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.

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Date Of Report	13/08/2019 16:43
Date Of Accident	31/07/2019 16:00
Exact Location Of Accident	BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL5582S
Insured/Policyholder	
Name Of Registered Owner	AZHAR BIN ABU SAMAH
NRIC No	S7903717F
Email Address	AZHAR_AQUARIUS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86785277
Alternative Phone No	OFFICE-86785277
Vehicle Particulars	
Manufacturer	YAMAHA
Model	
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
Fleet Policy	NO
Policy Number	D18MTMC01005126
Cover Note Number	

Driver

Name of Driver AZHAR BIN ABU SAMAH

 NRIC No
 \$7903717F

 Date Of Birth
 04/02/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 27/04/2008

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86785277

Fax Number

Contact Number OFFICE-86785277

EMail Address AZHAR AQUARIUS@HOTMAIL.COM

Address

BLK 113 BEDOK NORTH ST 2 #11-282

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

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

YES

ambulance?

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

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE 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 Vehicle Make/Model/Colour

SDB928R

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN LAY LAY

NRIC/Passport Number

S2586082I

Contact Number

86785277

Address

NA NA

Postcode

NA

Insurance Company Name

Page 2 of 17

Nature Of Damage

NA

No. Of Passenger (Including Driver)

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	DETAILS OF INJURED PERSON 1
Name	AZHAR BIN ABU SAMAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL5582S
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 113 BEDOK NORTH ST 2 #11-282
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the netails 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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- 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.
- 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.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 tawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - [ii] investige ing 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, aw in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) a linearer(s) who have insured vehicle(s) involved in this condent and the Insurers' lawyers/law films, 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/ran be distlosed by any of the insurers and/or GIA to their third party service providers or agents/including their lawyors/law limits), 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 complie claims history for the purpose of freud detection, repertigation and management in present and all future claims.
- (e) the information so collected under up above may be shared a disclosed
 - (ii) 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

bill for completely with two manners, index any regular bits, laws or court or sets

13082019 Statemet 16351R1

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Policy and decre grigations.

Individual Statement

SKETCH PLAN

A - FBL 5582) B-SDB 928R

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Sec	notia report	-	
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1 of 3 Report No. T/20190801/2103

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2019 14:35		lade:	Vide Report No.:	Station Diary No.			
Informa	nt's Particu	ulars					
Name of Informant:			Address:				
AZHAR	BIN ABU SA	AMAH	BLK 113 BEDOK NORTH STREET 2 #11-282 SINGAPO 460113				
ID Type	/ ID No.:		Contact No.:				
NRIC NO / S7903717F			Home/Office: Mobile: 8678 5277				
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Male	Age: 40	Date of Birth: 04/02/1979	Type of Informant: Rider				
Race: Malay			Language:	Institution / School Name:			
Occupation: DRIVER			Driving Licence Information: Class:	Date of Expiry:			

General Inform	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambula	nce Drink Drive: No	Date/Time of Accident: 31/07/2019 16:00	Type of Location Straight Road
Location: Along Road 1 BEDOK NOR Weather: Clear	TH AVENUE 3	Road Surface:		oad Speed Limit:
Traffic Flow: Two Way	ffic Flow: Traffic		Т	raffic Volume:
Type of Collision: hit car's back right tyre				nyone conveyed by mbulance:

Details of V	ehicle Involve	d	Contract Contract			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL5582S	Motorcycle	YAMAHA	SNIPER T150	Black	Seriously Damaged	0
SDB928R	Car	MERCEDES BENZ		White		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5582S	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC0100512 6	20/08/2018	19/08/2019





