

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 23/06/2021 17:24 (SGT)
Date of Accident 18/06/2021 11:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Orchard Road in front of Mandarin Gallery
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ6474M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Hadi Nurhakim Bin Mohamed Razali
NRIC No S9316746E
Email Address hadynurhakim@gmail.com
Mobile Phone No (Phone) +65-97224554
Alternative Phone No +65-97224554

VEHICLE PARTICULARS

Manufacturer Yamaha
Model NMax155
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Motorcycle
Transmission Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D20MTMc0100779L
Cover Note Number -

DRIVER

Name of Driver Hadi Nurhakim Bin Mohamed Razali
NRIC No S9316746E

Date Of Birth	08/05/1993
Occupation	Outdoor
Date Of Driving Pass	28/03/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97224554
Alt. Phone Number	+65-97224554
Email Address	hadynurhakim@gmail.com
Address	Block 124A Hougang Ave 1 #10-1507
Address complement	-
Postcode	531174
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	Raining
Road Surface	Wet

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?	No
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	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to the attached report

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	SMY4631S
Vehicle Manufacturer	-
Vehicle Model	-
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	HADI NURHAKIM BIN MOHAMED RAZALI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ6474M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

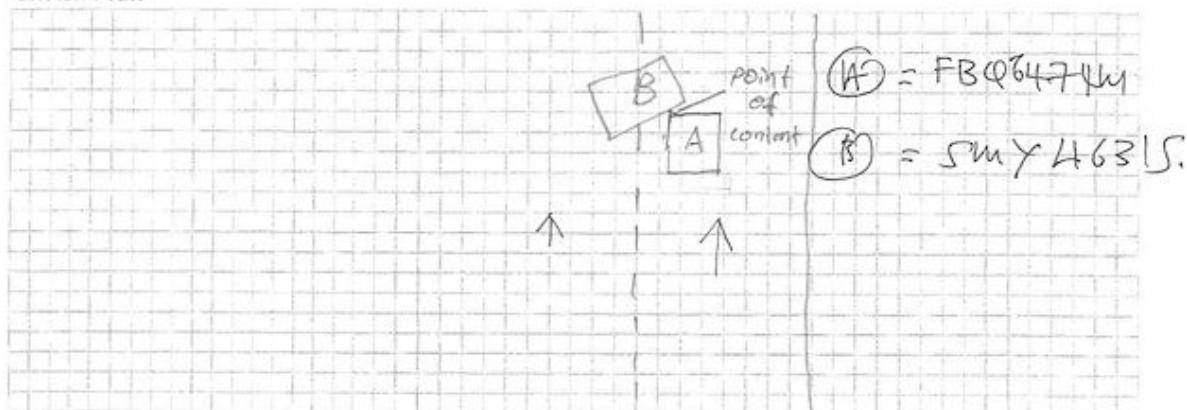
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

I was travelling along Orchard road in front of Mandarin gallery. As I was slowing down, approaching the junction to make a right turn on the most right lane. Next to me was a van of my left. As I pass by the van vehicle B suddenly changed lane causing me to do an emergency brake which I did not have the time to stop as the distance between me vehicle A and vehicle B was only about 2 to 3 meters before the point of contact. As the road was wet due to rain. Which cause me to hit on his right fender above his front right tire and resulting me to fall on my right side.

Declaration

I/We declare the foregoing particulars are true in every respect.

 5.09pm
23.06.2021
Policyholder's Signature / Date & Time

 5.09pm
23.06.2021
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20210618/2100

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No. T/20210618/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2021 20:08	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: HADI NURHAKIM BIN MOHAMED RAZALI	Address: APT BLK 174A HOUGANG AVENUE 1 #10-1507 SINGAPORE 531174		
ID Type / ID No.: NRIC NO / S9316746E	Contact No.: Home/Office: Mobile: 97224554		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 28	Date of Birth: 08/05/1993	Type of Informant: Rider
Race: Malay	Language:		Institution / School Name:
Occupation: FOOD DELIVERY	Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/06/2021 11:30	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6474M	Motorcycle	YAMAHA	NMAX155 ABS	Blue	Slightly Damaged	0
SMY4631S	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6474M	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC0100779 4	15/11/2020	14/11/2021



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T/20210618/2100

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114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20210618/2100

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HADI NURHAKIM BIN MOHAMED RAZALI	ID No.	S9316746E
Related Vehicle	FBQ6474M (Motorcycle)	Contact No.	97224554
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RAAVEE SHANKER S/O SINGARAVELU	ID No.	S8632423G
Related Vehicle	SMY4631S (Car)	Contact No.	90678367
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/06/2021 at about 1130hrs, I was travelling along Orchard Road in my motorbike FBQ6474M and the traffic was heavy. I was at the most right lane and I was travelling straight, heading towards to Cineleisure area. At that point of time, there was also another vehicle on my left side and V1 - SMY4631S was in front of it. I drove past the vehicle on my left side and suddenly V1 turned into my lane. I tried to brake however I still collided onto V1, it was too sudden and there was not adequate time for me to make a brake, and the floor was wet due to the rain. Thereafter, I fell to the ground and V1 driver came out to make a check on me. No police or ambulance were activated. We exchanged particulars, took photos and left.

After which, I went to Sengkang General Hospital to make a check as I felt pain on my chest/ left hip. I was given medical certificate of 4 days. I also suffered bruising of my chest and hips.

I wish to inform that I do not have the footage of the incident however I believe V1 owner have the footage.



SINGAPORE POLICE FORCE



T/20210618/2100

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20210618/2100

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:

F /

Sgt 3 LOW KAI TAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/06/2021 20:08

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09.00 – 17.00
 UEN: S65550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SK05216N0003 Vehicle Registration No: 7BQ6474M
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 18/06/2021 Time of Accident: 1130 HRS
 Place of Accident: ORCHARD RD IN FRONT OF MANDARIN GALLERY
 Insurance Company: SOMPO

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend driving pass date from 28/3/2021
to 28/3/2012 & add injured
person details.

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Person's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

