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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/07/2019 10:20
Date Of Accident	13/07/2019 11:40
Exact Location Of Accident	ALONG BISHAN ST12OPP BLK 150A TOWARDS BRADDELL RD
Country/State of Loss	SINGAPORE
ו	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN4881A
Insured/Policyholder	
Name Of Registered Owner	NORMAN BIN HASSAN
NRIC No	S7309117I
Email Address	NORMANHSN73@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81185305
Alternative Phone No	OFFICE-81185305
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH-184CC
Exact Purpose for which vehicle was being used at time of accident	t .
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	D18MTMC01006552
Cover Note Number	
Driver	

Name of Driver NORMAN BIN HASSAN

 NRIC No
 \$7309117I

 Date Of Birth
 04/03/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/06/1993

Driving Experience 26 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81185305

Fax Number

Contact Number OFFICE-81185305

EMail Address NORMANHSN73@GMAIL.COM

BLK 131 #03-207 BISHAN ST 12 Address

Postcode 570131

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)

2

involved in the accident

YES

Was any body injured in the Accident?

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

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

Police Station Name

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING.

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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 YM9146P

Vehicle Make/Model/Colour **CLEANING TRUCK**

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name NORMAN BIN HASSAN

Approximate Age Injuries Sustain

Injured person in which vehicle? FBN4881A

Were seat belts worn?

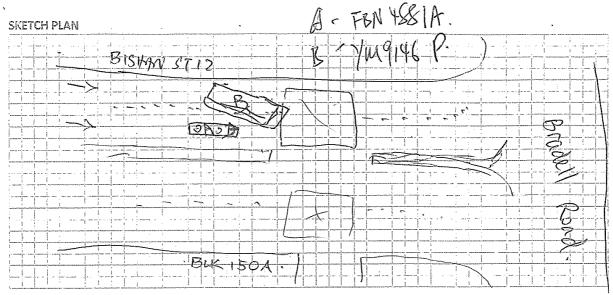
Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTARCES OF THE ACCIDENT
On 13/07/2019 @@ 1145 hrs I was fravelling on motorcycle
along Bishan St II, opposite BLK 150A towards Bradell Road on right lane of a 2-lane road. While my motorcycle near the juriction to enter car perk BLK 150A (yellow box) one rehicle
right lane of a 2-lane road. While my motorcycle near the
jurction to enter carpark BLK 150 A (yellow box) one vehicle
YM9146 A which was travelling along on left lare cut into
my 2nd lane abruptly and was not aware of any signal given by that vehicle. I did not manage to stop in time and my
by that vehicle. I did not manage to stop in time and my
Instoragele hit into the variete. Subsequently my motorbike
motorcycle hit into the varicle. Subsequently my motorbike toppled along with myself. Traffic police officer and ambulance came to scene. Brief description was verbally given to traffic police officer at scene. Subsequently I was conveyed
and came to scene. Brief description was verbally given to
traffic police officer at scene. Subgraquently I was conveyed
to ARE Tan Tock Sung Hospital. My motorbite FBN4581A was informed by the Taffice Police tenat it will be too away.
was informed by the Traffice Police tend it will be too away.

DECL	AR	AT	ION	į

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

Policyholder's Signature 10.05 am Driver's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

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.
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- 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.
- 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

istoflia

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

1 of 3 Report No. T/20190714/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2019 19:13		Vide Report No.:	Station Diary No.: 116			
Informa	nt's Partice	lars				
	Informant:	- A & !	Address:			
NUKMA	N BIN HAS:	SAN	570131	FREET 12 #03-207 SINGAPORE		
ID Type	/ ID No.:		Contact No.:			
NRIC NO) / S730911	71	Home/Office:	Home/Office: Mobile: 81185305		
Nationali SINGAP	ty: ORE CITIZI	======================================	Email:			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	46	04/03/1973	Rider			
Race: Arab		Language:	Institution / School Name:			
Occupation:		Driving Licence Information:				
LIFT TECHNICIAN			Class: 2B,2A	Date of Expiry:		

General Informat	ion of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of. Accident: 13/07/2019 11:40	Type of Location: Straight Road
Location: Along Road 1 BISHAN STREET Along Bishan Stre	~11 eet 11, opposite Blk 18	50A towards Bradde	ell Road	
		Road Surface:		Road Speed Limit:
Clear		Dry		•
Traffic Flow: Traffic Control: Traffic Volume			Traffic Volume: Light	
Type of Collision: Between Moving	Vehicles - Head To Si	de	8	Anyone conveyed by ambulance: No

Details of V	ehicle Involved	1				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FPN4381A	Motorcycle	HONDA	CBF190WH	Multi-Colored	Seriously Damaged	0
∀M9146P	ROAD SWEEPING VAN					0

