

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 27/10/2021 15:26 (SGT)
Date of Accident 24/10/2021 22:45 (SGT)
Exact Location of Accident Jln Pergam, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS7166K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMED ZHAFIR SHAH BIN MOHAMED IBRAHIM
NRIC No SXXXX262D
Email Address mohammedzhafirshahbmi@gmail.com
Mobile Phone No (Phone) +65-92381624
Alternative Phone No +65-92381624

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb150r
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 150

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC0100453
Cover Note Number -

DRIVER

Name of Driver MOHAMMED ZHAFIR SHAH BIN MOHAMED IBRAHIM
NRIC No SXXXX262D

Date Of Birth	02/07/1999
Occupation	Outdoor
Date Of Driving Pass	06/07/2021
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92381624
Alt. Phone Number	+65-92381624
Email Address	mohammedzhafirshahbmi@gmail.com
Address	BLK 247 TAMPINES STREET 21 #02-283
Address complement	-
Postcode	521247
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?	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

PLEASE REFER TO POLICE REPORT T/20211026/7008

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	SMW7959M
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ABDUL AZIZ ASIK AHAMED
NRIC No	SXXXX991A
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	MOHAMMED ZHAFIR SHAH BIN MOHAMED IBRAHIM
Gender	Male
Phone No	(Phone) +65-92381624
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBS7166K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

[Signature] 27/10/21 1419hrs.

Policyholder's Signature / Date & Time

[Signature] 27/10/21
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 27/10/21
Witnessed by Reporting Centre Personnel


