

## 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 ..... 07/09/2021 16:59 (SGT)  
Date of Accident ..... 28/08/2021 11:23 (SGT)  
Exact Location of Accident ..... Woodlands Ave 2, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FZ8134L

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED RIZAL BIN JALALUDIN  
NRIC No ..... T0128969H  
Email Address ..... rizaltheelite259@gmail.com  
Mobile Phone No ..... (Phone) +65-90029409  
Alternative Phone No ..... +65-90029409

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... R3  
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 ..... Manual  
CC ..... 321

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... D21MTMC01001218  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MOHAMED RIZAL BIN JALALUDIN  
NRIC No ..... T0128969H

Date Of Birth .....	12/09/2001
Occupation .....	Indoor
Date Of Driving Pass .....	01/12/2020
Driving experience .....	8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90029409
Alt. Phone Number .....	+65-90029409
Email Address .....	rizaltheelite259@gmail.com
Address .....	BLK 407 BUKIT BATOK WEST AVE 4 #03-102
Address complement .....	-
Postcode .....	650407
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 - Cross Junction
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	HAIKAL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: L/20210830/7023.

#### 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 .....	FBG1408R
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
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

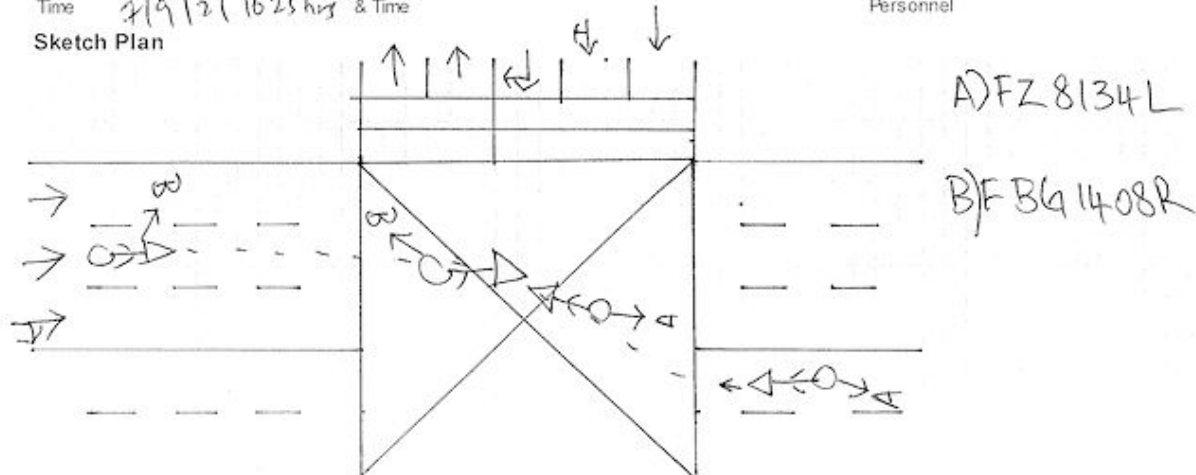
Name of injured person .....	MOHAMED RIZAL BIN JALALUDIN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FZ8134L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## 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**.
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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' 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  21/9/21 1625 hrs Sketch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time   	Witnessed by Reporting Centre Personnel  
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Describe Circumstances of the Accident

Refer police report

Declaration

I/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























**SINGAPORE  
POLICE FORCE**



L/20210830/7023

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20210830/7023

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-4660000

Date/Time Report Made 30/08/2021 14:57	Vide Report No.	Station Diary No.
Name Of Informant MOHAMED RIZAL BIN JALALUDIN	Address 407 BUKIT BATOK WEST AVENUE 4 #03-102 SINGAPORE 650407	
ID Type / ID No. NRIC NO / T0128969H	Contact No. Home/Office: Mobile: 90029409	
Nationality SINGAPORE CITIZEN	Email Address rizaltheelite259@gmail.com	
Occupation Student	Sex Male	Age 19
Institution/School Name	Date of Birth 12/09/2001	Race Malay
Date/Time Of Incident 28/08/2021 11:25 - 29/08/2021 00:00	Location Of Incident WOODLANDS AVENUE 2	

**Brief details.**

my pillion and i were heading to bukit batok. the green light arrow was in my favour so i proceed to go, but there's incoming motorcycle who has beaten the red light. therefore, leading to a crash on my left side of the motor and resulting in a fractured right wrist.

details of witnesses-Raziq

phone number-(+65) 97873722

<b>Subjects Involved</b>	
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: 30/08/2021 14:57
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



