## 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/10/2019 12:22
Date Of Accident	18/10/2019 17:40
Exact Location Of Accident	HOUGANG AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN4019Z
Insured/Policyholder	
Name Of Registered Owner	RAFLY BIN SUPA'ET
NRIC No	S8527924F
Email Address	RAFLY@TANCHONG.COM
Mobile Phone No	(LOCAL) +65-93384786
Alternative Phone No	OFFICE-93384786
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER-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	D19MTMC01007645
Cover Note Number	
Driver	
Name of Driver	RAFLY BIN SUPA'ET

Name of Driver RAFLY BIN SUPA'ET

NRIC No S8527924F
Date Of Birth 10/09/1985
Occupation INDOOR
Date Of Driving Pass 17/12/2008

Driving Experience 10 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93384786

Fax Number

Contact Number OFFICE-93384786

EMail Address RAFLY@TANCHONG.COM

BLK 970 HOUGANG ST 91 Address

#02-152

Postcode 530970

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** 

**COLLISION - CROSS JUNCTION** Type Of Accident

2

YES

YES

NO

1

YES

NO

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name **HOGANG N.P.C** 

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT FOR INCIDENT DETAIL.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMM3633G

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

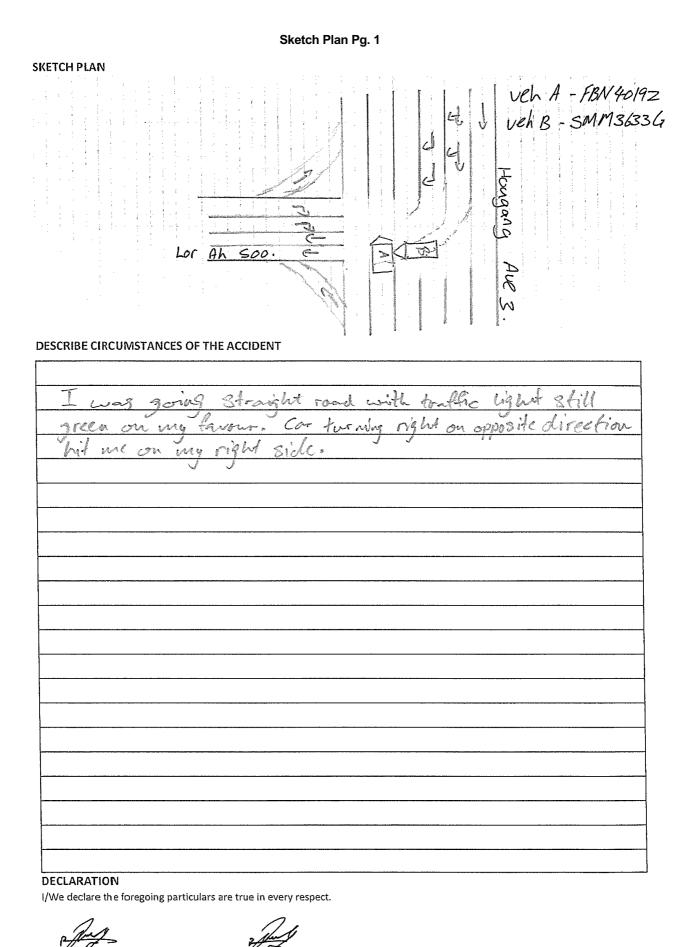
Address

Postcode

Insurance Company Name

Page 2 of 15

S ( S ,			
DETAILS OF INJURED PERSON 1			
Name	RAFLY BIN SUPA'ET		
Approximate Age	34		
Injuries Sustain			
Injured person in which vehicle?	FBN4019Z		
Were seat belts worn?			
Was this injured conveyed to hospital by ambulance?			
Address	BLK 970 HOUGANG ST 91 #02-152		
Postcode	530970		



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 Pg. 2

## **SKETCH PLAN**

## **IMPORTANT NOTICE**

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Police Station Of Origin:

Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20191029/2033

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time 29/10/2019	•	ide:	Vide Report No.:	Station Diary No.: 57		
Informant	's Particul	ars	And the state of t			
Name of Ir			Address:			
RAFLY BIN SUPA'ET			APT BLK 970 HOUGANG STREET 91 #02-152 SINGAPO 530970			
ID Type / I	D Type / ID No.: Contact N					
NRIC NO	S8527924	lF	Home/Office:	Home/Office: Mobile: 93384786		
Nationality SINGAPO		Email:				
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	34	10/09/1985	Rider			
Race:	•		Language: Institution / School Name			
Javanese	······	***************************************				
Occupation:			Driving Licence Information:			
Operation	assistance		Class: Date of Expiry:			

