BIN KASIM  
**Motor Vehicle (Regn No.)** : FBG6070Y  
**Cover** : Third Party  
**Policy Commencement Date** : 13 AUGUST 2018 17:10  
**Policy Expiry Date** : 07 SEPTEMBER 2019 23:59  
**Maximum Liability (Section I)** : Third Party  
**Excess\*** : NIL  
**Named Driver 1** : ABDUL RAZAK BIN KASIM  
**HIRE PURCHASE OWNER** : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
ABDUL RAZAK BIN KASIM

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 racing pacemaking, reliability trial or speed-testing
- (ii) Use for the carriage of passengers for hire or reward
- (iii) 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](http://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.**

*[Signature]*

Authorised Signatory

Date/Time of Issue : 13 AUGUST 2018 17:10

**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: MY100 JJ8DMSJ42DL0MQKA

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