Sketch Plan

Describe Circumstances of the Accident


REFUSE TO PROVIDE REPORT 7/2021/026/7008

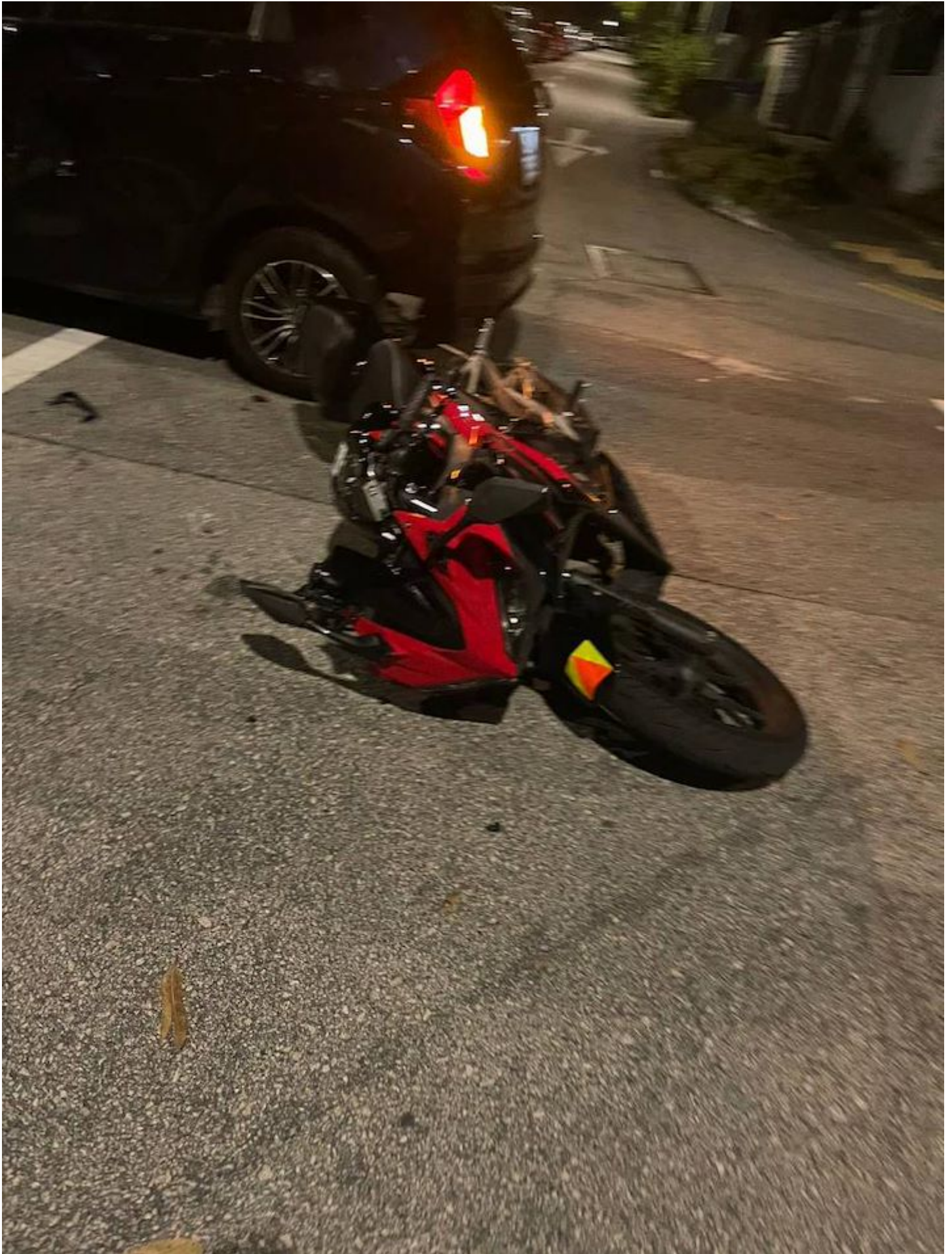