General Informati	ion of the Accident						
Type of Accident:	Injury Conveyed By Ambula	ance	Drink Drive: No	Date/Tir Acciden 18/10/20		Type of Location: T-Junction	
Location: Along Road 1 HOUGANG AVE	NUE 3 HOUGANG AVE 3 & I	I OR A	H SOO				
Weather: Clear	7,7000,7100,71000		Surface:	·····	R	load Speed Limit:	
Traffic Flow: One Way			raffic Control: raffic Light - Working		'	Traffic Volume: Moderate	
Type of Collision: Between Moving	Vehicles - Head On				а	nyone conveyed by mbulance: lo	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4019Z	Motorcycle	YAMAHA	SNIPER T150	Blue		0
SMM3633G	Car					0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBN4019Z	TENET SOMPO INSURANCE PTE.	D19MTMC0100764	24/09/2019	23/09/2020		
	LTD.	5				





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20191029/2033

2 of 3

CONTINUATION OF REPORT

## Brief Details.

On 18/10/2019 at about 1740hrs, I was travelling in my motorbike (FBN4019Z) along Hougang Avenue 3 towards Tampines Road, middle lane. When I was approaching the T-Junction of Hougang Avenue 3 & Lor Ah soo, I observed there was a vehicle from the opposite direction inching forward preparing to make a right turn. However after I horned, I observed the vehicle came to a stop therefore I proceeded. In the midst of the junction, the vehicle suddenly accelerated and collided onto me. I fell onto the ground in conscious state and was assisted by members of public. Ambulance was at scene to render medical attention to me and conveyed me to Tan Tock Seng Hospital. I was given 39 days (18/10/2019 - 25/11/2019) medical certificate by Dr Lim Yi Ting. I was instructed by TP IO Jeff to lodge a Traffic Accident Report.





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

3 of 3 Report No. T/20191029/2033

## Sketch Plan

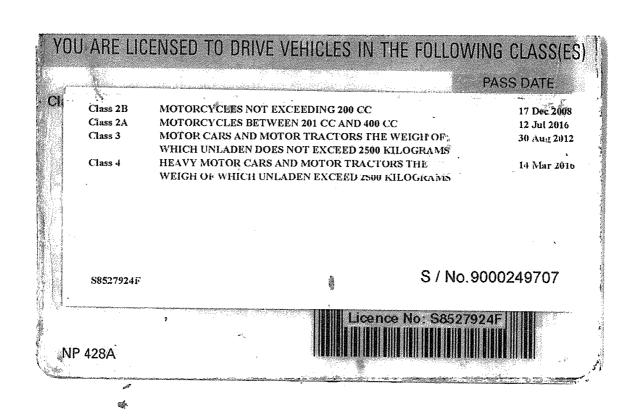
Informant is not able to provide sketch plan

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 \$5\$\pi\$74885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 3 JANSEN KWOK SHU HAO	(1/2/2
55.00, 11.02.1.11.10	A THE STATE OF THE
Signature Of Interpreter:	Date/Time:
Not applicable	29/10/2019 11:16
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR	
Contact No.: 65476200	
Authentication Stamp	
NP168	-
A PEN CAMBRA	**************************************
//	
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# \*REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8527924F





₩.

Name

## RAFLY BIN SUPA'ET

Race **JAVANESE** Date of birth Sex 10-09-1985 V Country of birth **SINGAPORE** 

4543429



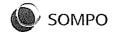
NRIC No. S8527924F

Date of Issue

26-02-2010

APT BLK 970 HOUGANG STREET 91 #02-152 SINGAPORE 530970 NRIC No: S8527924F

Date09/01/2019



#### Sompo Insurance Singapore Pte. Ltd.

50 Ratifles Place, #05-01/06 Singapore Land Tower, Singapore 048623 Tol: 6461 6565 | 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 (CHAPTER189) 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. : D19MTMC01007645 Insured : RAFLY BIN SUPA'ET

: FBN4019Z Motor Vehicle (Regn No.)

: Third Party, Fire & Theft

Policy Commencement Date : 24 SEPTEMBER 2019 00:00 : 23 SEPTEMBER 2020 23:59 Policy Expiry Date Maximum Liability (Section I): Market value at time of loss

Excess\* : \$300 - Section 1 Named Driver 1 : RAFLY BIN SUPA'ET HIRE PURCHASE OWNER : GLOBAL MOTOR PTE LTD

Persons or Classes of Persons entitled to drive\*

RAFLY BIN SUPA'ET

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

- Use for racing pacemaking, reliability trial or speed-testing
- (ii) Use for the carriage of passengers for hire or reward
- (iii) Use for any purpose in connection with the Motor Trade

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.

