

# 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 .....	26/08/2021 12:35 (SGT)
Date of Accident .....	25/08/2021 13:30 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TWDS CHANGI SLIP RD AT EUNOS EXIT TO JALAN EUNOS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBQ5306Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KOUTTOUBOUDINE S/O MOUGAMADALY
NRIC No .....	S7398053D
Email Address .....	kouttouboudine@gmail.com
Mobile Phone No .....	(Phone) +65-94594053
Alternative Phone No .....	+65-94594053

### 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 .....	155

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	D20MTMC01006871
Cover Note Number .....	-

### DRIVER

Name of Driver .....	KOUTTOUBOUDINE S/O MOUGAMADALY
NRIC No .....	S7398053D

Date Of Birth .....	09/11/1973
Occupation .....	Outdoor
Date Of Driving Pass .....	14/12/1993
Driving experience .....	27 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94594053
Alt. Phone Number .....	+65-94594053
Email Address .....	kouttouboudine@gmail.com
Address .....	BLK 624 YISHUN RING ROAD #05-3138
Address complement .....	-
Postcode .....	760624
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? .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER ABOVE DATE AND TIME, I WAS RIDING MY MOTORCYCLE (FBQ5306Y) ALONG SLIP ROAD FROM PIE TOWARDS CHANGI AT EUNOS EXIT THAT LINKED TO JALAN EUNOS. I WAS ON THE LEFT LANE. I STOPPED BEFORE THE GIVE WAY LINE FOR ONCOMING VEHICLES TO PASS FIRST. SUDDENLY, VEHICLE B (SCY88E) FROM MY REAR COLLIDED ONTO MY MOTORCYCLE REAR PORTION AND FELL ON THE RIGHT SIDE OF MY MOTORCYCLE. WE EXCHANGED PARTICULARS AND LEFT THE SCENE.

#### 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 .....	SCY88E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	VINCENT LIM ENG HUI

Contact Number .....	(Phone) +65-98462368
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	KOUTTOUBOUDINE S/O MOUGAMADALY
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBQ5306Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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.

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop  
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd via email / fax.

Signature: \_\_\_\_\_

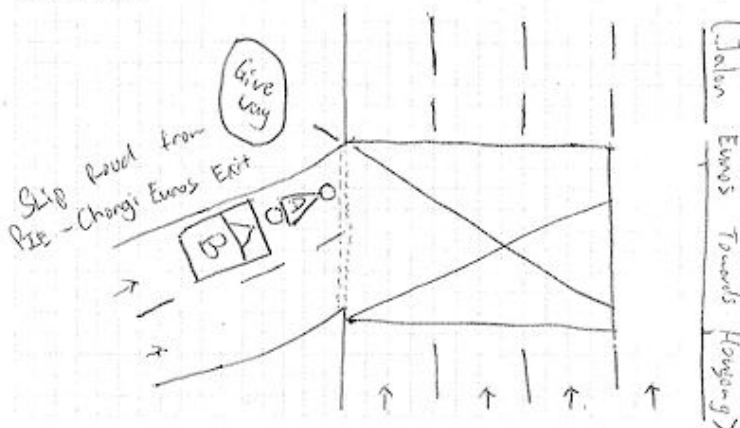
*[Signature]*

*[Signature]*  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Veh A - FBQ 5306Y  
Veh B - SCY 88E.

Describe Circumstances of the Accident


As per above date and time, I was riding my motorcycle (FBQ 5306Y) along Slip Road from P26 towards Changi at Eunos Exit that linked to Jalan Eunos. I was on the left lane. I stopped before the give way line for oncoming vehicles to pass first. Suddenly, vehicle SCY88E from my rear collided onto my motorcycle rear portion and fell on the right side of my motorcycle. We exchange particulars and left the scene.

Veh A - FBQ 5306Y  
Veh B - SCY88E.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
















**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

**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)**

<b>Cert No./Policy No.</b>	: D20MTMC01006871
<b>Insured</b>	: KOUTTOUBOUDINE S/O MOUGAMADALY
<b>Motor Vehicle (Regn No.)</b>	: FBQ5306Y
<b>Cover</b>	: Third Party, Fire & Theft
<b>Policy Commencement Date</b>	: 24 OCTOBER 2020 00:00
<b>Policy Expiry Date</b>	: 23 OCTOBER 2021 23:59
<b>Maximum Liability (Section I)</b>	: Market value at time of loss
<b>Excess*</b>	: \$300 - Section I
<b>Named Driver 1</b>	: KOUTTOUBOUDINE S/O MOUGAMADALY
<b>HIRE PURCHASE OWNER</b>	: YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
 KOUTTOUBOUDINE S/O MOUGAMADALY

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 : 01 OCTOBER 2020 11:46

**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 34RDLBS2RYMDVYA