

## 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	27/11/2019 15:07
Date Of Accident	26/11/2019 17:30
Exact Location Of Accident	BUKIT BATOK EAST AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN9099J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHAIRUL NIZAM BIN HASHIM
NRIC No	S9902521B
Email Address	KNIZAM361@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91252134
Alternative Phone No	OFFICE-91252134

### Vehicle Particulars

Manufacturer	YAMAHA
Model	MX KING T150-150CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MTMC01000140
Cover Note Number	

### Driver

Name of Driver	KHAIRUL NIZAM BIN HASHIM
NRIC No	S9902521B
Date Of Birth	30/01/1999
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91252134
Fax Number	
Contact Number	OFFICE-91252134
Email Address	KNIZAM361@GMAIL.COM

Address	BLK 324 BUKIT BATOK ST 33 #03-47
Postcode	650324
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?	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	
Police Station Name	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT FOR INCIDENT DETAIL.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

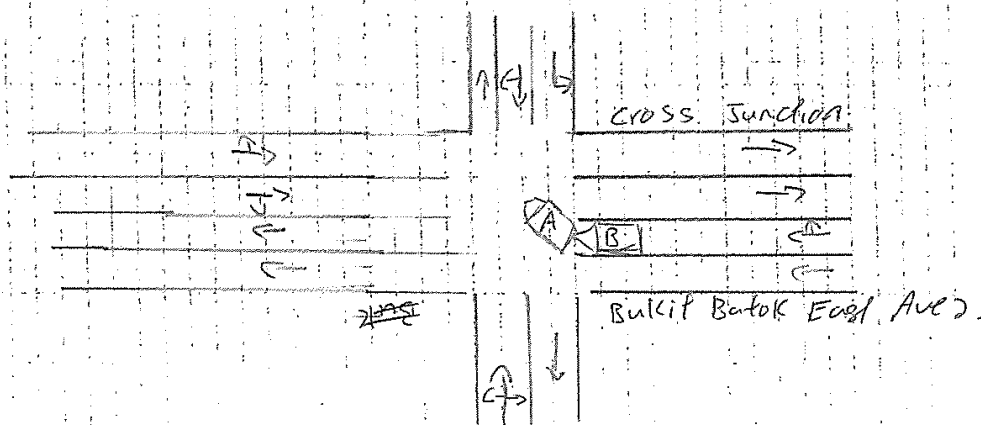
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ6248H
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	KHAIRUL NIZAM BIN HASHIM
Approximate Age	20
Injuries Sustain	
Injured person in which vehicle?	FBN9099J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report for incident report.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; 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.
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:

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

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

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191128/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20191128/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2019 13:42		Vide Report No.: J/20191126/0100		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KHAIRUL NIZAM BIN HASHIM			Address: APT BLK 324 BUKIT BATOK STREET 33 #03-47 SINGAPORE 650324		
ID Type / ID No.: NRIC NO / S9902521B			Contact No.: Home/Office: Mobile: 91252134		
Nationality: SINGAPORE CITIZEN			Email: knizam361@gmail.com		
Sex: Male	Age: 20	Date of Birth: 30/01/1999	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 2B		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 26/11/2019 17:30	Type of Location: X-Junction
Location:  BUKIT BATOK EAST AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9099J	Motorcycle					0
SJZ6248H	Car	CHEVROLET		Grey	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191128/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20191128/7010

CONTINUATION OF REPORT

Rider			
Name	KHAIRUL NIZAM BIN HASHIM	ID No.	S9902521B
Related Vehicle	FBN9099J (Motorcycle)	Contact No.	91252134
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/11/2019	Date Discharge	26/11/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

I have images of the accident.

Happened at X-junction opposite Ar-Raudah Mosque.

While i was stationary in the right turn pocket at the junction along Bukit Batok East Ave 5, while waiting for oncoming traffic to clear, my bike (FBN9099J) got hit from behind by a car. Right after she hit me, she reverse her car and drag along my bike as my bike pipe was stuck to her front bumper. The car behind her keep honking when she reverse, upon hearing the horn, she stop reversing. Her plate number is SJZ6248H.

I then got conveyed by ambulance to Ng Teng Fong General Hospital for 7 days of MC and Spine Specialist appointment awaits.



**SINGAPORE  
POLICE FORCE**



T/20191128/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20191128/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
NOR AFFENDY BIN JAFFAR  
Contact No.: 65476209

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
28/11/2019 13:42

Classification Of Case:

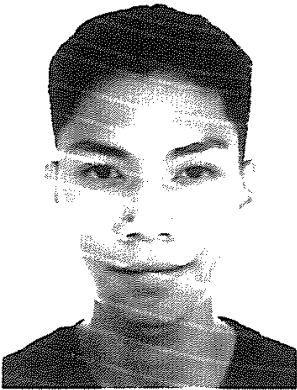



4

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S9902521B**  
Name: **KHAIRUL NIZAM BIN HASHIM**

Birth Date: **30 Jan 1999**  
Issue Date: **02 Oct 2018**



 002851767K

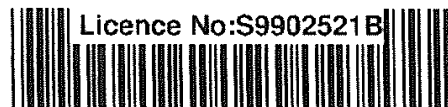
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**Class 2B Motorcycles =< 200 cc**

**EFFECTIVE DATE**

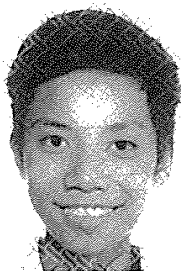
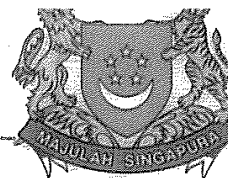
**02 Oct 2018**

**NP 428A**



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S9902521B**



Name

**KHAIRUL NIZAM BIN HASHIM**

Race

**MALAY**

Date of birth

**30-01-1999**

Sex

**M**

**S9902521B**

Country/Place of birth

**SINGAPORE**



3209193



NRIC No. **S9902521B**



Date of issue

**13-02-2014**

Address

**APT BLK 324 BUKIT BATOK STREET 33  
#03-47  
SINGAPORE 650324**



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623  
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 (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.** : D19MTMC01000140  
**Insured** : KHAIRUL NIZAM BIN HASHIM  
**Motor Vehicle (Regn No.)** : FBN9099J  
**Cover** : Third Party, Fire & Theft  
**Policy Commencement Date** : 02 JANUARY 2019 13:18  
**Policy Expiry Date** : 01 JANUARY 2020 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$300 - Section I  
**Named Driver 1** : KHAIRUL NIZAM BIN HASHIM  
**HIRE PURCHASE OWNER** : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
KHAIRUL NIZAM BIN HASHIM

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](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.02)

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 02 JANUARY 2019 13:18

#### 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 J0DBHC4I4YDMMPAJ

Ng Teng Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:62490130)

ORIGINAL

NAME: KHAIRUL NIZAM BIN HASHIM

NRIC: S9902521B

Type of Medical Leave granted: OUTPATIENT SICK LEAVE


The above named is unfit for duty from 26/11/2019 to 2/12/2019 inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 26/11/2019 18:28 to 26/11/2019 22:28.

26/11/2019  
Date

Dr. Cheong HONG FAI (11093J)  
Issued by

  
Signature

Location: NTFGH EMERGENCY

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

