



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 23/09/2021 14:18 (SGT)
Date of Accident 13/09/2021 07:50 (SGT)
Exact Location of Accident 101 Jln Bahar, Singapore 649734
Additional Location Information OUTSIDE CDA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK2391B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD HARIZ BIN ZULKIFLI
NRIC No S9711947C
Email Address adrian-ljm97@hotmail.com
Mobile Phone No (Phone) +65-98317562
Alternative Phone No +65-98317562

VEHICLE PARTICULARS

Manufacturer Ktm
Model Rc 390
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 390

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC01002768
Cover Note Number -

DRIVER

Name of Driver LI M JUN MING, ADRIAN
NRIC No S9723696H



Date Of Birth	20/07/1997
Occupation	Indoor
Date Of Driving Pass	14/01/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98317562
Alt. Phone Number	-
Email Address	adrian-ljm97@hotmail.com
Address	BLK 450 JURONG WEST ST 42 #07-62
Address complement	-
Postcode	640450
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Change/cross lane
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND SKETCH

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	SHA7088B
Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	LEE CHOON HUAT
NRIC No	S0751007A
Contact Number	(Phone) +65-90669172
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	LI M JUN MING, ADRIAN
Gender	-
Phone No	(Phone) +65-98317562
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GIVEN 14 DAYS HOSPITALIZATION LEAVE AND WAS CONVEYED TO NG TENG FONG HOSPITAL FBK2391B
Injured person in which vehicle?	FBK2391B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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' 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.

2 

Policyholder's Signature / Date & Time



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

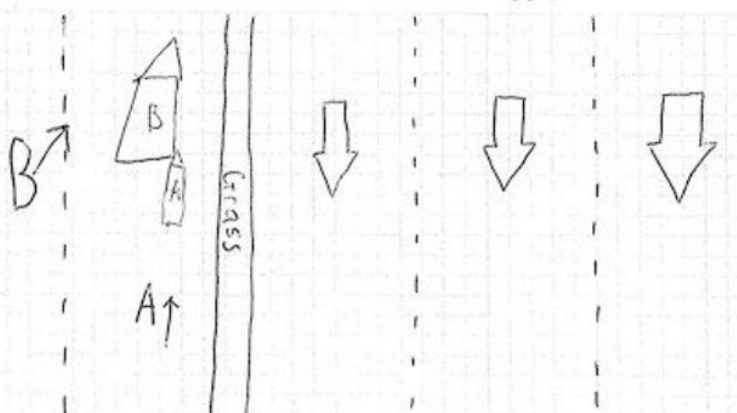
 21/1/21

Witnessed by Reporting Centre Personnel

Sketch Plan

A: FBK2391B B: SHA7088G

Civil
Defence
Accident



Tolun Bekar

Describe Circumstances of the Accident

On the 13/09/2021 in between 0750hrs and 0755hrs, I was riding my motorcycle FBK2391B along Jalan Bahar on the first lane approaching the area of civil defense academy. While I was riding, a taxi SHA7088B switched lane from 2nd lane to my lane.

The vehicle approached me from my left and I could not react and brake in time, which ~~had~~ my motorbike collided into the taxi's rear right area.

As a result, I fell and the taxi provided assistance. Ambulance was called in and I was conveyed to Ng Teng Fong Hospital and was given 14 days of hospitalization leave (MC Ref: 11654-38272). Traffic Police was at scene as well. No government property nor pedestrian involved.

After discharge, I decided to lodge a police report.

Report No. T/20210913/2084

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)

Cert No./Policy No. : D21MTMC01002768
Insured : MUHAMMAD HARIZ BIN ZULKIFLI
Motor Vehicle (Regn No.) : FBK2391B
Cover : Third Party, Fire & Theft
Policy Commencement Date : 26 MAY 2021 00:00
Policy Expiry Date : 25 MAY 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$500 - Section I
Named Driver 1 : MUHAMMAD HARIZ BIN ZULKIFLI
Named Driver 2 : LIM JUN MING, ADRIAN
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
MUHAMMAD HARIZ BIN ZULKIFLI, LIM JUN MING, ADRIAN

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.

Authorised Signatory

Date/Time of Issue : 28 APRIL 2021 13:12

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.

