

## 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	27/10/2020 15:15
Date Of Accident	26/10/2020 13:30
Exact Location Of Accident	JURONG WEST AVE 1 TOWARDS CORPORATION RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN7341Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD NOOR BIN HASSAN
NRIC No	S7424228F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81722695
Alternative Phone No	OFFICE-96165023

### Vehicle Particulars

Manufacturer	HONDA
Model	CB190X-184CC
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	D20MTMC01000286
Cover Note Number	

### Driver

Name of Driver	MOHAMAD NOOR BIN HASSAN
NRIC No	S7424228F
Date Of Birth	29/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1991
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81722695
Fax Number	
Contact Number	OFFICE-96165023
Email Address	NOEMAIL

Address	APT BLK 357A ADMIRALTY DRIVE #06-160
Postcode	751357
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	SIDE SWIPE
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	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 4 SEMPAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT NO. T/20201027/2041 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	SLD639U
Vehicle Make/Model/Colour	MERC BENZ C200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH TECK LEONG
NRIC/Passport Number	
Contact Number	97854982
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? FBN7341Y

Were seat belts worn?

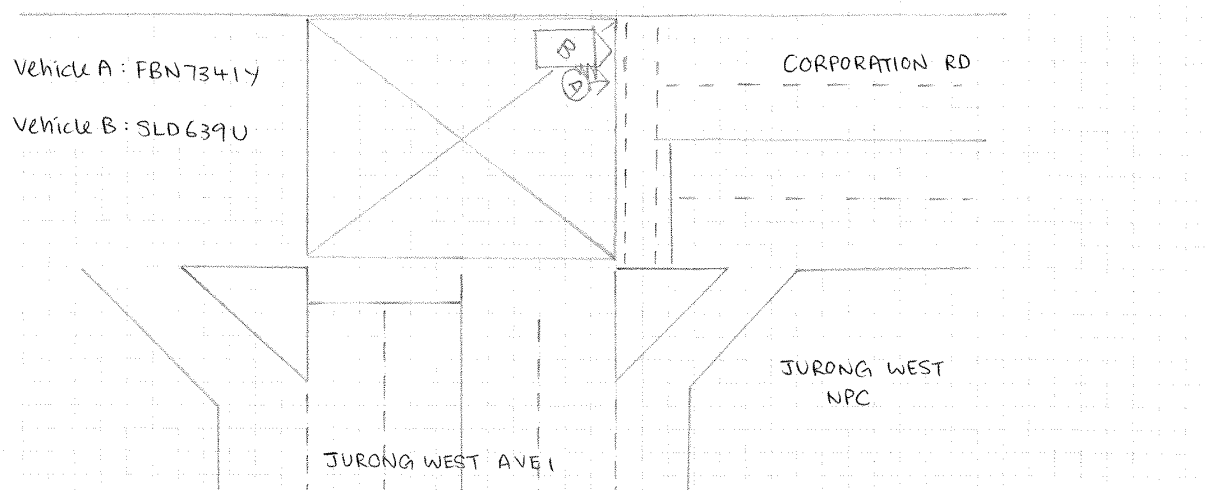
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer to the police report no. T/20201027/2041.

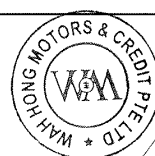
## DECLARATION

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**

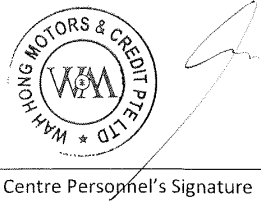
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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/20201027/2041

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3  
Report No. T/20201027/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/10/2020 12:00		Vide Report No.:		Station Diary No.: 35
<b>Informant's Particulars</b>				
Name of Informant: MOHAMAD NOOR BIN HASSAN		Address: APT BLK 357A ADMIRALTY DRIVE #06-160 SINGAPORE 751357		
ID Type / ID No.: NRIC NO / S7424228F		Contact No.: Home/Office: Mobile: 81722695		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 46	Date of Birth: 29/07/1974	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Despatch worker		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 26/10/2020 13:30	Type of Location: T-Junction
Location:  CORPORATION ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN7341Y	Motorcycle	HONDA	CB190X MANUAL	Red	Slightly Damaged	0
SLD639U	Car					0

<b>Details of Vehicle Insurance</b>					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBN7341Y	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC0100028 6	04/01/2020	03/01/2021	

