

## 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 ..... 30/06/2021 09:28 (SGT)  
Date of Accident ..... 29/06/2021 07:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SELETAR EXPRESSWAY LAMP POST NUMBER 651  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBE1682A

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NEDUNCHEZHIAN SOORYA  
Work Permit No ..... G3143443U  
Email Address ..... soorya.civil92@gmail.com  
Mobile Phone No ..... (Phone) +65-83551807  
Alternative Phone No ..... +65-83551807

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... YZF-R15  
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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 150

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... D21MTMC01002721  
Cover Note Number ..... 26 APRIL 2021 TO 25 APRIL 2022

#### DRIVER

Name of Driver ..... NEDUNCHEZHIAN SOORYA  
Work Permit No ..... G3143443U

Date Of Birth .....	16/07/1992
Occupation .....	Indoor
Date Of Driving Pass .....	21/08/2015
Driving experience .....	5 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83551807
Alt. Phone Number .....	+65-83551807
Email Address .....	soorya.civil92@gmail.com
Address .....	271C SENGKANG CENTRAL #16-281 TIVELA (S) 543271
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 .....	-
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 vehicle 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 .....	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 WITH ATTACHED.

#### 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 .....	SMZ1073S
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	5
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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 .....	NEDUNCHEZHIAN SOORYA
Address .....	271C SENGKANG CENTRAL #16-281 TIVELA (S) 543271
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SINGHEALTH POLYCLINICS- SENGKANG - 5 DAYS MC
Injured person in which vehicle? .....	FBE1682A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

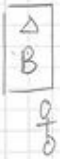
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

	<p>Q - FBE 1682A</p> <p>B - SMZ 1073S</p>
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Refer to the police report T/20210629/7031

We declare the foregoing particulars are true in every respect.

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

& Time 29.6.2021 @ 18:05 hr

Witnessed by Reporting Centre  
Personnel









































**SINGAPORE  
POLICE FORCE**



T/20210629/7031

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

1 of 3

Report No. T/20210629/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/06/2021 16:01	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NEDUNCHEZHIAN SOORYA			Address: 271C SENGKANG CENTRAL #16-281 TIVELA SINGAPORE 543271		
ID Type / ID No.: FIN NO / G3143443U			Contact No.: Home/Office: Mobile: 83551807 /		
Nationality: INDIAN			Email: soorya.civil92@gmail.com /		
Sex: Male	Age: 28	Date of Birth: 16/07/1992	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 2B,3C Date of Expiry: 18/04/2026		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2021 07:50	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Lamp Post Number: 651				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBE1682A	Motorcycle	YAMAHA	R15	Black	Slightly Damaged	0
SMZ1073S	Car	MAZDA	5	Black	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210629/7031

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

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Report No. T/20210629/7031

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE1682A	SOMPO INSURANCE SINGAPORE PTE LTD	D21MTMC01002721	26/04/2021	25/04/2022
SMZ1073S	nil	NIL	29/06/2021	30/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NEDUNCHEZHIAN SOORYA	ID No.	G3143443U
Related Vehicle	FBE1682A (Motorcycle)	Contact No.	83551807
Hospital/Clinic	SINGHEALTH POLYCLINICS - SENGKANG	Class of Driving Licence & Expiry	Class: 2B,3C Date of Expiry: 18/04/2026
Date	29/06/2021	Date	29/06/2021
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

i was driving in the first lane on the right when the car in front of me suddenly changed lane towards the left. i tried to brake but did not managed to stop in time and hit the car in front of me, resulting in cracks in the right rear signal light cover.



**SINGAPORE  
POLICE FORCE**

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



T/20210629/7031

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Report No. T/20210629/7031

**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 / TPB /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

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:  
29/06/2021 16:01

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.: 198905430E | GST Reg No.: M200903198

### 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.** : D21MTMC01002721  
**Insured** : NEDUNCHEZHIAN SOORYA  
**Motor Vehicle (Regn No.)** : FBE1682A  
**Cover** : Third Party  
**Policy Commencement Date** : 26 APRIL 2021 14:45  
**Policy Expiry Date** : 25 APRIL 2022 23:59  
**Maximum Liability (Section I)** : Third Party  
**Excess\*** : NIL  
**Named Driver 1** : NEDUNCHEZHIAN SOORYA  
**HIRE PURCHASE OWNER** : NIL

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
NEDUNCHEZHIAN SOORYA

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](http://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 : 26 APRIL 2021 14:45

#### 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 DKDZHP4N4FTDMYAJ