

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	05/11/2020 15:25
Date Of Accident	28/10/2020 23:10
Exact Location Of Accident	TAMPINES AVE 2 JUNCTION OF TAMPINES ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8700Y
Insured/Policyholder	
Name Of Registered Owner	SYED ABDUL KADER ALHADAD BIN SYED ZAINELABDIN
NRIC No	S8943441F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88877793
Alternative Phone No	OFFICE-88877793

Vehicle Particulars

Manufacturer	HONDA
Model	CBR 150R
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	D20MTMC01002664
Cover Note Number	

Driver

Name of Driver	SYED ABDUL KADER JAILANI BIN SYED RAFAAT HUSSAIN
NRIC No	T0123546F
Date Of Birth	30/07/2001
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2020
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88877793
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 138 TAMPINES ST 11 #03-122
Postcode	521138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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)	2
Passenger 1	NAME: : HAQIM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: G/20201104/7028.

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	SKJ451Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
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 SYED ABDUL KADER JAILANI BIN SYED RAFAAT HUSSAIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBQ8700Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HAQIM
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBQ8700Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode


SKETCH PLAN

IMPORTANT NOTICE


- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be **completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:



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

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

Tampines Ave 2.

Refer to G/2020/104/7028

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature



**SINGAPORE
POLICE FORCE**



G/20201104/7028

1 of 2

POLICE REPORT (NP299)

Report No. G/20201104/7028

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 04/11/2020 13:40	Vide Report No.	Station Diary No.
Name Of Informant SYED ABDUL KADER JAILANI BIN SYED RAFAAT HUSSAIN	Address 138 TAMPINES STREET 11 #03-122 SINGAPORE 521138	
ID Type / ID No. NRIC NO / T0123546F	Contact No. Home/Office: Mobile: 88877793	
Nationality SINGAPORE CITIZEN	Email Address syedkader99@yahoo.com	
Occupation food delivery rider	Sex Male	Age 19
Institution/School Name	Date of Birth 30/07/2001	Race Indian
Date/Time Of Incident 28/10/2020 23:10	Location Of Incident TAMPINES AVENUE 2	

Brief details.

On the above mentioned date and time, I was riding my bike FBQ8700Y along Tampines Ave 2 towards Ave 1 direction.

My friend Haqim was my pillion.

As i was approaching the junction of Tampines Ave 2 and Street 11, SKJ451Z, which was along Ave 2 on the opposite direction, suddenly proceeded to make a U turn.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/11/2020 13:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20201104/7028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201104/7028

I immediately jammed on my brakes and attempted to swerve to my left in a bid to avoid collision.

However, i could not avoid the collision and the rear left portion of SKJ451Z collided with my bike's front right portion.

Upon impact, my pillion and I was flung off the bike and landed hard on the ground quite a distance away from the bike.

I could not get up and lay on the ground till I was conveyed by ambulance to CHANGI GENERAL HOSPITAL.

i suffered multiple injuries including a laceration over my right knee which required stitches.

I was discharged the next day with 8 days HL.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/11/2020 13:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #05-01/02
 Singapore Land Tower, Singapore 048625
 Tel: 6461 6555 | Fax: 6221 3502 | www.sompo.com.sg
 Co. Reg. No. 1989014373 | GST Reg. No. T200000000

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 ROAD TRANSPORT ACT 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No.	D20MTMC01002664
Insured	SYED ABDUL KADER ALHADAD BIN SYED ZAINELABDIN
Motor Vehicle (Regn No.)	FBQ8700Y
Cover	Third Party, Fire & Theft
Policy Commencement Date	06 APRIL 2020 00:00
Policy Expiry Date	05 APRIL 2021 23:59
Maximum Liability (Section I)	Market value at time of loss
Excess*	\$300 - Section I
Named Driver 1	SYED ABDUL KADER ALHADAD BIN SYED ZAINELABDIN
Named Driver 2	SYED ABDUL KADER JAILANI BIN SYED RAFAAT HUSSAIN
HIRE PURCHASE OWNER	INFINITY MOTOR PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
 SYED ABDUL KADER ALHADAD BIN SYED ZAINELABDIN, SYED ABDUL KADER JAILANI BIN SYED RAFAAT HUSSAIN

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 (Ref:MCY-MTMC 63).

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 04 APRIL 2020 17:43

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 motor vehicle without a valid policy of insurance under the Act.

On the side 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).

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 UKDSS54PK_T1MYAJ

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

