

# 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 .....	31/05/2021 14:23 (SGT)
Date of Accident .....	12/05/2021 11:00 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	LAMPOST 440F
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBA2474Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ABDHUL RAHMAN BIN MOHAMED FARID
NRIC No .....	SXXXX931H
Email Address .....	abdulrahman02@gmail.com
Mobile Phone No .....	(Phone) +65-81007423
Alternative Phone No .....	+65-81007423

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Cb400sf
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 .....	Motorcycle
Transmission .....	Manual
CC .....	399

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	D20MTMC01004157
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ABDHUL RAHMAN BIN MOHAMED FARID
NRIC No .....	SXXXX931H

Date Of Birth .....	02/03/1995
Occupation .....	Indoor
Date Of Driving Pass .....	05/02/2021
Driving experience .....	3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81007423
Alt. Phone Number .....	+65-81007423
Email Address .....	abdulrahman02@gmail.com
Address .....	BLK 92 HENDERSON ROAD #13-180
Address complement .....	-
Postcode .....	150092
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 .....	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? .....	Yes

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT D/20210531/7019

#### 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 .....	GBF1830J
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 .....	ABDHUL RAHMAN BIN MOHAMED FARID
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	FBA2474Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

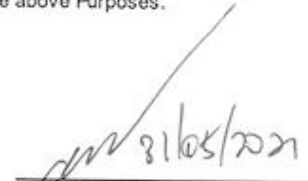
(collectively the "Purposes")

(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.

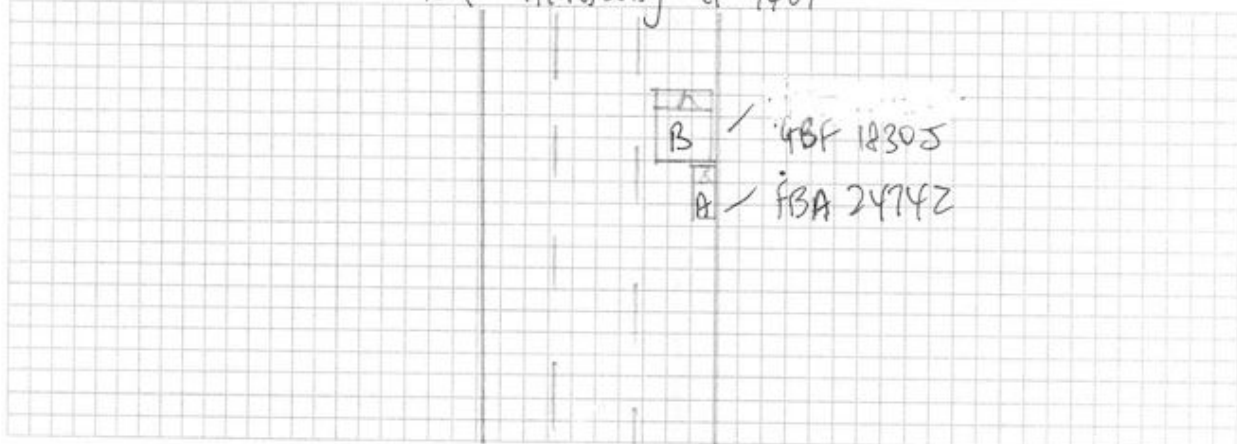
  
 31/05/2021  
 12:10 PM  
 Policyholder's Signature / Date & Time

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

  
 31/05/2021  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

ECP Highway IP 440F




**Describe Circumstances of the Accident**

REFER TO POLICE REPORT D/20210531/2019

**Declaration**

We declare the foregoing particulars are true in every respect.

