

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	07/04/2020 16:46
Date Of Accident	04/04/2020 17:20
Exact Location Of Accident	T-JUNCTION OF BUKIT PANJANG ROAD & GANGSA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6095D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZAIDI BIN MANSUR
NRIC No	T0101387J
Email Address	ZAIDIMANSUR2001@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90621217
Alternative Phone No	OFFICE-90621217

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER-150CC
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	D19MTMC01003608
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ZAIDI BIN MANSUR
NRIC No	T0101387J
Date Of Birth	12/01/2001
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90621217
Fax Number	
Contact Number	OFFICE-90621217
Email Address	ZAIDIMANSUR2001@GMAIL.COM

Address	APT BLK 272 BANGKIT ROAD #05-40
Postcode	670272
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 - CROSS JUNCTION
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT NO. T/20200404/2091 FOR ACCIDENT DETAILS.

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	SMC6653G
Vehicle Make/Model/Colour	NISSAN
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

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBP6095D

Were seat belts worn?

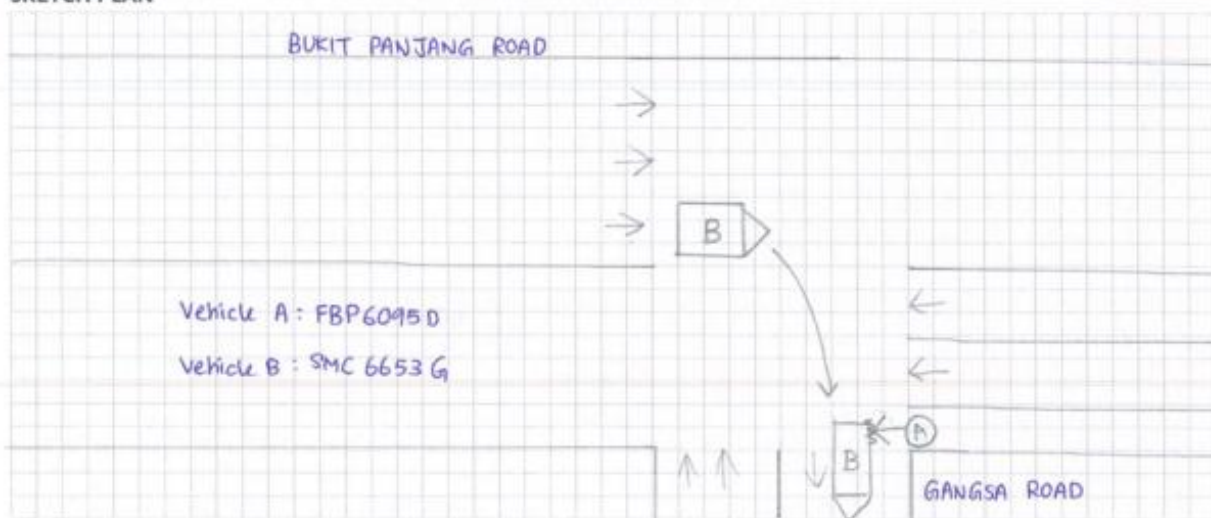
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report no. T/20200404/2091.

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.:

SKETCH PLAN


IMPORTANT NOTICE

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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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200404/2091

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20200404/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2020 21:28	Vide Report No.:	Station Diary No.: 146
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Informant's Particulars				
Name of Informant: MUHAMMAD ZAIDI BIN MANSUR			Address: APT BLK 272 BANGKIT ROAD #05-40 SINGAPORE 670272	
ID Type / ID No.: NRIC NO / T0101387J			Contact No.: Home/Office: Mobile: 90621217	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 19	Date of Birth: 12/01/2001	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2020 17:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BUKIT PANJANG ROAD GANGSA ROAD at the T-Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6095D	Motorcycle	YAMAHA	SNIPER T150	Green	Seriously Damaged	0
SMC6653G	Car	NISSAN		Blue	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBP6095D	TENET SOMPO INSURANCE PTE. LTD.	D19MTMC01003608	09/05/2019	08/05/2020	



