

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 Submission 28/10/2020 15:12 (SGT)
Date of Accident 27/10/2020 19:45 (SGT)
Exact Location of Accident STILL ROAD SOUTH
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBA9656U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ARSHAD BIN YUSOPE
NRIC No S9214025C
Email Address MUHDARSHAD92@GMAIL.COM
Mobile Phone No (Phone) +65-83660196
Alternative Phone No (Phone) +83660196

VEHICLE PARTICULARS

Manufacturer Honda
Model CB400
Variant -
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 - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D20MTMC01006111
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD ARSHAD BIN YUSOPE
NRIC No S9214025C
Date Of Birth 24/04/1992
Occupation Indoor

Date Of Driving Pass	24/06/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83660196
Alt. Phone Number	(Phone) +-83660196
Email Address	MUHDARSHAD92@GMAIL.COM
Address	APT BLK 910 TAMPINES STREET 91 #02-129 SINGAPORE 520910
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver 1	-
Insurance Company of Other Vehicle Owned by Driver 1	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2	-
Insurance Company of Other Vehicle Owned by Driver 2	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3	-
Insurance Company of Other Vehicle Owned by Driver 3	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines N.p.c
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	-
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK2901E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD ARSHAD BIN YUSOPE
Address	APT BLK 910 TAMPINES STREET 91 #02-129
Address Complement	-
Post Code	520910
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.:

28/10 12020
@ 1435 hr











**SINGAPORE
POLICE FORCE**



T/20201028/2040

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20201028/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2020 13:05	Vide Report No.: G/20201027/0172	Station Diary No.: 24
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Informant's Particulars

Name of Informant: MUHAMMAD ARSHAD BIN YUSOPE			Address: APT BLK 910 TAMPINES STREET 91 #02-129 SINGAPORE 520910		
ID Type / ID No.: NRIC NO / S9214025C			Contact No.: Home/Office: Mobile: 83660196		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 24/04/1992	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: LOGISTIC OFFICER			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2020 19:45	Type of Location: Straight Road
Location: STILL ROAD SOUTH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA9656U	Motorcycle	HONDA	CB400	White	Slightly Damaged	0
GBK2901E	Van				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA9656U	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC0100611 1	28/08/2020	27/08/2021



**SINGAPORE
POLICE FORCE**



T/20201028/2040

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201028/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ARSHAD BIN YUSOPE	ID No.	S9214025C
Related Vehicle	FBA9656U (Motorcycle)	Contact No.	83660196
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	27/10/2020	Date Discharge	27/10/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the above mention date, time and location, I was riding my motorcycle Honda FBA9656U, white in colour along Still Rd South toward ECP after St Patrick Rd. When I was travelling on the left lane, one Nissan Van GBK2901E was in front of me and suddenly jam brake his vehicle and I immediately jam brake as well however I did not have enough time to react and hence the collision took place from my front to opposite rear. Due to the impact, I fell onto the ground and I was lying on the ground in semi conscious state. There are passerby that attended to me however at that point of time I am unable to move and i felt pain on my face and right knee area. Subsequently after about 15 min, traffic police and ambulance came and the paramedic attended to me. After which I was conveyed to Changi General Hospital and discharge on the same day, I was given 7 days MC and suffer abrasion on my face and right knee area I was also given further appointment by CGH to check on my knee again. I did not have any conversation with opposite driver as all long I was in semi conscious state. Due to the accident, my motorcycle damages are the front portion. I do not have any CCTV install on my helmet. My dad and uncle who arrive at the scene at a later timing was given a case card by the traffic police vide to G/202010270172.



**SINGAPORE
POLICE FORCE**



T/20201028/2040

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201028/2040

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:

G/

Sr Staff Sgt MUHAMAD FAISAL BIN MOHD

SALEH SSS Tan Yi Jun

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/10/2020 13:05

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NG BEIFENG

Contact No.: 65476845

Classification Of Case:

Authentication Stamp

NP168



ORIGINAL

MEDICAL CERTIFICATE

EMD2020175023

Name MUHAMMAD ARSHAD BIN YUSOPE		NRIC No. S9214025C
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>27-Oct-2020</u> to <u>02-Nov-2020</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave.	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave.	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 28-Oct-2020	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  TAN WEI MIN NATAJIE, 25048A



Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place, #05-01/06
Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

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. : D20MTMC01006111
Insured : MUHAMMAD ARSHAD BIN YUSOPE
Motor Vehicle (Regn No.) : FBA9656U
Cover : Third Party, Fire & Theft
Policy Commencement Date : 28 AUGUST 2020 18:22
Policy Expiry Date : 27 AUGUST 2021 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$500 - Section I
Named Driver 1 : MUHAMMAD ARSHAD BIN YUSOPE
Named Driver 2 : ABDUL RAFIQ BIN IDERIS
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
MUHAMMAD ARSHAD BIN YUSOPE, ABDUL RAFIQ BIN IDERIS

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 : 28 AUGUST 2020 18:22

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 D4DBHZ424_0DMYAJ