

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	10/10/2019 14:16
Date Of Accident	31/08/2019 14:10
Exact Location Of Accident	SENGKANG EAST WAY / FERNVALE LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP2957T
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD FITRI SHAHREZA BIN SAZLI
NRIC No	T0000844Z
Email Address	MOHAMADFITRI728@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87491106
Alternative Phone No	OTHERS-87491106

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R155-155CC
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	D19MTMC01001985
Cover Note Number	11/03/2019 TO 10/03/2020

Driver

Name of Driver	MOHAMAD FITRI SHAHREZA BIN SAZLI
NRIC No	T0000844Z
Date Of Birth	12/01/2000
Occupation	INDOOR
Date Of Driving Pass	04/01/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	+65-87491106
Fax Number	
Contact Number	OTHERS-87491106
Email Address	MOHAMADFITRI728@GMAIL.COM

Address	APT BLK 417A FERNVALE LINK #14-188 (S) 791417
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	COLLIDED INTO MOTORCYCLIST
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)	1

Details of Police Action

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

Circumstances of Accident

refer with attach police report T/20191002/2148

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	SJV9648M
Vehicle Make/Model/Colour	
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	MOHAMAD FITRI SHAHREZA BIN SAZLI
------	----------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

KHOO TECK PUAT HOSPITAL - 113DAYS MC

FBP2957T

YES

YES

Accident 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:

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

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

SKETCH PLAN

seriglanj east way

A = FBP 2957T

B = SSU 9648R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer with attach police report T/2019/002/2148.

INSURER:

VEHICLE:

DOA:

CLAIM TYPE:

WORKSHOP:

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20191002/2148

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20191002/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2019 18:37		Vide Report No.:		Station Diary No.: 198	
Informant's Particulars					
Name of Informant: MOHAMAD FITRI SHAHREZA BIN SAZLI			Address: APT BLK 417A FERNVALE LINK #14-188 SINGAPORE 791417		
ID Type / ID No.: NRIC NO / T0000844Z			Contact No.: Home/Office: Mobile: 87491106		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 12/01/2000	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/08/2019 14:10	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 SENGKANG EAST WAY FERNVALE LINK LEFT TURN FROM SENGKANG EAST WAY TO FERNVALE LINK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP2957T	Motorcycle	YAMAHA	YZF-R155	Blue		0
SJU9648R	Car					0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBP2957T	TENET SOMPO INSURANCE PTE. LTD.	D19MTMC0100198 5	11/03/2019	10/03/2020	



**SINGAPORE
POLICE FORCE**



T/20191002/2148

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20191002/2148

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD FITRI SHAHREZA BIN SAZLI	ID No.	T0000844Z
Related Vehicle	FBP2957T (Motorcycle)	Contact No.	87491106
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	31/08/2019	Date Discharge	21/09/2019
No. of Days granted Medical Leave	113	Degree of Injury	NIL

Brief Details.

On 31 August 2019 at about 1412hrs, I was riding home from work (Deliveryroo). I was turning left from Sengkang East Way towards Fernvale Link.
I was suddenly knocked into, and I lost consciousness.
I do not remember what happened.

I woke up only on 3 September 2019 and I was in KTPH ICU.
I am unable to recall what happened.



**SINGAPORE
POLICE FORCE**



T/20191002/2148

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3


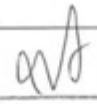
Report No. T/20191002/2148

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: F / Insp ANNA YOR SIEW FUNG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2019 18:37
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	SN 085
 Signature: 	
Singapore Police Force	

Driving License

Licence Number: **T0000844Z**
 Name: **MOHAMAD FITRI SHAHREZA BIN SAZLI**
 Birth Date: **12 Jan 2000**
 Issue Date: **04 Jan 2019**

002688515E

FOR KFS
ACCIDENT CLAIM
USE ONLY

THE GOVERNMENT OF SINGAPORE
 IDENTITY CARD NO. **T0000844Z**

Name: **MOHAMAD FITRI SHAHREZA BIN SAZLI**
 Race: **MALAY**
 Date of birth: **12-01-2000**
 Country/Place of birth: **SINGAPORE**
 Sex: **M**

T0000844Z

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

Class 2B Motorcycles <= 200 cc
 EFFECTIVE DATE: **04 Jan 2019**

NP 428A

Licence No: T0000844Z

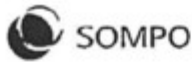
FOR KFS
ACCIDENT CLAIM
USE ONLY

5473557

NRIC No: **T0000844Z**

Date of issue: **18-05-2015**
 AMT BLK 417A FERNVALE LINK #14-188
 SINGAPORE 791417
 NRIC No: **T0000844Z** Date: **13/03/2018**

certificate of insurance



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #05-01/02 Singapore Land Tower, Singapore 048623
 Tel: 6461 6555 | Fax: 6221 3322 | Website: www.sompo.com.sg
 Co. Reg. No.: 198905490E | GST Reg. No.: M200903190

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. : D16MTMC01001985
 Insured : MOHAMAD FITRI SHAHREZA BIN SAZLI
 Motor Vehicle (Regn No.) : FBP2957T
 Cover : Third Party, Fire & Theft
 Policy Commencement Date : 11 MARCH 2019 00:00
 Policy Expiry Date : 10 MARCH 2020 23:59
 Maximum Liability (Section I) : Market value at time of loss
 Excess* : \$300 - Section I
 Named Driver 1 : MOHAMAD FITRI SHAHREZA BIN SAZLI
 HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
 MOHAMAD FITRI SHAHREZA BIN SAZLI

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 : 12 MARCH 2019 16:00

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 _ADMPT4K4B8BMPAJ



**Khoo Teck Puat
Hospital**

National Healthcare Group

Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

REPRINT

KH20191673929

NAME : MOHAMAD FITRI SHAHREZA BIN, SAZLI

NRIC : T0000844Z

Type of Medical Leave granted : **HOSPITALIZATION LEAVE**

The above named attended Examination/Treatment from **31 Aug 2019 14:52** to **21 Sep 2019 12:29**

The above named is unfit for duty for a period of **113** day(s), from **31 Aug 2019** to **21 Dec 2019** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

21 Sep 2019

Lee, Wen Yun Nadia (P12251)

Ward B86 - 12

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717564H

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



ADDENDUM

Original Report No : MKFS19134433 Vehicle Registration No: FBP2957T

Name (as shown in NRIC) : MOHAMAD FITRI SHAHREZA BIN SAZLI NRIC/FIN/Passport No : T0000844Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : apt blk 417a fernvale link #14-188 (s) 791417 Singapore(

Contact (Tel) : _____ Mobile No. : 87491106

Email Address : mohamadfitri728@gmail.com

Date of Accident : 31/08/2019 Time of Accident : 1410HRS

Place of Accident : sengkang east way / fernvale link

Insurance Company: Sompo Insurance Singapore Pte. Ltd.

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

[illegible]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 17/10/2019