**SINGAPORE
POLICE FORCE**



T/20200404/2091

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20200404/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ZAIDI BIN MANSUR	ID No.	T0101387J
Related Vehicle	FBP6095D (Motorcycle)	Contact No.	90621217
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/04/2020	Date Discharge	04/04/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Nur Ain Binte Ahmad	ID No.	NIL
Related Vehicle	SMC6653G (Car)	Contact No.	91006503
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 04/04/2020 at about 1720 hrs, at the junction of Bukit Panjang Road and Gangsa Road, I was riding my bike, FBP6095D, towards Bukit Panjang Plaza. Upon reaching the traffic junction, I observe that the traffic light was in my favor and there was no oncoming traffic. I then proceeded to cross the traffic junction.

However as I cross half way at the traffic junction, one saloon, SMC6653G which had stop at the traffic junction from the opposite side suddenly moved forward and cut into my lane. As the vehicle had moved off suddenly, I was unable to brake or swerve in time to avoid colliding onto the saloon. Due to the accident, both my bike and I scrape against the saloon, before I fell of my bike.

Passerbys then assist me and move my bike, to the side of the road. I then exchange particulars and contact number with the female driver. No police or ambulance had arrived at scene. I sustain lacerations on both my arms and legs. Damage to my bike is the front and both side of the bike damage while the saloon only the left rear wheel rim damage.

I then left scene and proceeded to go for medical consultation at a nearby clinic. I was then given three days medical certificate. I proceeded to the nearest police post to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20200404/2091

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20200404/2091

CONTINUATION OF REPORT

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20200404/2091

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

4 of 4

Report No. T/20200404/2091

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 /

Sr Staff Sgt CHOO NGAI PANG

Signature Of Interpreter:

Not applicable

SIGNATURE

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

04/04/2020 21:28

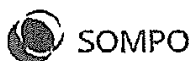
Classification Of Case:

Authentication Stamp
NP168

INSURANCE CERT Pg. 1

09-05-19:17:17 ;

1/ 1



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/02 Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M209993190

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No. : D19MTMC01003608
Insured : MUHAMMAD ZAIDI BIN MANSUR
Motor Vehicle (Regn No.) : FBP6095D
Cover : Third Party, Fire & Theft
Policy Commencement Date : 09 MAY 2019 17:19
Policy Expiry Date : 08 MAY 2020 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : MUHAMMAD ZAIDI BIN MANSUR
Named Driver 2 : MANSUR BIN OSMAN
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
MUHAMMAD ZAIDI BIN MANSUR, MANSUR BIN OSMAN

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 (R01MCEY-18TMC.02)

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 09 MAY 2019 17:19

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 _4DSPH444BB0MPAJ



Unit 250 Bukit Panjang Ring Road
#01-01 Singapore 671259
Tel: 6765 2115 Fax: 6765 2116
Website: www.prohealth.com.sg

Medical Certificate


Date : 04 Apr 2020

MC No. : 0000512590

This is to certify that :

Name : MUHAMMAD ZAIDI BIN MANSUR
NRIC : T0101387J

is Unfit for Duty for 3 days
from 04 Apr 2020 to 06 Apr 2020 inclusive.