Dui Do

Authorised Signatory

Date/Time of Issue: 12 SEPTEMBER 2019 17:44

IMPORTANT NOTICE

- Keep the Certificate in your Motor Vehicle;
  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
- On the interview of the Motor Vehicle or if for any reason the Insurance and the Act;

  On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the insurance 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);

  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: MY100 4NDSZO4I4MI BMPAJ

<sup>\*</sup> Subject to GST wherever applicable

## **DISCHARGE SUMMARY Pg. 1**



## TAN TOCK SENG HOSPITAL

11 Jalan Tan Tock Seng, Singapore 308433 Tel: (65) 6256 6011

## HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

RAFLY BIN SUPA'ET | S8527924F | 34Y 1M | M | Others | 1219747103B | 18-Oct-2019 | 28-Oct-2019

ADMISSION DETAILS

Admission Date: 18-Oct-2019 Ward: WARD 13D

DOB: 10-Sep-1985 Room: ROOM 01

Age: 34Y 1M (as of admission) Bed: BED 046

Patient Type: Inpatient

Patient Class: Class A

Attending Dr: TEO LI TSERNG (10094C)

Medical Service Code: General Surgery

**DISCHARGE DETAILS** 

Discharge Date/Time: 28-Oct-2019 15:28 Discharge Status:

Follow Up at SOC

Condition at Discharge:

Improved - Condition better than at time of

admission

DIAGNOSIS

BLUNT TRAUMA TO ABDOMEN

MALLET FINGER

**ILEUS** 

**PROCEDURE** 

Procedure

Date/Time Trauma laparotomy with hemostasis and closure of small bowel mesenteric tears and

appendicectomy

18-Oct-2019 21:30

DRUG ALLERGY DATA

Adverse Drug Reaction / Drug Allergy

No drug allergy

**Medical Alert** 

No medical alert

The drug allergy data is accurate as at 28-Oct-2019 11:18

CLINICAL SUMMARY

Follow up

TCU Hand Prof Teoh team clinic 3/52 TCU GS Mr Teo LT clinic 2B x1/12

**Discharge Medication** 

**Medical Certificate** 

The discharge medication data is accurate as at 28-Oct-2019 11:10

Route Inhalation **Medication Name** Salbutamol Inhaler Dosage Regimen 2 puff 3 times per day when Instructions Shortness of breath.

PO

Paracetamol Tab

necessary 1 month 1 g every 6 hourly when necessary 2 weeks

Issued by

pain

MC Number : TTSH19251512 Leave Type : Hospitalization Leave : LIM YI TING

Fit to attend court : Yes

By: LIM YI TING(P1399I)

Date : 28-Oct-2019 11:18

This is a computer-generated summary of information available and correct at point of print Please refer to your doctor for further information or clarification

Printed by: LIM YI TING (P1399I)

Printed Date/Time: 28-Oct-2019 11:18

Page 1 of 2

## **DISCHARGE SUMMARY Pg. 2**



## TAN TOCK SENG HOSPITAL

11 Jalan Tan Tock Seng, Singapore 308433 Tel: (65) 6256 6011

## HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

Fit for light duty

RAFLY BIN SUPA'ET | S8527924F | 34Y 1M | M | Others | 1219747103B | 18-Oct-2019 | 28-Oct-2019

Unfit for duty : 18-Oct-2019 to 25-Nov-2019 Remarks :

**Future Appointment** 

Not Applicable

Planned Orders
Not Applicable

By : LIM YI TING(P1399I) Date : 28-Oct-2019 11:18

This is a computer-generated summary of information available and correct at point of print Please refer to your doctor for further information or clarification

Printed by: LIM YI TING (P1399I) Printed Date/Time: 28-Oct-2019 11:18

Page 2 of 2



MEDICAL CERTIFICATE	AL CERTIFICATE ORIGINAL				
NAME: RAFLY BIN SUPA'	ĒT		NRIC:	S8527924F	
	ented : HOSPITALIZATION LEAVE for duty for a period of 39 day(s) from	18-Oct-2019 to 25-Nov-2019 inclusive			
The certificate is not valid	for absence from court attendance.				
The above named attende	ed for Examination/Treatment from 18-	Oct-2019 18:13 to 28-Oct-2019 11:17			
			40		
28-Oct-2019	LIM YI TING (P1399I)	W11C	19		
Date	Issued by	Location	Signa	ture	