

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	16/11/2020 15:04
Date Of Accident	13/11/2020 18:30
Exact Location Of Accident	THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1170Y
Insured/Policyholder	
Name Of Registered Owner	LIYAKATH ALI HABEEB RAHMAN
NRIC No	S9373629Z
Email Address	HABEEB_1993@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98182106
Alternative Phone No	OTHERS-98182106

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT 15 ABS MANUAL
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
Fleet Policy	NO
Policy Number	D20MTMC01005306
Cover Note Number	

Driver

Name of Driver	LIYAKATH ALI HABEEB RAHMAN
NRIC No	S9373629Z
Date Of Birth	15/05/1993
Occupation	INDOOR
Date Of Driving Pass	19/10/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98182106
Fax Number	
Contact Number	OTHERS-98182106
EEmail Address	HABEEB_1993@HOTMAIL.COM

Address	BLK 173 LORONG 1 TOA PAYOH #07-1264
Postcode	310173
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 - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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 ATTACHED.

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	SMJ1896T
Vehicle Make/Model/Colour	HONDA / SHUTTLE
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	LIYAKATH ALI HABEEB RAHMAN
Approximate Age	27
Injuries Sustain	MULTIPLE FRACTURES AND MULTIPLE ABRASION
Injured person in which vehicle?	FBQ1170Y
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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.

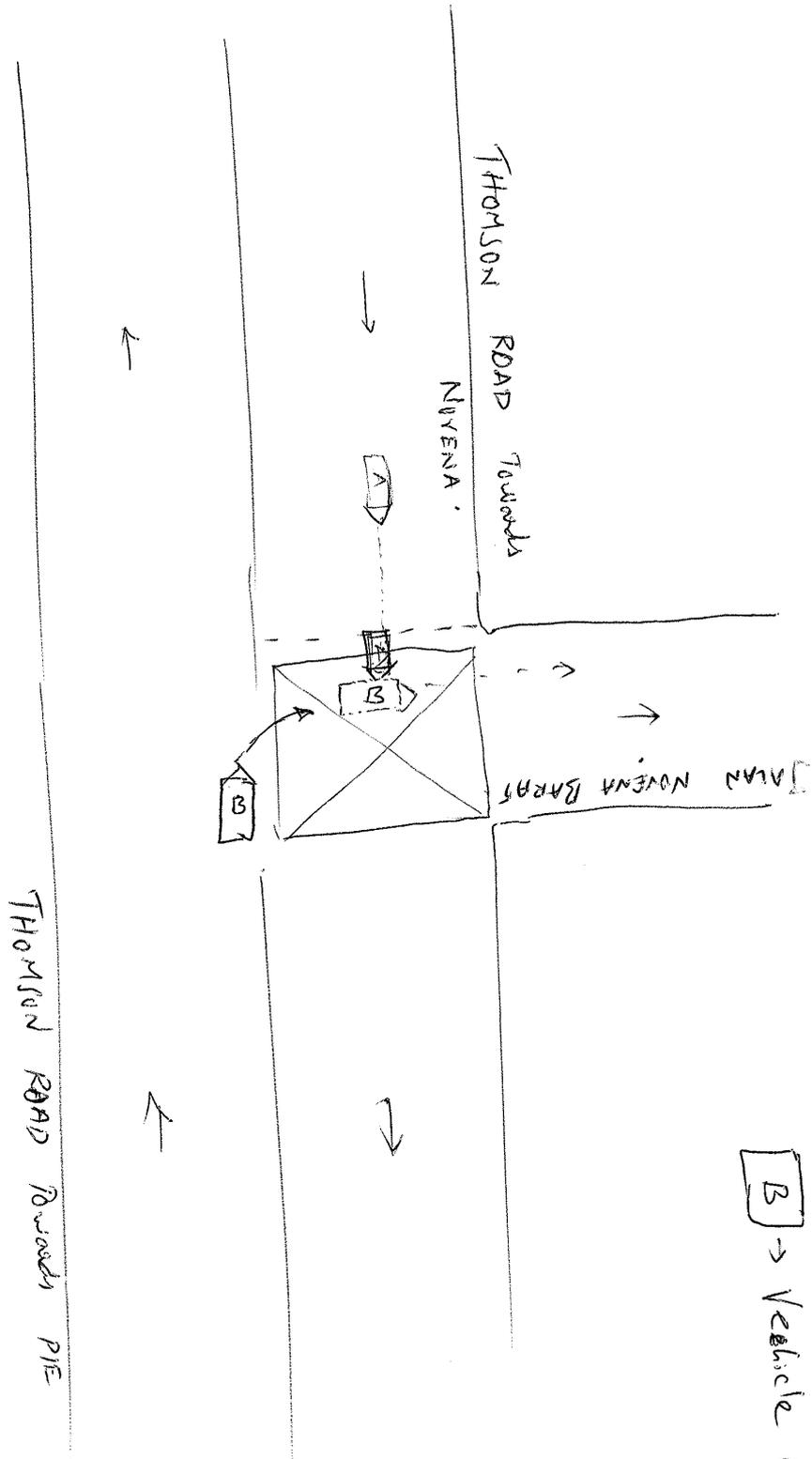
G. H. G. b

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



A → My motor cycle (FA11707)
 B → Vehicle (CAR) (SMJ 1896T)

