

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	11/03/2020 12:40
Date Of Accident	06/03/2020 08:00
Exact Location Of Accident	PIE TOWARDS LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1878R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RASHID BIN SENIN
NRIC No	SXXXX616A
Email Address	SOFISTIC06@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88222877
Alternative Phone No	OFFICE-88222877

Vehicle Particulars

Manufacturer	SCOMADI
Model	TL200-181CC

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	D19MTMC01005577
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RASHID BIN SENIN
NRIC No	SXXXX616A
Date Of Birth	30/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88222877
Fax Number	
Contact Number	OFFICE-88222877
Email Address	SOFISTIC06@GMAIL.COM

Address	APT BLK 296 PUNGGOL CENTRAL #04-503
Postcode	820296
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT NO. T/20200306/2136 AND SKETCH PLAN FOR ACCIDENT DETAILS.

Attachment(s)

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

Details of Witness 1

Name	MARTIN
Phone Number	91505006
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3496Y
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)

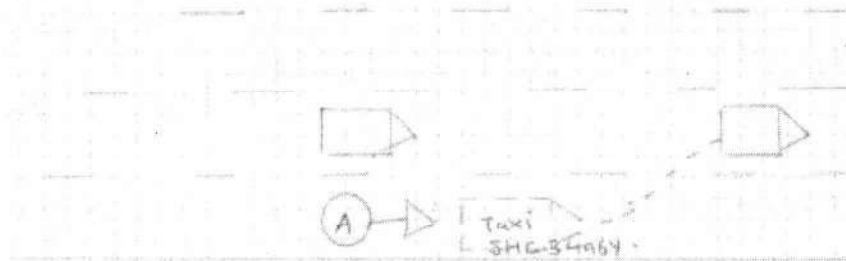
DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBL1878R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

A: FBL1870R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IT WAS A HEAVY AND SLOW TRAFFIC I WAS RIDING ON LANE 1 WHEN
SUDDENLY A TAXI (JAL 296Y) CHANGED LANE ABRUPTLY, WHICH MADE
ME APPLY HARD BRAKING. DUE TO THE WET ROAD SURFACE, I WAS
UNABLE TO CONTROL MY MOTORCYCLE.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 11/3/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name _____

NRIC/FIN No.1

SKETCH PLAN

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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: 11/3/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200306/2136

1 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20200306/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2020 19:43		Vide Report No.:		Station Diary No.: 120	
Informant's Particulars					
Name of Informant: MUHAMMAD RASHID BIN SENIN			Address: APT BLK 296 PUNGGOL CENTRAL #04-503 SINGAPORE 820296		
ID Type / ID No.: NRIC NO / S8002616A			Contact No.: Home/Office: Mobile: 86222877		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 30/01/1980	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: QUALITY & SAFETY OFFICER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/03/2020 08:00	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 12				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL1878R	Motorcycle	SCOMADI	TL200	Grey		0
SHC3496Y	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1878R	TENET SOMPO INSURANCE PTE. LTD.	D19MTMC0100557 7	10/07/2019	09/07/2020

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**SINGAPORE
POLICE FORCE**


T/20200306/2136

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Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20200306/2136

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RASHID BIN SENIN	ID No.	S8002616A
Related Vehicle	FBL1878R (Motorcycle)	Contact No.	88222877
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/03/2020	Date Discharge	06/03/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Witness			
Name	Unknown Witness	ID No.	NIL
Related Vehicle	NIL	Contact No.	93824983
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
Witness			
Name	Martin	ID No.	NIL
Related Vehicle	NIL	Contact No.	91505006
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 06/03/2020 at about 0800hrs plus, I was riding on my motorcycle (FBL1878R) along the first lane of Pasir Ris Drive 12.

While riding, one taxi (SHC3496Y) was driving on the second lane.

Subsequently, the taxi changed lane to my lane. The taxi only signaled right while changing lane halfway. As the taxi suddenly changed lane, I jammed brake and skidded as a result. After I skidded, I fell from my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20200306/2136

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Report No. T/20200306/2136

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

After that, I was conveyed to Changi General Hospital. I suffered lacerations on my right knee, right abdominal area and both palms. I received a 4-day MC.

There were two witnesses for the accident.

**SINGAPORE
POLICE FORCE**

T/20200306/2136

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Report No. T/20200306/2136

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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:

L /

Sgt 2 SER WEN LIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
06/03/2020 19:43Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MA JUNXIANG
Contact No.: 65476251

Classification Of Case:

SN 130

Authentication Stamp
NP168

Signature:

Singapore Police Force



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623
 Tel: 6461 6555 | Fax: 6321 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. : D19MTMC01005577
 Insured : MUHAMMAD RASHID BIN SENIN
 Motor Vehicle (Regn No.) : FBL1878R
 Cover : Third Party, Fire & Theft
 Policy Commencement Date : 10 JULY 2019 00:00
 Policy Expiry Date : 09 JULY 2020 23:59
 Maximum Liability (Section I) : Market value at time of loss
 Excess* : \$300 - Section I
 Named Driver 1 : MUHAMMAD RASHID BIN SENIN
 HIRE PURCHASE OWNER : CHOONG KOK AGENCY PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
 MUHAMMAD RASHID BIN SENIN

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, 1997 (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 : 09 JULY 2019 17:04

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 L_DOS24R4JMMMZAJ