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No Effective Expi	ry Date

Sketch Plan Pg. 4





Police Station Of Origin: Tea Payon N.P.C 93 Tea Payon Central #01-02 Tea Payon Community Building SINGAPORE 319194

Report No. T/20190714/2074

Tel No: 1800-2519999

GONTINUATION OF REPORT

Details of Ve	hicle Insurance			
Vehicle No.	Ineurance Company	Insurance No	Effective	Explry Date
FBN4881A	TËNËT SOMPO INSURANCE PTE.	D18MTMC0100655	13/10/2018	12/10/2019
	LTD	2		

Details of Perso Any Pedestrian Ir					
No. of Pedestrian		Use of Peo	lestrian	Gross	ling: NA
Rider					
Name	NORMAN BIN HASSAN		IĎ No.		S7309117I
Related Vehicle	NL		Contact No.		81185305
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Glass Driving Licence	g je &	Class: 2B,2A Date of Expiry: NIL
Date Treatment	 13/07/2019	Date Discl	Expiry	Date 13/07	72019
	ted Medical Leave 01	Degree of			

Brief Details.

On 13/07/2019 at about 1145hrs, I was travelling on my motorcycle along Bishan Street 11, opposite Blk 150A towards Braddell Road, right lane of the 2-lane road. While my motorcycle was near the junction to enter the car park of Blk150A (yellow box), one vehicle, YM9146P, which was travelling along the left lane of the 2-lane road, cut into my lane.

As that vehicle cut into my lane abruptly, I did not manage to stop in time and my motorcycle hit onto that vehicle. Subsequently, my motorcycle toppled. Subsequently, traffic police and ambulance came to scene. I was conveyed by the ambulance to Tan Tock Seng Hospital.

While at Tan Took Seng Hospital, the doctor issued me 1 day medical certificate (as the next 2 days were Saturday and sunday, as such, I was only issued 1 day MC). I did not bring along my medical satisficate when I am lodging this traffic accident report.





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

3 of 3 Report No. T/20190714/2074

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 <u>report number</u> as reference.

Signature Of Officer Recording TEE / Sgt 2 EUGENE LOW	he Report:	Signature Of Informant
Signature Of Interpreter: Not applicable		Date/Time: 14/07/2019 19:13
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH		Classification Of Case:
Contact No.: 65476232	SINGAPOR' POLICE FOR	SN 168
Authentication Stamp NP168	L	GNATURE

Sketch Plan Pg. 6





Sompo insurance Singapore Pts. Ltd.

/ SOMPO | 50 Ram de Ficto 406-31/06 B inguipare Land Tower, Bringeriche 64/06/25 to 64/07/06/05/25 Fix 62/21/3022 | Website www.tombo.com.sg | Co. Rag. Not. 180905493E | GST Pag. Not. 182009021/06

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.

: D18MTMC01006552

Insured

: NORMAN BIN HASSAN

Motor Vehicle (Regn No.)

: FBN4881A

Cover

: Third Party, Fire & Theft

Policy Commencement Date: 13 OCTOBER 2018 16:31

Policy Explry Date

: 12 OCTOBER 2019 23:59

Maximum Liability (Section I): Market value at time of loss

: \$300 - Section 1

Named Driver 1

: NORMAN BIN HASSAN

Named Driver 2

: SALIM BIN HASSAN

HIRE PURCHASE OWNER : SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD

Persons or Classes of Persons entitled to drive* NORMAN BIN HASSAN, SALIM BIN HASSAN

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.

- 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 flability 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 hareby cortify that the Policy to which (his Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Companisation) Act (Chapter 188) and Part IV of the Transport Act, 1907 (Maiaysia); and (2) the policy terms, conditions and exceptions of the Motercycle Policy (Ref.MCY-MTMC.02)

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue: 13 OCTOBER 2018 16:31

IMPORTANT NOTICE

- Keep the Certificate in your Motor Vehicla; Under the Motor Vehicla; Under the Motor Vehiclas (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any parson to use or cause to parmit any other person to use a motor vehicle without a valid policy of insurance under the Act; On the sails of the Motor Vehicle or if for any reason the insurance is terminated during its currency, the insurand must sumender the Certificate of insurance and the Policy to the insurance company. If the Certificate of insurance has been tool or destroyed, a statutory declaration to that effect must be made. Fellure to comply with this obligation is an offence under the Motor Vehicla; Inflict-Party Risks and Compensation) Act (Chapter 189).

 This Policy will chase to be valid once the Motor Vehicle has been said to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11507901 & ENSURE PTE, LTD. (MOTORCYCLE) CI Code: MY3 34DOHV2K4MMYMPAJ

^{*} Subject to GST wherever applicable