Declaration

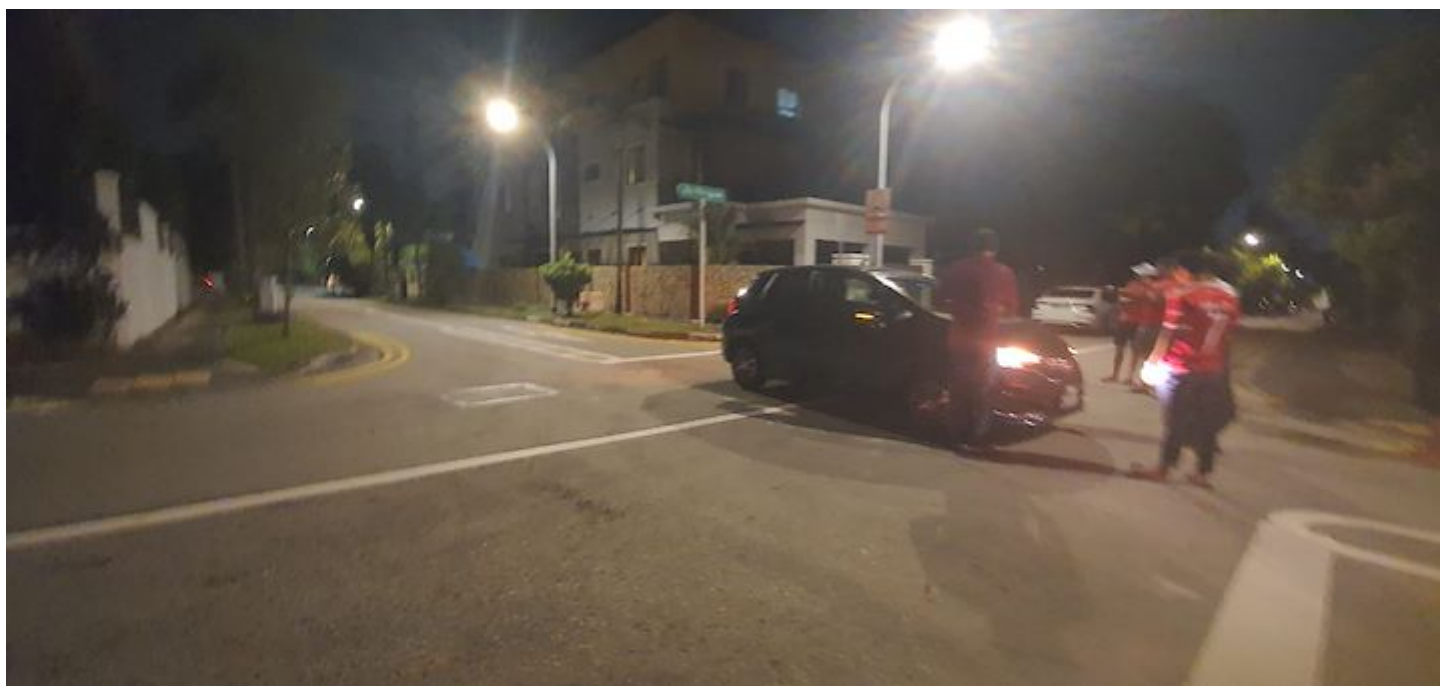
We declare the foregoing particulars are true in every respect.