Wong

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20201027/2041

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 3

Report No. T/20201027/2041

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MOHAMAD NOOR BIN HASSAN	ID No.	S7424228F
Related Vehicle	FBN7341Y (Motorcycle)	Contact No.	81722695
Hospital/Clinic	EASTERN CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	26/10/2020	Date Discharge	26/10/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	GOH TECK LEONG	ID No.	NIL
Related Vehicle	SLD639U (Car)	Contact No.	97854982
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 26/10/2020 at about 1330hrs, I stopped my vehicle FBN7341Y at along the traffic light junction of Corporation Road to allow pedestrian crossing. Suddenly, a vehicle SLD639U approached from the back and side swap onto the left side of my motorcycle. The said vehicle hit my left leg and I fall to the ground. There driver stopped his vehicle and came down to assist me. Both of us exchange particulars and left scene. I rode my motorcycle slowly to Eastern Clinic & Surgery Pte Ltd located at Blk 235 Jurong East St 21 #01-316 to seek medical treatment. My left calf was swollen. I was given 4 days medical leave from 26 Oct 2020 to 29 Oct 2020. My motorcycle was then towed to 387B Woodlands Road, Yew Tee Industrial for minor accident servicing.

I am lodging this report for insurance claims and traffic police updates.

*hbx*

**SINGAPORE  
POLICE FORCE**

T/20201027/2041

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20201027/2041

**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 3 MUHAMMAD SADLI BIN RAZALI

Signature Of Informant:

*Nosal*

Signature Of Interpreter:

Not applicable

Date/Time:

27/10/2020 12:00

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

SN 085

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: 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.** : D20MTMC01000286  
**Insured** : MOHAMAD NOOR BIN HASSAN  
**Motor Vehicle (Regn No.)** : FBN7341Y  
**Cover** : Third Party, Fire & Theft  
**Policy Commencement Date** : 04 JANUARY 2020 13:35  
**Policy Expiry Date** : 03 JANUARY 2021 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$300 - Section I  
**Named Driver 1** : MOHAMAD NOOR BIN HASSAN  
**HIRE PURCHASE OWNER** : UNITED CYCLES LLP

\* Subject to GST wherever applicable

**Persons or Classes of Persons entitled to drive\***  
 MOHAMAD NOOR BIN HASSAN

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 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

#### 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.03)

**Sompo Insurance Singapore Pte. Ltd.**

Authorised Signatory

Date/Time of Issue : 04 JANUARY 2020 13:35

#### 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: MY100 3TDP5D4K4KD1MEAJ

**EASTERN CLINIC & SURGERY PTE LTD**

Blk 235 Jurong East St 21 #01-316 , SINGAPORE 600235

Tel1: 65614458 Fax: 65607571

**Medical Certificate**

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Date : 26 Oct 2020

MC No. : 0000142934

This is to certify that :

Name : MOHAMAD NOOR BIN HASSAN

NRIC : S7424228F

is Unfit for Duty for 4 days

from 26 Oct 2020 to 29 Oct 2020 inclusive.

Δ (L) Calf injury



DR. ANGELA TEO SWEE NEO  
MBBS SINGAPORE  
MCR 02436H


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DR TEO SWEE NEO ANGELA

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

Identification Card Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7424228F



Name  
MOHAMAD NOOR BIN HASSAN

Race  
MALAY

Date of birth  
29-07-1974

Sex  
M

Country of birth  
SINGAPORE

57424228F

Reporting Purpose

3627379



NRIC No. S7424228F



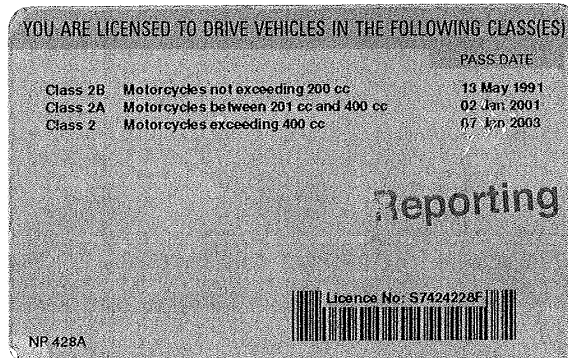
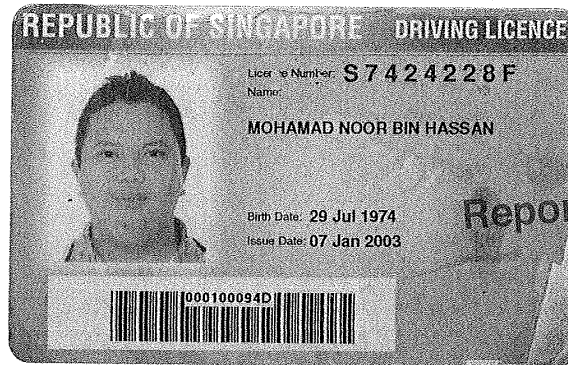
Date of issue  
29-09-2004

APT BLK 357A ADMIRALTY DRIVE #06-160  
SINGAPORE 751357

NRIC No. S7424228F Date: 06/01/2008 No: 5868077

Reporting Purpose

Driving License Pg. 1



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