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Report No. T/20190801/2103

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I						
No. of Pedestriar	Use of Pedestrian Crossing: NA					
Rider						
Name	AZHAR BIN ABU SAMAH			ID No.		S7903717F
Related Vehicle	FBL5582S (Motorcycle)			Contact No.		8678 5277
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	31/07/2019	Date Disc	harge	31/07	7/2019	
No. of Days granted Medical Leave 07			Degree of Injury Slight		t	
Driver						
Name	TAN LAY LAY			ID No		S2586082I
Related Vehicle	SDB928R (Car)			Contact No.		9732 0141
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 31/08/2019 at about 1600hrs, I was riding my motorcycle: FBL5582S along Bedok North Ave 3, when the driver of vehicle SDB928R abruptly turned out from the carpark of Blk 133 Bedok North Ave 3 and collided into me. She claimed that she did not see me, I did not see her turning out but I did have a feeling. As such, my motorcycle hit the side of the car's tyre. The driver admitted that it was her fault.

I was prescribed with 7 days worth of MC from Changi General Hospital as I fractured my left knee.





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 3 of 3 Report No. T/20190801/2103

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

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: G / Sgt 3 NIKITA RAE WONG WAN JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2019 14:35
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:



southe mentance suitahnta Lie Fin 50 Rafiles Piace, #05-01/00 Singapore Land Tower, Singapore 046623 Tel: 6401 6565 1 Fax: 6221 3302 1 Websile: www.compo.com.sg Co, Reg, No.; 1989054902 1 GBY Reg, No.; MZ03903198

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.

: D19MTMC01006362

Insured

: AZHAR BIN ABU SAMAH

Motor Vehicle (Regn No.)

: FBL5582S

: Third Party, Fire & Theft Policy Commencement Date : 20 AUGUST 2019 00:00

Policy Explry Date

: 19 AUGUST 2020 23:59 Maximum Liability (Section I): Market value at time of loss

Excess'

: \$300 - Section I

Named Driver 1

: AZHAR BIN ABU SAMAH : NORAZAM BIN SUMADI

Named Oriver 2

HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

Persons or Classes of Persons entitled to drive*
AZHAR BIN ABU SAMAH, NORAZAM BI

NORAŻAM BIN SUMADI

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 (Chepter 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

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

Il 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 carrily that the Policy to which this Cartificate relates is lessed in accordance with (5) the provisions of the Major Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 [Malaysin]; and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Tai):MCY-ACT (60.02)

Sompo Insurance Singapore Pte. Ltd.

Der 28

Authorised Signatory

Date/Time of Issue: 01 AUGUST 2019 16:20

IMPORTANT NOTICE

Keep the Cartificate in your tripler Vehicle;
Under the Motor Vehicles (Triple Perty Risks and Compensation) Act (Chepter 189), it shall be unleaved for any person to use or cause to permit any other person to use a

ons of the first o

the Insurance company. If the Confidence of Insurance has been tost or destroyed, a statutory declaration to that effect must be made. Follure to comply with this obligation is an effect must be made. Follure to comply with this obligation is an effect with case to be valid once the Motor Vehicles (Third-Party Risks and Companyation) Act (Chapter 188);

This Policy with case to be valid once the Motor Vehicle that been sold to another person. The Policy is not unasterable to the new owner of the Motor Vehicle.

Intermediary Code & Name: 11E07901 & ENSURE PTE, LTD. (MOTORCYCLE) CI Codo: MY3 4NDZL64P4L0YMKAJ

^{*}Subject to GST wherever applicable

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7903717F

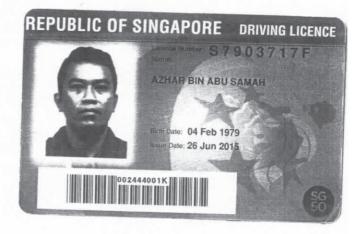


AZHAR BIN ABU SAMAH

Race MALAY Date of birth 04-02-1979 M Country of birth

SINGAPORE

97903717F





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motorcycles =< 200 cc
Motor Cars =< 3000kg with =<7 passengers, exclusive 13 May 2002
of the driver; and other motor vehicles =< 2500kg
Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
Motor vehicles not constructed to carry any load and the unladen weight > 7250kg Class 2B Class 3 Class 4

Class 5

Licence No:S7903717F

NP 428A