

# 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 ..... 21/05/2021 14:08 (SGT)  
Date of Accident ..... 18/05/2021 21:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WOODLANDS DR. 16  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJL7525A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHD RAZALI BIN AHMAD  
NRIC No ..... S1583964C  
Email Address ..... ranh@live.com.sg  
Mobile Phone No ..... (Phone) +65-94875956  
Alternative Phone No ..... +65-94875956

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Picnic  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MTOV01016010  
Cover Note Number ..... 11/12/20 - 10/12/21

### DRIVER

Name of Driver ..... MOHD RAZALI BIN AHMAD  
NRIC No ..... S1583964C

Date Of Birth .....	26/04/1963
Occupation .....	Indoor
Date Of Driving Pass .....	02/02/1993
Driving experience .....	28 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94875956
Alt. Phone Number .....	+65-94875956
Email Address .....	ranh@live.com.sg
Address .....	BLK 581 WOODLANDS DR. 16 #04-482
Address complement .....	-
Postcode .....	730581
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 .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Motorcyclist
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NEIGHBOUR
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD WITH TRAFFIC POLICE.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBQ3735K
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Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Motorcycle
Name of Driver .....	TEO KENG HOCK
NRIC No .....	S1794147Z
Contact Number .....	(Phone) +65-88777993
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 .....	TEO KENG HOCK
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBQ3735K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

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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.
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.

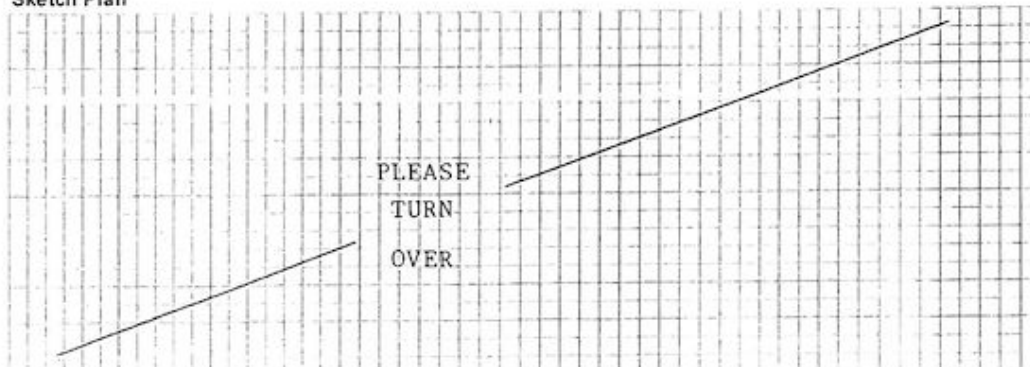
1. VEHICLE NO.: SG1 7525A  
2. INSURER CO.: Sampo  
3. ACCIDENT  
DATE & TIME: 18/5/21 21:05

  
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

(YS) Ong 21/5/21  
Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE  
TURN  
OVER