 21/05/2021  
Policyholder's Signature / Date &  
Time 12:10pm

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

 31/05/2021  
Witnessed by Reporting Centre  
Personnel























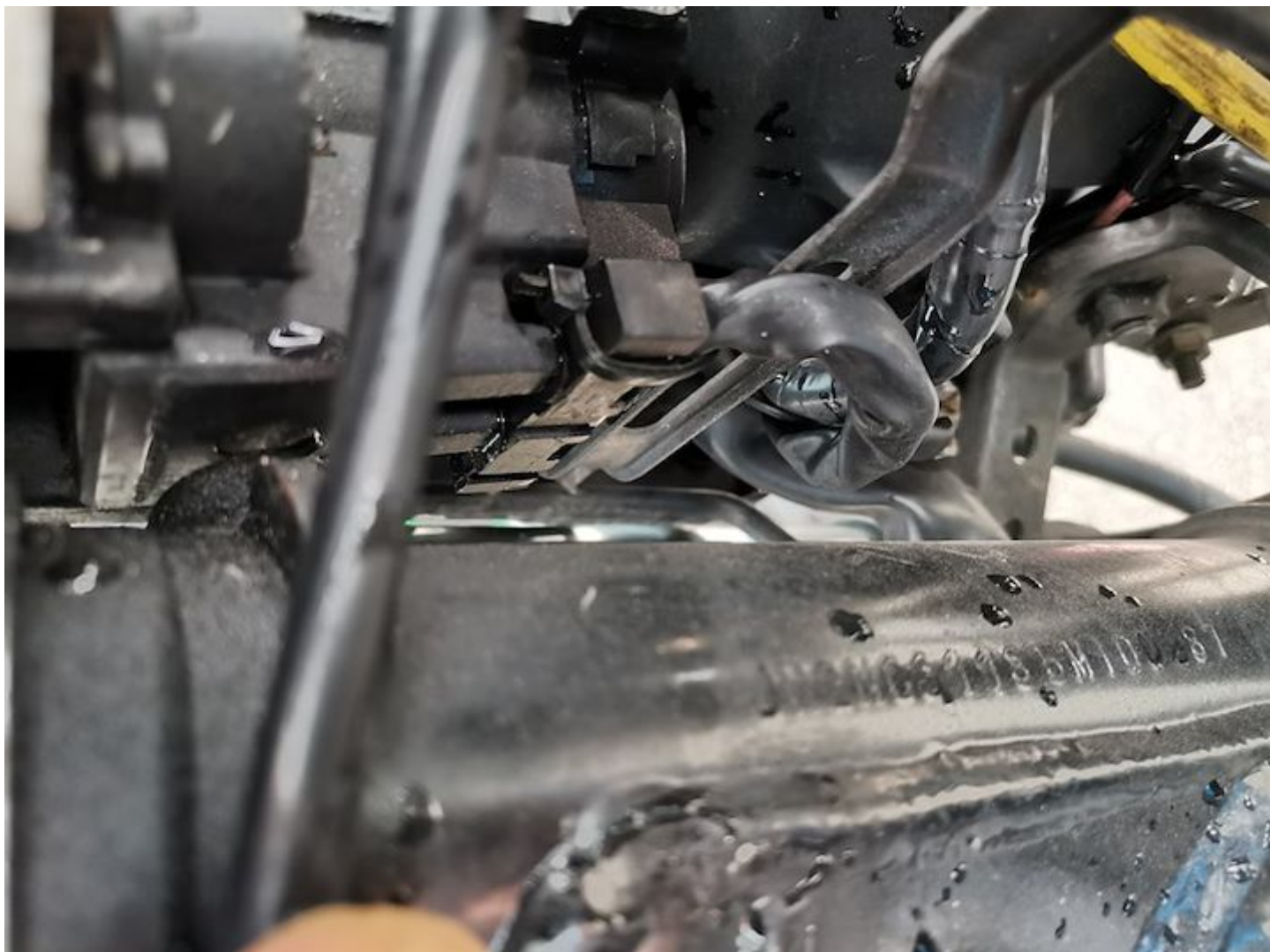


























**SINGAPORE  
POLICE FORCE**



D/20210531/7019

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**POLICE REPORT (NP299)**

Report No. D/20210531/7019

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 31/05/2021 11:58	Vide Report No.	Station Diary No.
Name Of Informant ABDHUL RAHMAN BIN MOHAMED FARID	Address 92 HENDERSON ROAD #13-180 SINGAPORE 150092	
ID Type / ID No. NRIC NO / S9507931H	Contact No. Home/Office:	Mobile: 81007423
Nationality SINGAPORE CITIZEN	Email Address ABDHULRAHMAN02@GMAIL.COM	
Occupation Supervisor/General foreman (building and related trades)	Sex Male	Age 26
	Date of Birth 02/03/1995	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 12/05/2021 11:00 - 13/05/2021 00:00	Location Of Incident 92 HENDERSON ROAD #13-180 SINGAPORE 150092	

**Brief details.**

On the 12th Of May 2021 at around 11pm, I was involved in a Road traffic accident with vehicle number GBF1830J a van black in colour. I rear end the vehicle at East Coast park highway at lamp post number 440F. Before the accident I was drinking with my friends at around 7pm having three cans of beer and a few cups of unidentified alcohol and left at about 10:45pm. I was conveyed to CGH for my injuries and given 5 days of MC. The case is being investigated at Traffic Police and the IO name is Mr Philip Lee. I was given a bail bond of \$15,000. My motorbike bearing number plate FBA2474Z was towed to traffic police vehicle pound. I got the permission letter from traffic police on the 27th May 2021 and towed the

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: 31/05/2021 11:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**SINGAPORE  
POLICE FORCE**

D/20210531/7019

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210531/7019

vehicle to my motorbike shop at 1006 Bukit Merah Lane 2 shop name AA Motor Pte Ltd.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

31/05/2021 11:58

Classification Of Case: