### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	son to the distriving of the report at the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/07/2020 14:38
Date Of Accident	25/07/2020 08:30
Exact Location Of Accident	MIDDLE ROAD TOWARDS SELEGIE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN8789H
Insured/Policyholder	
Name Of Registered Owner	TAN SIONG SENG @MUHAMMAD HADI TAN
NRIC No	S1530595I
Email Address	JIMMY_TANSS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91839872
Alternative Phone No	OFFICE-91839872
Vehicle Particulars	
Manufacturer	HONDA
Model	PCX125-125CC (A)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D20MTMC01002147
Cover Note Number	
Driver	
Name of Driver	TAN CIONO CENIC @MILLIAMMAD LIADI TAN

Name of Driver TAN SIONG SENG @MUHAMMAD HADI TAN

NRIC No S1530595I

Date Of Birth 11/11/1955

Occupation OUTDOOR

Date Of Driving Pass 24/05/1990

Driving Experience 30 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91839872

Fax Number

Contact Number OFFICE-91839872

EMail Address JIMMY\_TANSS@HOTMAIL.COM

Address APT BLK 206A COMPASSVALE LANE #08-77

Postcode

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 SIDE SWIPE 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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

### **Details of Police Action**

YES Was the accident reported to the police?

If Yes, Please state which Police Station

10 UBI AVENUE 3 Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

PLEASE REFER TO THE POLICE REPORT NO. T/20200725/7034 FOR ACCIDENT DETAILS.

### Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

# **Details of Witness 1**

Name **AZMI** Phone Number 85002846

**Email Address** 

#### **Details of Witness 2**

Name **IBRAHIM** Phone Number 82076504

**Email Address** 

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKD2211T Vehicle Make/Model/Colour **PORSCHE**  **Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver CHUA SEAH LIANG HARRY

NRIC/Passport Number

Contact Number 90605411

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? FBN8789H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# Sketch Plan Pg. 1

SKETCH PLAN		
SKEICH PLAN		
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and provide the second control of the second	La disampatan atawa kana fa atabay ang	Vehicle A: FBN8789H
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Please refer to th	e police report no. T/oc	200725/7034.
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	SAMANA AND AND AND AND AND AND AND AND AND	
DECLADATION		
<b>DECLARATION</b> I/We declare the foregoing particular	s are true in every respect	
A	s are a ac in every respect.	
$\bigwedge \bigwedge$		
- CM V		
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No.:

#### Sketch Plan #2 Pg. 1

### **SKETCH PLAN**

### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

### **INSURANCE CERT Pg. 1**



#### Sompo Insurance Singapore Pte. Ltd.

50 Rattles 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)

: D20MTMC01002147 Cert No./Policy No.

: TAN SIONG SENG @MUHAMMAD HADI TAN Insured

Motor Vehicle (Regn No.) : FBN8789H

Cover : Third Party, Fire & Theft **Policy Commencement Date** : 25 MARCH 2020 00:00 **Policy Expiry Date** : 24 MARCH 2021 23:59 Maximum Liability (Section I) : Market value at time of loss

Excess\* : \$300 - Section I

Named Driver 1 : TAN SIONG SENG @MUHAMMAD HADI TAN HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

Persons or Classes of Persons entitled to drive\* TAN SIONG SENG @MUHAMMAD HADI TAN

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.

Dui &

Authorised Signatory

Date/Time of Issue: 17 MARCH 2020 14:11

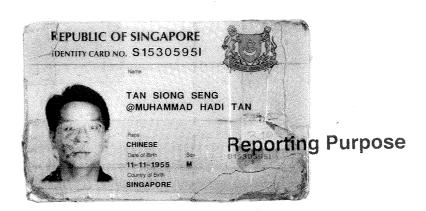
### IMPORTANT NOTICE

- Keep the Certificate in your Motor Vehicle:
  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;
  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);
  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 XFJADB5O4IBYBMPA

<sup>\*</sup> Subject to GST wherever applicable

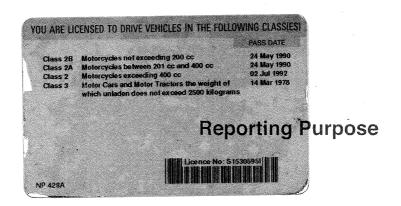
# Identification Card Pg. 1





Page 7 of 20





# **POLICE REPORT Pg. 1**





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

1 of 3 Report No. T/20200725/7034

### REPORT OF A TRAFFIC ACCIDENT

Date/Time 25/07/2020		ide:	Vide Report No.:		Station Diary No.:
Informant's	s Particul	ars			
Name of Informant: TAN SIONG SENG			Address: APT BLK 206A COMPASSVALE LANE #08-77 SINGAPORE 541206		
ID Type / ID No.: NRIC NO / S1530595I			Contact No.: Home/Office: Mobile: 91839872		
Nationality: SINGAPORE CITIZEN		N	Email: jimmy_tanss@hotmail.com		
Sex: Male	Age: 64	Date of Birth: 11/11/1955	Type of Informant: Rider		
Race: Chinese			Language: Institution / School Nam English		School Name:
Occupation: SECURITY OFFICER			Driving Licence Information: Class: 2B,2A,2,3	Date of Ex	piry:

General Inforn	nation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/07/2020 08:30	X-	pe of Location: Junction
Location:					
Selegie					
Weather: Clear		Road Surface: Dry		Road Sp 50 Km/h	eed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic V Light	olume:
Type of Collisi Between Movi	on: ng Vehicles - Side Swipe	- Same Direction		Anyone ambulan No	conveyed by ce:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN8789H	Motorcycle	HONDA	PCX	White	Seriously Damaged	
SKD2211T	Car	PORSCHE		Red	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA			

### **POLICE REPORT Pg. 1**



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

2 of 3 Report No. T/20200725/7034

#### **CONTINUATION OF REPORT**

Rider						
Name	TAN SIONG SENG			ID No		S1530595I
Related Vehicle	FBN8789H (Motorcyc	ele)		Contact No.		91839872
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/07/2020		Date Discl	narge NIL		
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Slight	
Driver						
Name	CHUA SEAH LIANG	HARRY		ID No	-	S6919950Z
Related Vehicle	SKD2211T (Car)			Conta	ct No.	90605411
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	Z	

### Brief Details.

On 25/07/2020 at around 0830 hours, I was riding my motorcycle VRN FBN8789H travelling from Middle Road turning right from the junction to Selegie road when a red car VRN SKD2211T made a high speed abrupt turn from my right hand side causing the said vehicle to come into the lane and side swipe me as a result. I was flung off from my motorcycle due to the impact caused by the errant driver's action. I suffered abrasions, cuts and body aches on both my hands, right knee and front and back of my upper limb. The car had hit my motorcycle's right side. Paramedics were called in and they asked if i wished to be conveyed to the hospital but I declined due to not feeling much pain at that moment. I was given 5 days medical certificate from Sengkang hospital. I am lodging this report for my insurance claims.

# **POLICE REPORT Pg. 1**





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

3 of 3 Report No. T/20200725/7034

### **CONTINUATION OF REPORT**

S	ket	tcl	h	Ρ	lar	١

NP168

Informant is not able to provide sketch plan

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: 25/07/2020 23:00
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case:
Authentication Stamp	

