L/20210830/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210830/7023

Victim			
Person Name	MOHAMED RIZAL BIN JALALUDIN		
ID Type	NRIC NO	ID No	T0128969H
Gender	Male	Age	19
Race	Malay	Language	English
Occupation	Student	Address	407 BUKIT BATOK WEST AVENUE 4 #03-102 SINGAPORE 650407
Mobile No	90029409	Is Informant A Victim?	Yes
Person Name	MOHAMED RIZAL BIN JALALUDIN (Informant)		

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: 30/08/2021 14:57
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



L/20210907/7032

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20210907/7032

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-4660000

Date/Time Report Made 07/09/2021 16:08	Vide Report No.	Station Diary No.
Name Of Informant MOHAMED RIZAL BIN JALALUDIN	Address 407 BUKIT BATOK WEST AVENUE 4 #03-102 SINGAPORE 650407	
ID Type / ID No. NRIC NO / T0128969H	Contact No. Home/Office: Mobile: 90029409	
Nationality SINGAPORE CITIZEN	Email Address rizaltheelite259@gmail.com	
Occupation Student	Sex Male	Age 19
Institution/School Name	Date of Birth 12/09/2001	Race Malay
Date/Time Of Incident 28/08/2021 23:25 - 29/08/2021 00:00	Location Of Incident WOODLANDS AVENUE 2	

**Brief details.**

reference to report number L/20210830/7023  
i would like to add on my MC to this report.  
my MC is from 29 August 2021 to 11 september 2021 a total of 14 days.

Subjects Involved	
Victim	
Person Name	MOHAMED RIZAL BIN JALALUDIN

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: 07/09/2021 16:08
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20210907/7032

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210907/7032

ID Type	NRIC NO	ID No	T0128969H
Gender	Male	Age	19
Race	Malay	Language	English
Occupation	Student	Address	407 BUKIT BATOK WEST AVENUE 4 #03-102 SINGAPORE 650407
Mobile No	90029409	Is Informant A Victim?	Yes
Person Name	MOHAMED RIZAL BIN JALALUDIN (Informant)		

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: 07/09/2021 16:08
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20210906/7037

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20210906/7037

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 06/09/2021 21:23	Vide Report No.	Station Diary No.
Name Of Informant MOHAMED RIZAL BIN JALALUDIN	Address 407 BUKIT BATOK WEST AVENUE 4 #03-102 SINGAPORE 650407	
ID Type / ID No. NRIC NO / T0128969H	Contact No. Home/Office:	Mobile: 90029409
Nationality SINGAPORE CITIZEN	Email Address rizaltheelite259@gmail.com	
Occupation Student	Sex Male	Age 19
Institution/School Name	Date of Birth 12/09/2001	Race Malay
Date/Time Of Incident 28/08/2021 23:25 - 29/08/2021 00:00	Location Of Incident WOODLANDS AVENUE 2	

**Brief details.**

reference to report number L/20210830/7023

i would like to add on the other party plate number to the reference report stated on top for insurance purposes.

the other party plate number is FBG1408R

Subjects Involved
Victim

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: 06/09/2021 21:23
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



L/20210906/7037

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210906/7037

Person Name	MOHAMED RIZAL BIN JALALUDIN		
ID Type	NRIC NO	ID No	T0128969H
Gender	Male	Age	19
Race	Malay	Language	English
Occupation	Student	Address	407 BUKIT BATOK WEST AVENUE 4 #03-102 SINGAPORE 650407
Mobile No	90029409	Is Informant A Victim?	Yes
Person Name	MOHAMED RIZAL BIN JALALUDIN (Informant)		

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: 06/09/2021 21:23
Officer In-Charge Of Case:	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.: 198905400E | GST Reg. No.: M200903106

## 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. : D21MTMC01001218  
 Insured : MOHAMED RIZAL BIN JALALUDIN  
 Motor Vehicle (Regn No.) : FZ8134L  
 Cover : Third Party, Fire & Theft  
 Policy Commencement Date : 20 FEBRUARY 2021 09:41  
 Policy Expiry Date : 19 FEBRUARY 2022 23:59  
 Maximum Liability (Section I) : Market value at time of loss  
 Excess\* : \$500 - Section I  
 Named Driver 1 : MOHAMED RIZAL BIN JALALUDIN  
 HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable.

Persons or Classes of Persons entitled to drive\*  
 MOHAMED RIZAL BIN JALALUDIN

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 : 18 FEBRUARY 2021 14:20

## 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 FHDP5W4240Y0MPAJ