D/LOCUM DOCTOR

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0101387J



Name

MUHAMMAD ZAIDI BIN MANSUR

Race

MALAY

Date of birth

12-01-2001

Country/Place of birth

SINGAPORE

Sex

M

T0101387J

Reporting Purpose

5585365



NRIC No. T0101387J



Date of issue

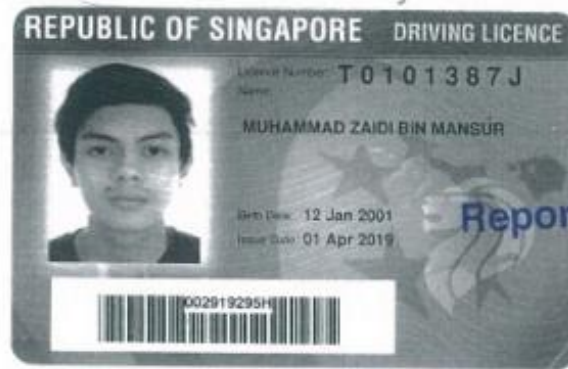
07-04-2016

Address

APT BLK 272 BANGKIT ROAD
#05-40
SINGAPORE 670272

Reporting Purpose

Driving License



Reporting Purpose



Reporting Purpose

Accident Photo



Accident Photo



Accident Photo



Accident Photo



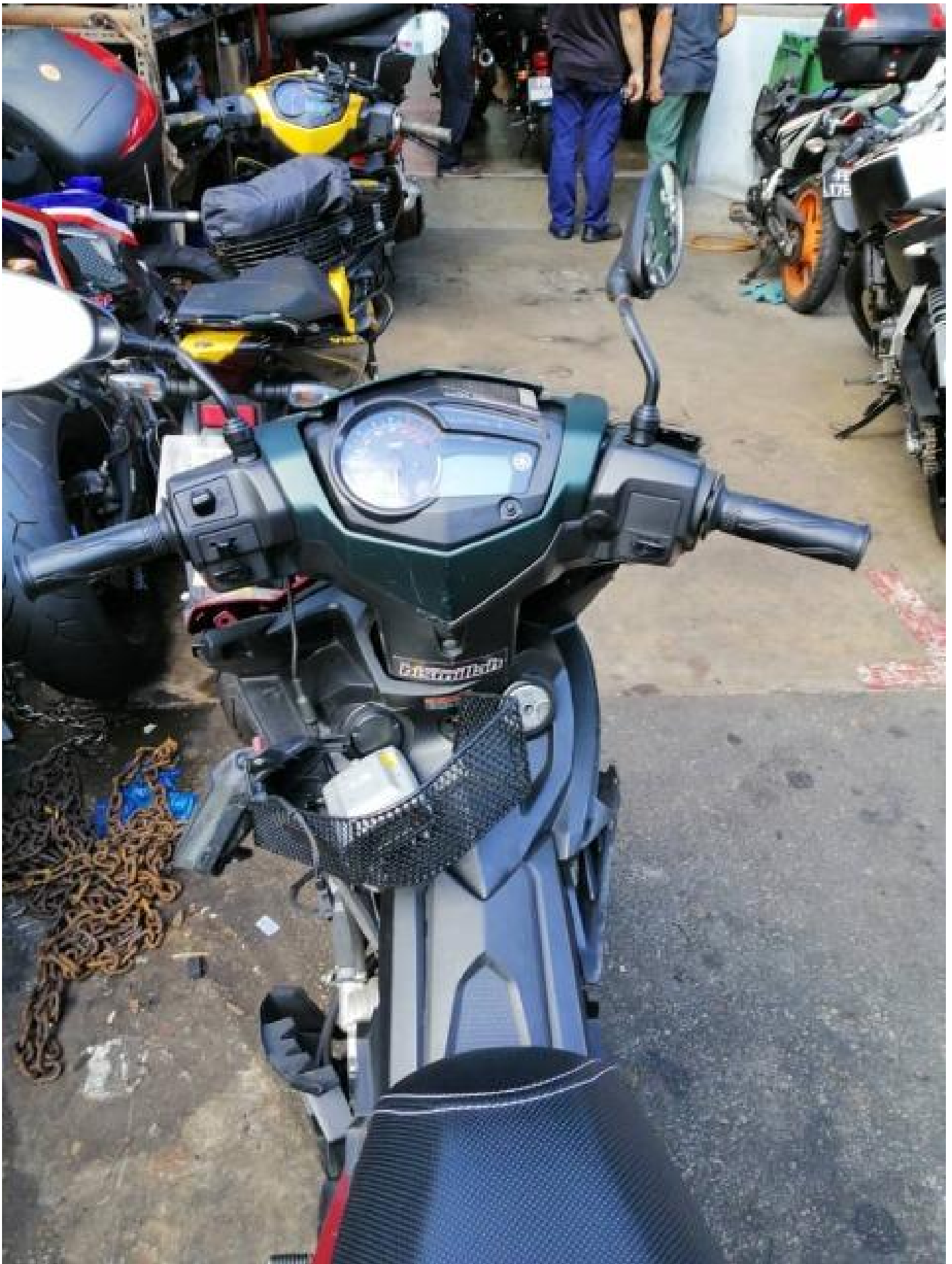
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