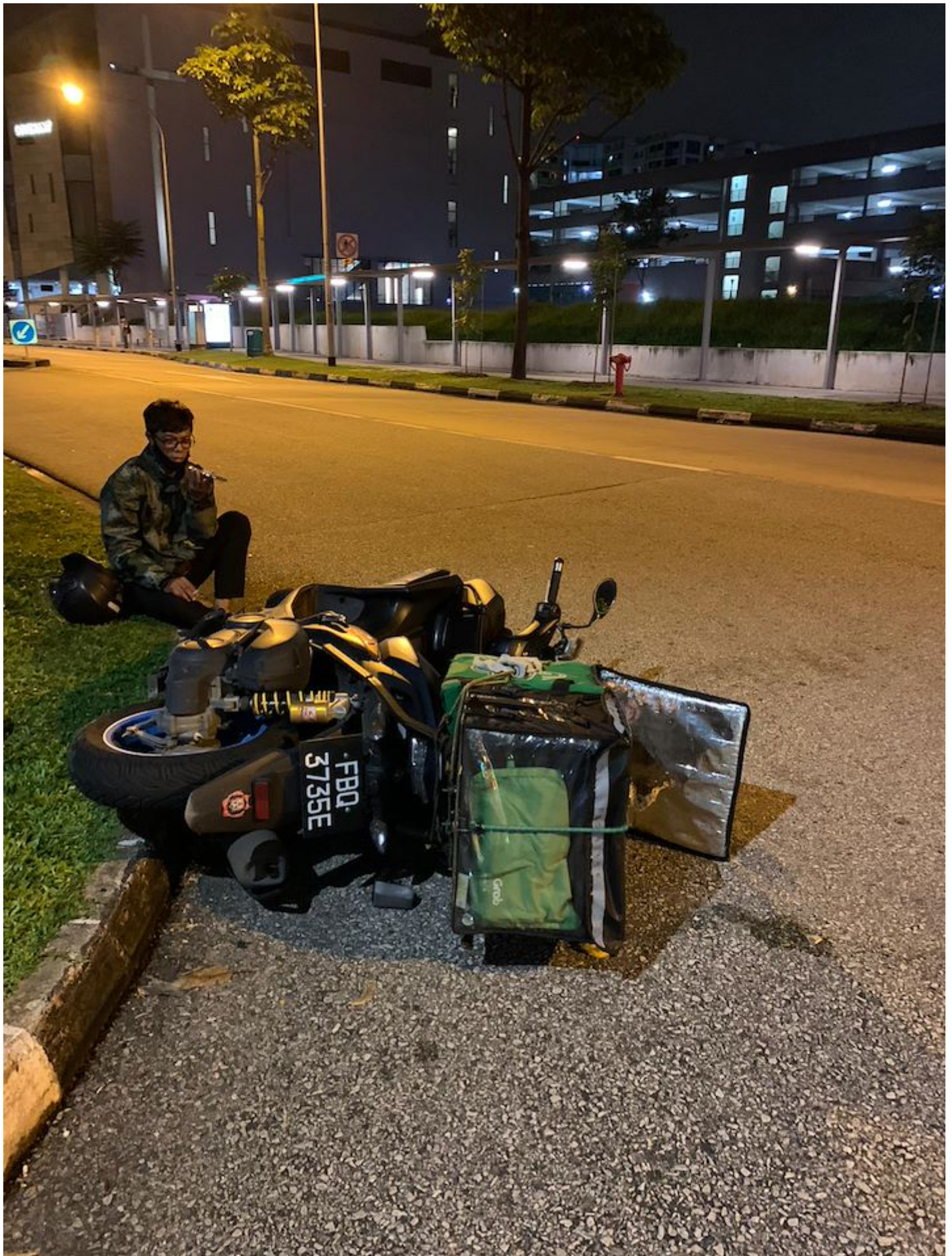


















**SINGAPORE  
POLICE FORCE**



T/20210519/7000

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

1 of 4

Report No. T/20210519/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/05/2021 00:19		Vide Report No.: L/20210518/0141		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHD RAZALI BIN AHMAD			Address: 581 WOODLANDS DRIVE 16 #04-482 SINGAPORE 730581		
ID Type / ID No.: NRIC NO / S1583964C			Contact No.: Home/Office: Mobile: 94875956		
Nationality: SINGAPORE CITIZEN			Email: ranh@live.com.sg		
Sex: Male	Age: 58	Date of Birth: 26/04/1963	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Building technician			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/05/2021 21:05	Type of Location: Car Park
Location:  WOODLANDS DRIVE 16				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ3735K	Motorcycle		Yamaha	Black	Slightly Damaged	0
SJL7525A	Car	TOYOTA	PICNIC AUTO W/O ROOF	Brown		0



**SINGAPORE  
POLICE FORCE**



T/20210519/7000

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

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Report No. T/20210519/7000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL7525A	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV01016010	11/12/2020	10/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	TEO KENG HOCK		ID No.	S1794147Z
Related Vehicle	FBQ3735K (Motorcycle)		Contact No.	88777993
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	18/05/2021		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	MOHD RAZALI BIN AHMAD		ID No.	S1583964C
Related Vehicle	SJL7525A (Car)		Contact No.	94875956
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

**Brief Details.**

I was travelling along Woodlands Drive 16 (opp block 583). I stopped my car to make a right turn into the carpark at block 579A. As I was making the turn, my neighbour (sat next to me) suddenly alerted me that there was a motorbike coming towards me. I stopped my car and the motorbike hit the side of my car (driver's side). My headlight and front bumper are damaged.

The rider fell together with the motorbike. After he fell, he sat at the kerb. The rider called the police to request for an ambulance. The ambulance came and brought him to Khoo Teck Phuat hospital.

I submitted my car VDR to the officer.





**SINGAPORE  
POLICE FORCE**

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



T/20210519/7000

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Report No. T/20210519/7000

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**

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



T/20210519/7000

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Report No. T/20210519/7000

**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 / TPHQ /  
HO JIEKANG, IVAN  
Contact No.: 65476170

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
19/05/2021 00:19

Classification Of Case:



# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: L/20210518/0141

I, SS TOMO NOREFFENDI  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One Blackvue 32GB micro SD card.
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from Mond Razali Bin Ahmad, S1583964C  
(Name, NRIC or Passport No. / Rank and No.)

of Apt B1k Sbl Woodlands Dr 16 #04-432 S(730581)  
(Address / Police Station / NPC / NPP)

on 18/05/2021 at 2200 hrs  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

JW  
(Signature)  
S1583964C  
(Name, NRIC or Passport No. / Rank and No.)

SS TOMO NOREFFENDI  
(Signature)  
SS TOMO NOREFFENDI  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: TP 10 Nan  
Tel: 6547 6170

x SD card from vehicle S5L7S2SA / Toyota Picnic / brown w/car