I, HABIBU
 LAYAKAH ALI, HABEEB RAHMAN (S93736292)
 16/11/2020

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20201114/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201114/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 21:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIYAKATH ALI HABEEB RAHMAN			Address: 173 LORONG 1 TOA PAYOH #07-1264 SINGAPORE 310173		
ID Type / ID No.: NRIC NO / S9373629Z			Contact No.:		Mobile: 98182106
Nationality: SINGAPORE CITIZEN			Email: habeeb_1993@hotmail.com		
Sex: Male	Age: 27	Date of Birth: 15/05/1993	Type of Informant: Rider		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Auxiliary police officer		Driving Licence Information: Class: 2B		Date of Expiry:	

General Information of the Accident					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2020 18:30	Type of Location:	
Location: THOMSON ROAD					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ1170Y	Motorcycle	YAMAHA	MT 15 ABS MANUAL	Blue		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBQ1170Y	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC0100530 6	26/07/2020	25/07/2021	



**SINGAPORE
POLICE FORCE**



T/20201114/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201114/7022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIYAKATH ALI HABEEB RAHMAN	ID No.	S9373629Z
Related Vehicle	FBQ1170Y (Motorcycle)	Contact No.	98182106
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	13/11/2020	Date	13/11/2020
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

I (Habees Rahman, S9373629Z) was riding along Thomson road towards Novena MRT from Toa Payoh (Home).

The accident happened exactly at Jalan Novena Barat traffic light.

I was going straight along Thomson road and traffic light was in my favor (green) and suddenly a vehicle (SMJ1896T) turned right into Jalan Novena Barat from opposite of the Thomson road and collided into my motorcycle.

I was injured badly and conveyed to Raffles Medical Hospital at Bugis via ambulance. I was given 7 days MC starting from 13th Nov 2020.



**SINGAPORE
POLICE FORCE**



T/20201114/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201114/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No.: 65476356

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 14/11/2020 21:11
Classification Of Case:

Authentication Stamp
NP168



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. : D20MTMC01005306
Insured : LIYAKATH ALI HABEEB RAHMAN
Motor Vehicle (Regn No.) : FBQ1170Y
Cover : Third Party
Policy Commencement Date : 26 JULY 2020 00:00
Policy Expiry Date : 25 JULY 2021 23:59
Maximum Liability (Section I) : Third Party
Excess* : NIL
Named Driver 1 : LIYAKATH ALI HEBEEB RAHMAN
Named Driver 2 : MOHAMED ALI ABDUL RAHIM
Named Driver 3 : MOHAMED ABUBAKKAR NOOR MOHAMED
HIRE PURCHASE OWNER : NIL

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

LIYAKATH ALI HEBEEB RAHMAN, MOHAMED ALI ABDUL RAHIM, MOHAMED ABUBAKKAR NOOR MOHAMED

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.03)

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 24 JULY 2020 11:52

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 _NDZSV4441M1MPAJ

Identification Card



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9373629Z



 Name
LIYAKATH ALI HABEEB RAHMAN

 Race
INDIAN

 Date of birth
15-05-1993

Sex
M

Country/Place of birth
INDIA

S9373629Z

Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

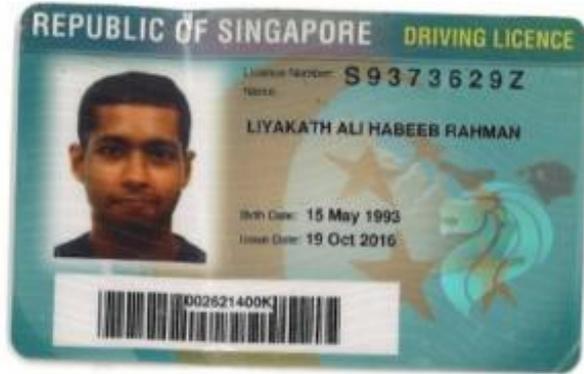
	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	19 Oct 2016

NP 428A

Licence No: 503736262



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

