

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 15:39 (SGT)
Date of Accident 01/05/2021 20:20 (SGT)
Exact Location of Accident Yishun Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS542D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SABARUDDIN BIN ABDULLAH
NRIC No SXXXX199I
Email Address sabaruddinabdullah22@gmail.com
Mobile Phone No (Phone) +65-89489734
Alternative Phone No +65-89489734

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
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 - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 154

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC01000298
Cover Note Number -

DRIVER

Name of Driver SABARUDDIN BIN ABDULLAH
NRIC No SXXXX199I

Date Of Birth	21/06/1964
Occupation	Outdoor
Date Of Driving Pass	04/01/1984
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89489734
Alt. Phone Number	+65-89489734
Email Address	sabaruddinabdullah22@gmail.com
Address	BLK 420 ANG MO KIO AVENUE 10 #07-110
Address complement	-
Postcode	560420
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	Side Swipe
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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210502/2068 AND T/20210508/2001

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	GBF6572X
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	SABARUDDIN BIN ABDULLAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBS542D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for 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 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

31/05/2021

YISHUN BHANUK 2

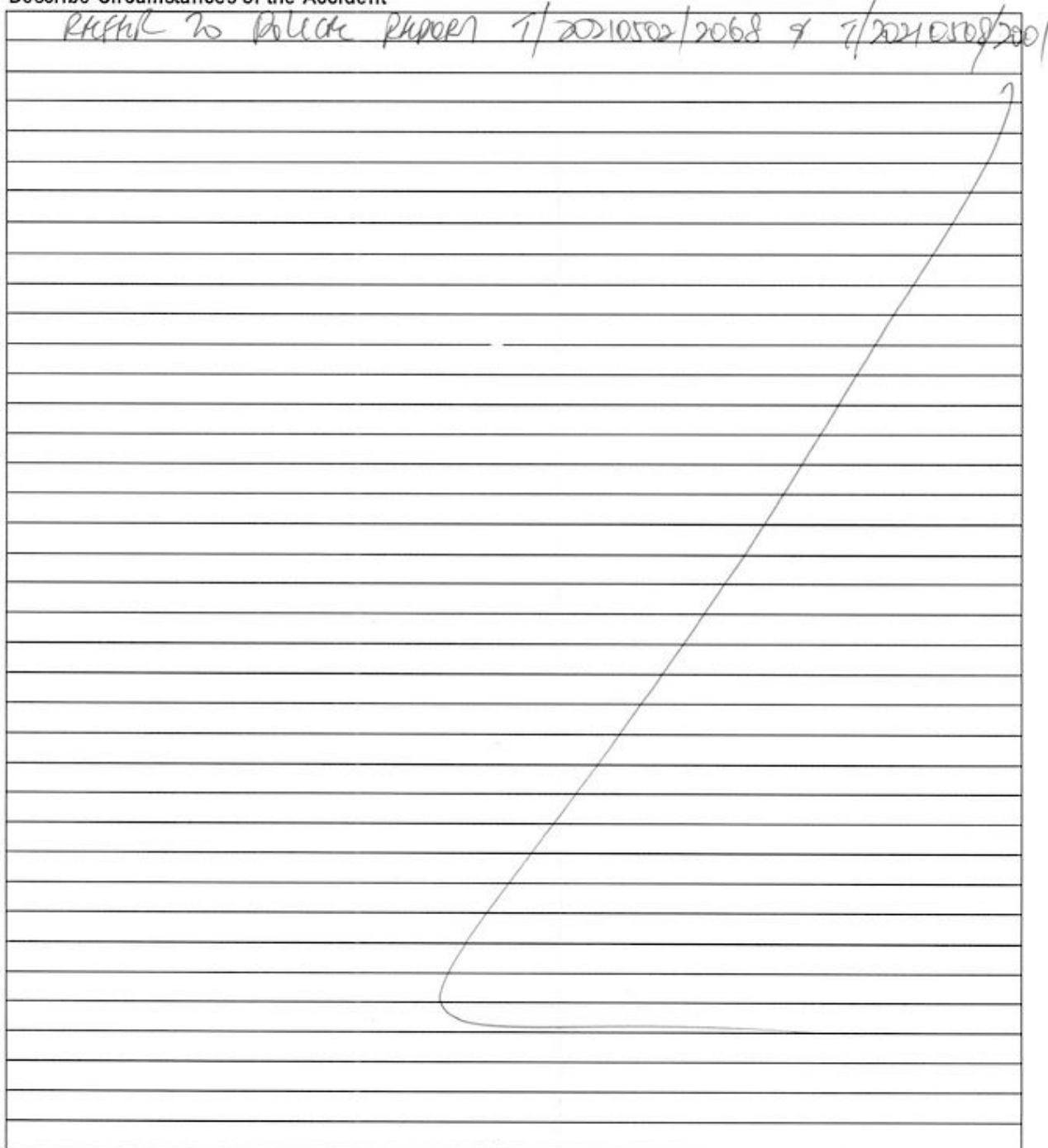
A) FB8542D

B) GBF657X

B A


Describe Circumstances of the Accident

REFUEL TO POLICE REPORT 1/2010502/2068 & 1/2010508/2001




Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

31/05/2021

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


Witnessed by Reporting Centre Personnel

31/05/2021































**SINGAPORE
POLICE FORCE**



T/20210502/2068

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20210502/2068

210002 | AM - Due May '21.