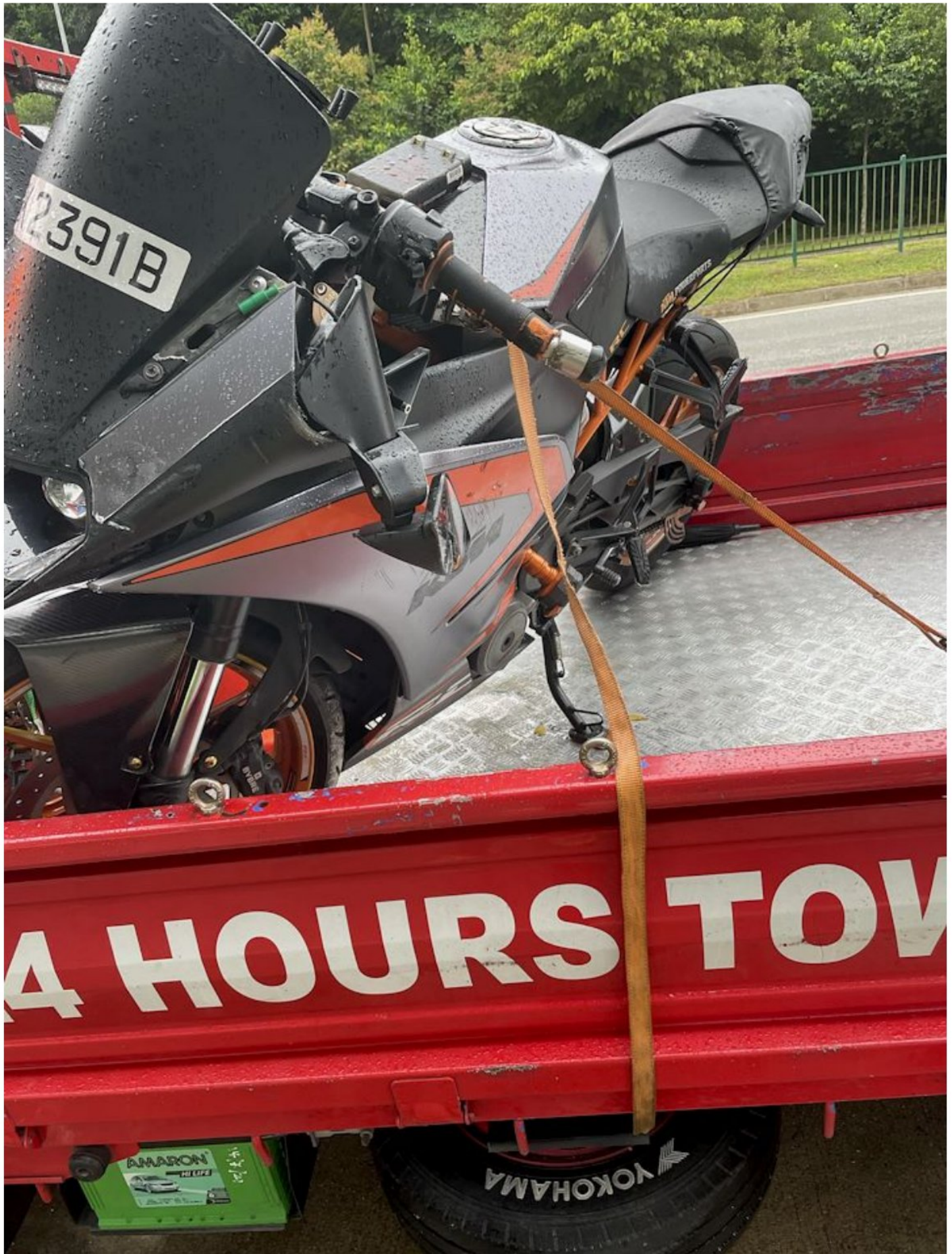
Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 3F38DZHT4PBBB0PA





























Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20210913/2084

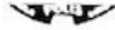
REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2021 18:53		Vide Report No.:	Station Diary No.: 187
Informant's Particulars			
Name of Informant: LIM JUN MING, ADRIAN		Address: APT BLK 450 JURONG WEST STREET 42 #07-62 SINGAPORE 640450	
ID Type / ID No.: NRIC NO / S9723696H		Contact No.: Home/Office: Mobile: 98317562	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 20/07/1997	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: LOGISTICS ASSISTANT		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/09/2021 07:50	Type of Location: Straight Road
Location: JALAN BAHAR				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2391B	Motorcycle	KTM	RC390 ABS		Seriously Damaged	0
SHA7088B	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT		Slightly Damaged	0

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



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20210913/2084

CONTINUATION OF REPORT

Rider			
Name	LIM JUN MING, ADRIAN	ID No.	S9723696H
Related Vehicle	FBK2391B (Motorcycle)	Contact No.	98317562
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/09/2021	Date Discharge	13/09/2021
No. of Days granted Medical Leave	14	Degree of Injury	NIL
Driver			
Name	LEE CHOON HUAT	ID No.	S0751007A
Related Vehicle	SHA7088B (Car)	Contact No.	90669172
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.

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Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No: 13/09/2021 18:53

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 J / Sgt 2 TAN CHIN ANN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/09/2021 18:53
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt TAN JUN YAN Contact No.: 65476311	Classification Of Case: SN 126
Authentication Stamp NP168	Signature: Singapore Police Force