

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	09/07/2019 13:45
Date Of Accident	08/07/2019 10:15
Exact Location Of Accident	SOON LEE RD & INTERNATIONAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN8926D
Insured/Policyholder	
Name Of Registered Owner	NUR ARDY BIN ABU BAKAR
NRIC No	S8139808I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96818900
Alternative Phone No	OFFICE-96818900
Vehicle Particulars	
Manufacturer	YAMAHA
Model	CZD300A
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MTMC01000233
Cover Note Number	
Driver	
Name of Driver	NUR ARDY BIN ABU BAKAR
NRIC No	S8139808I
Date Of Birth	21/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96818900
Fax Number	
Contact Number	OFFICE-96818900
EEmail Address	NOEMAIL

Address	BLK 715 JURONG WEST ST 71 #11-59 SE640715
Postcode	
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 - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , 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 ATTACHED 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	GBD3069M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEWW LOON THAI
NRIC/Passport Number	S2652775I
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NUR ARDY BIN ABU BAKAR
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	FBN8926D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	NA NA
Postcode	NA

SKETCH PLAN

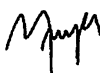
IMPORTANT NOTICE

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. 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:

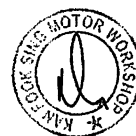
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



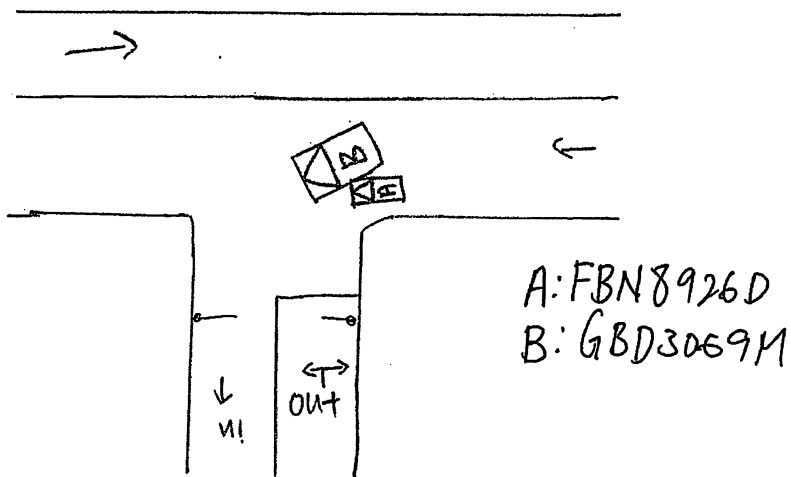
Policyholder's Signature

Date & Time: 9/7/2019
1335

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



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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Police report

INSURER: Sampo .

VEHICLE: FBN 8926D

DOA: 8/7/19

CLAIM TYPE: TP.

WORKSHOP: Teamwork

Garage P/L

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

9/7/2014
1335

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20190708/2178

Of Origin:

P.C

1 of 4

Report No. T/20190708/2178

Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2019 21:58		Vide Report No.:		Station Diary No.: 167
Informant's Particulars				
Name of Informant: NUR ARDY BIN ABU BAKAR		Address: APT BLK 715 JURONG WEST STREET 71 #11-59 SINGAPORE 640715		
ID Type / ID No.: NRIC NO / S8139808I		Contact No.: Home/Office: Mobile: 96818900		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 37	Date of Birth: 21/12/1981	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2019 10:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SOON LEE ROAD INTERNATIONAL ROAD At the entrance of Jurong Dormitory				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN8926D	Motorcycle	YAMAHA	CZD300A / XMAX300	Silver		0
GBD3069M	Van					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN8926D	TENET SOMPO INSURANCE PTE. LTD.	D19MTMC0100023 3	04/01/2019	03/01/2020

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190708/2178

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20190708/2178

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR ARDY BIN ABU BAKAR	ID No.	S8139808I
Related Vehicle	FBN8926D (Motorcycle)	Contact No.	96818900
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	08/07/2019	Date Discharge	08/07/2019
No. of Days granted Medical Leave	14	Degree of Injury	NIL
Driver			
Name	CHEW LOON THAI	ID No.	S2652775I
Related Vehicle	GBD3069M (Van)	Contact No.	91701781
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 08/07/2019 at about 1015hrs, while I was working as a delivery rider riding V1) FBN8926D along Soon Lee Road towards International Road, as the road was congested, I had overtaken about 2-3 other vehicles from the left and as I was passing by another van bearing registration plate number V2) GBD3069M near the front left passenger door, the vehicle suddenly made a left turn and the side of my vehicle collided on to my handle bar and I fell towards the left side. The driver then came out and made a check on me and informed that he wishes to discuss regarding the accident and the vehicle repairs thru mutual agreements. The driver then mentioned to shift the vehicles to clear the congestions. After we shifted the vehicles into the car park, the driver gave me his name card and left.

After V2's driver had went off I called my brother to inform him of the accident and he mentioned that he will come over. While waiting for my brother, V2's driver came back and we agreed to lodge a police report, my brother then came and picked me up to send me to Ng Teng Fong General Hospital for medical assistance as I felt pain on my left lower legs and for the abrasion sustained on the left lower legs. I was then given 14 days' hospitalization leave.

I wish to state that the point of accident, V2 did not made any signal before making the left turn and I did not manage to take a photo after the accident as the road was congested and V2's driver kept asking me to shift the vehicle.

The injuries I had sustained was Fractured left ankle.



**SINGAPORE
POLICE FORCE**



T/20190708/2178

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

3 of 4

Report No. T/20190708/2178

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190708/2178

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20190708/2178

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 / Sgt 2 NG WEI LIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2019 21:58
Officer In Charge Of Case: TP / AEIT / Sgt 3 KOH CHEE SENG, KEVIN Contact No.: 65472073	Classification Of Case: SN 126
Authentication Stamp NP168	