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2021 20:40	Vide Report No.:	Station Diary No.: 119
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Informant's Particulars			
Name of Informant: SABARUDDIN BIN ABDULLAH		Address: APT BLK 420 ANG MO KIO AVENUE 10 #07-1143 SINGAPORE 560420	
ID Type / ID No.: NRIC NO / S16281991		Contact No.: Home/Office: Mobile: 89489734	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 21/06/1964	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/05/2021 20:20	Type of Location: Straight Road
Location: YISHUN AVENUE 2				
Weather: Drizzling		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS542D	Motorcycle	YAMAHA	AEROX GDR155R CVT	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS542D	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100029 8	04/01/2021	03/01/2022



**SINGAPORE
POLICE FORCE**



T/20210502/2068

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Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20210502/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider Name	SABARUDDIN BIN ABDULLAH	ID No.	S16281991
Related Vehicle	FBS542D (Motorcycle)	Contact No.	89489734
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	01/05/2021	Date Discharge	01/05/2021
No. of Days granted Medical Leave	08	Degree of Injury	Serious

Brief Details.

On 01/05/2021 at about 2020hrs, I was riding along Yishun Avenue 2 towards Khatib MRT station, and rode at lane two. As I was riding beside a van on my left, and accidentally grazed the right side of the van, with the left side of my bike handle bar. Suddenly I lost control of my bike and the bike went towards the right side of the road where it collided into the green fence. Before it could collide I jumped off my bike and rolled a few times, where I bruised my back, scraped my arms and landed on my right elbow which resulted a fracture. A few drivers came to make a check on me. The driver of the van came off and made a check on me, and waited for the traffic Police. Subsequently I was conveyed to Khoo Teck Phuat Hospital and given eight days of Medical leave. No one else was injured. Traffic Police was at scene.

IO in charge: Sr Staff SGT Goh Wei Li
from Traffic Police

Contact: 98 65476252

bike - injured right hand.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20210508/2001

1 of 3

Report No. T/20210508/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2021 00:06	Vide Report No.: T/20210502/2068	Station Diary No.: 3
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Informant's Particulars

Name of Informant: SABARUDDIN BIN ABDULLAH			Address: APT BLK 420 ANG MO KIO AVENUE 10 #07-1143 SINGAPORE 560420		
ID Type / ID No.: NRIC NO / S16281991			Contact No.: Home/Office: Mobile: 89489734		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 21/06/1964	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/05/2021 20:20	Type of Location: Straight Road
Location: YISHUN AVENUE 2				
Weather: Drizzling		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS542D	Motorcycle	YAMAHA	AEROX GDR155R CVT	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS542D	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100029 8	04/01/2021	03/01/2022



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20210508/2001

2 of 3

Report No. T/20210508/2001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SABARUDDIN BIN ABDULLAH	ID No.	S1628199I
Related Vehicle	FBS542D (Motorcycle)	Contact No.	89489734
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	01/05/2021	Date Discharge	01/05/2021
No. of Days granted Medical Leave	08	Degree of Injury	Serious

Brief Details.

I wish to make the following amendments to the traffic accident report which I lodged on 02/05/2021, for which the report no. is T/20210502/2068:

- 1) Amendment from "As I was riding beside a van on my left, and accidentally grazed the right side of the van, with the left side of my bike handle bar." to "An unknown vehicle travelling on my left side, for which I am unable to recall the registration no., grazed against the left side of my bike handle bar". The reason for this amendment is because I was made aware that the unknown vehicle was a van by the Traffic Police IO and thus, I not wish to state that "I was riding beside a van on my left".
- 2) Amendment from "I jumped of my bike" to "I fell off my bike".

This is all the amendments that I wish to make.



**SINGAPORE
POLICE FORCE**

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20210508/2001

3 of 3

Report No. T/20210508/2001

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:

L /

SC2 MOHAMMED RIDHWAN HOUSSENE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/05/2021 00:06

Classification Of Case:



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #03-03
 Singapore Land Tower, Singapore 048623
 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg
 Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Our ref : CMTD2101407/PAULOONG

Date : 24-MAY-2021

SABARUDDIN BIN ABDULLAH
 420 ANG MO KIO AVENUE 10
 #07-1143
 SINGAPORE 560420

For Your Urgent Attention

Dear Sirs

Accident on : 01-MAY-2021

at / along : Lentor Ave, LAMP POST 158

Involving : FBS542D/GBF6572X

 We have received a claim in connection with the above accident and your vehicle FBS542D was alleged to be involved.

Our records show that you have not reported this accident to us. If your vehicle was involved, please advise us the reason for not reporting to us immediately after the accident as this would constitute a breach of General Condition (4) of our policy which entitles us to repudiate all liabilities arising out of this accident.

Notwithstanding this breach, please proceed to any of our ExcelDrive Workshops or Accident Reporting Centres to file an accident report immediately. You may refer to your Policy or our website at www.sompo.com.sg for the list of workshops and reporting centres.

If you are not the driver at the material time of the accident, please request the driver to bring along this letter, police report (if any), driving licence and NRIC to report.

Please note that this letter does not amount to an admission of liability on the part of the Company. If we still do not hear from you within 14 days from the date of this letter, the matter will be referred to the Traffic Police for their necessary action.

If you have already made a report to us, kindly ignore our present request.

Please quote our claim reference when writing to us.

Thank you.

Yours truly

GNOH PAU LOONG
 Claims Executive
 DID : 63295217
 Fax : 62213147

cc ENSURE PTE. LTD. (MOTORCYCLE)
 38 TOH GUAN ROAD EAST
 #01-57 ENTERPRISE HUB
 SINGAPORE 608581

- Please assist

REMNR