 27/10/21
 Policyholder's Signature / Date &
 Time 1419 hrs.

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

 27/10/2021
 Witnessed by Reporting Centre
 Personnel

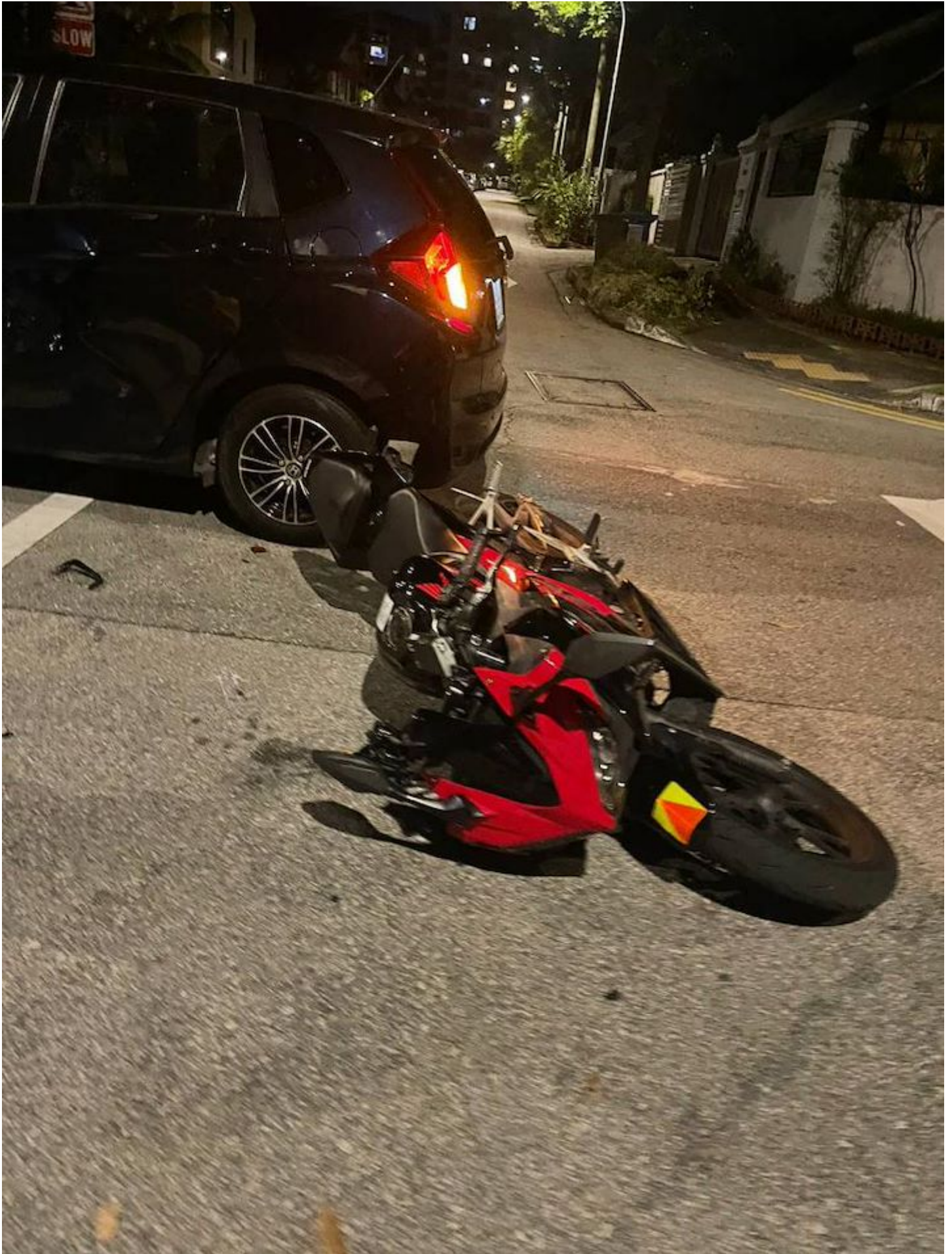


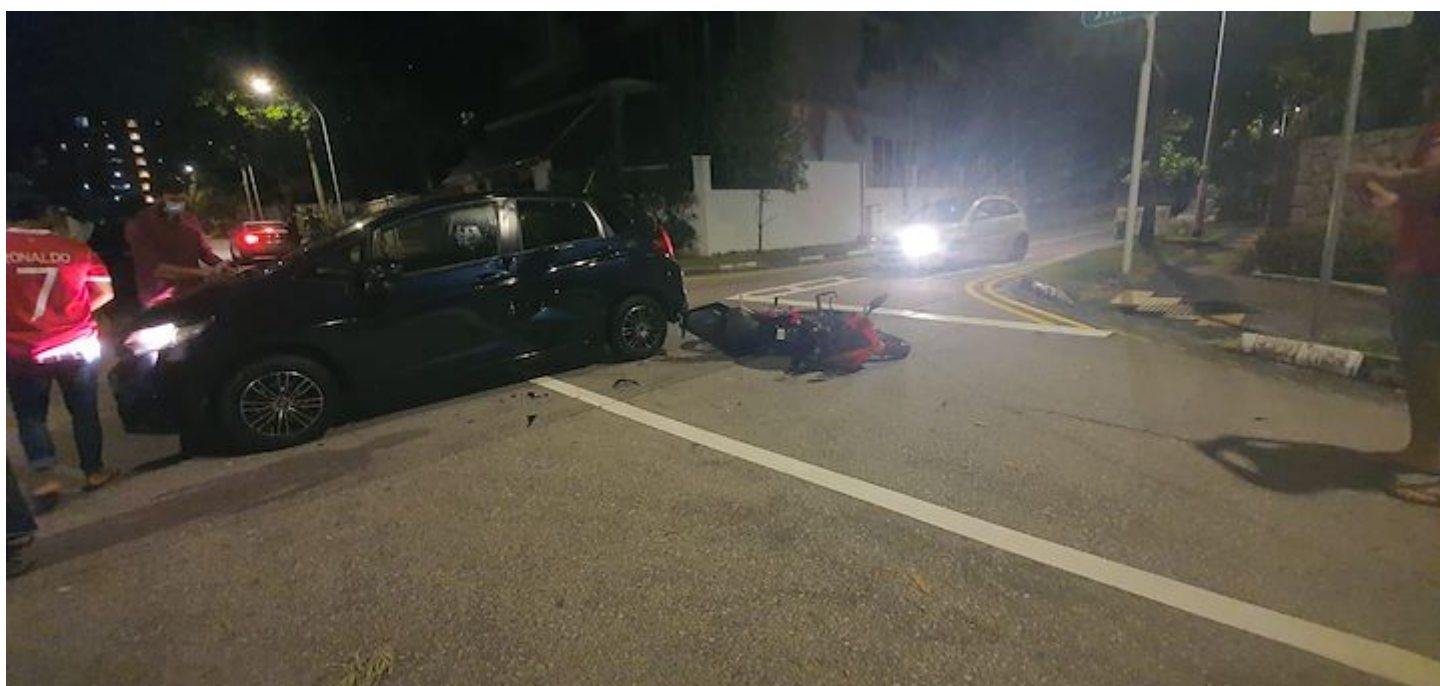




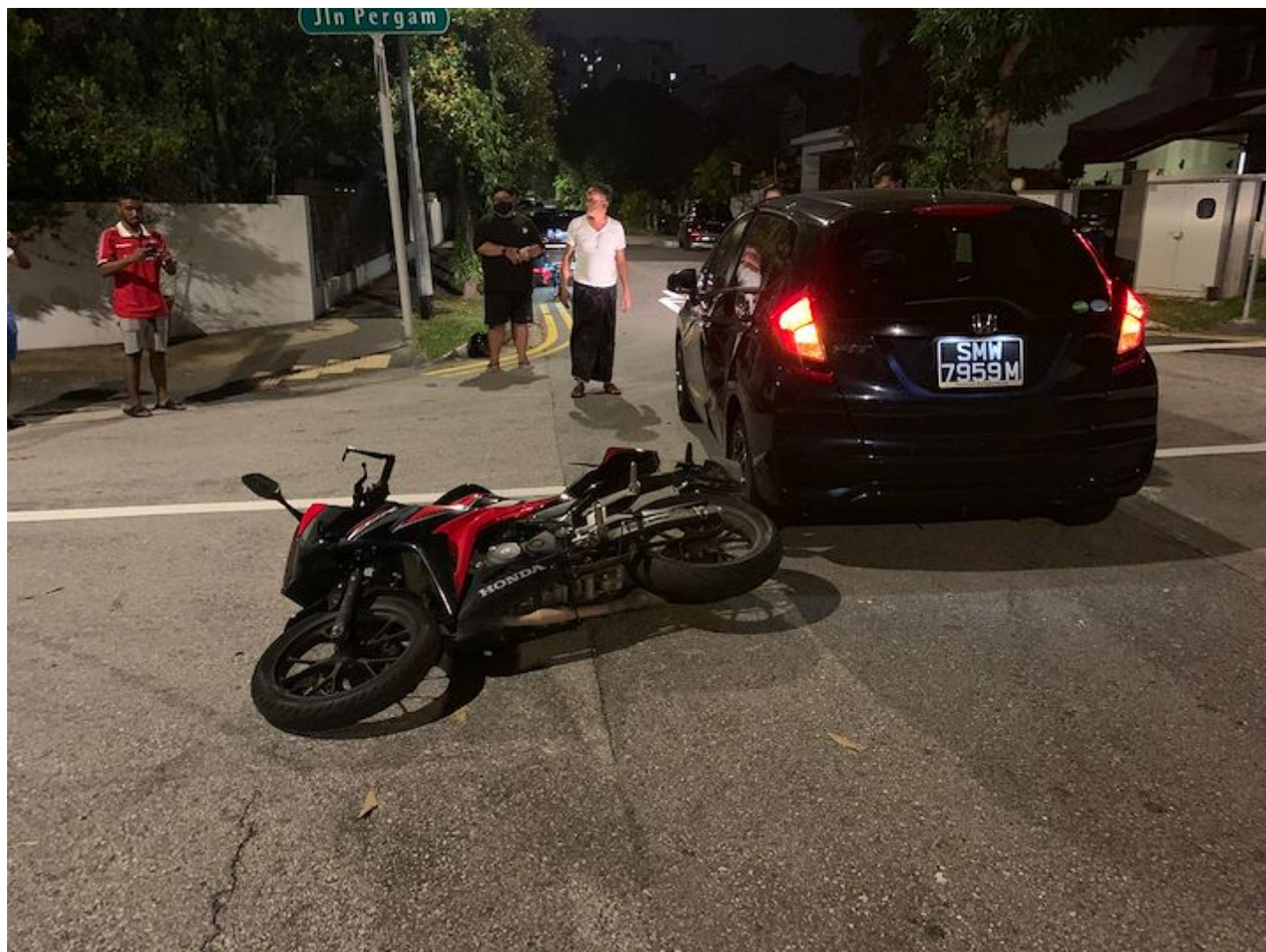






























































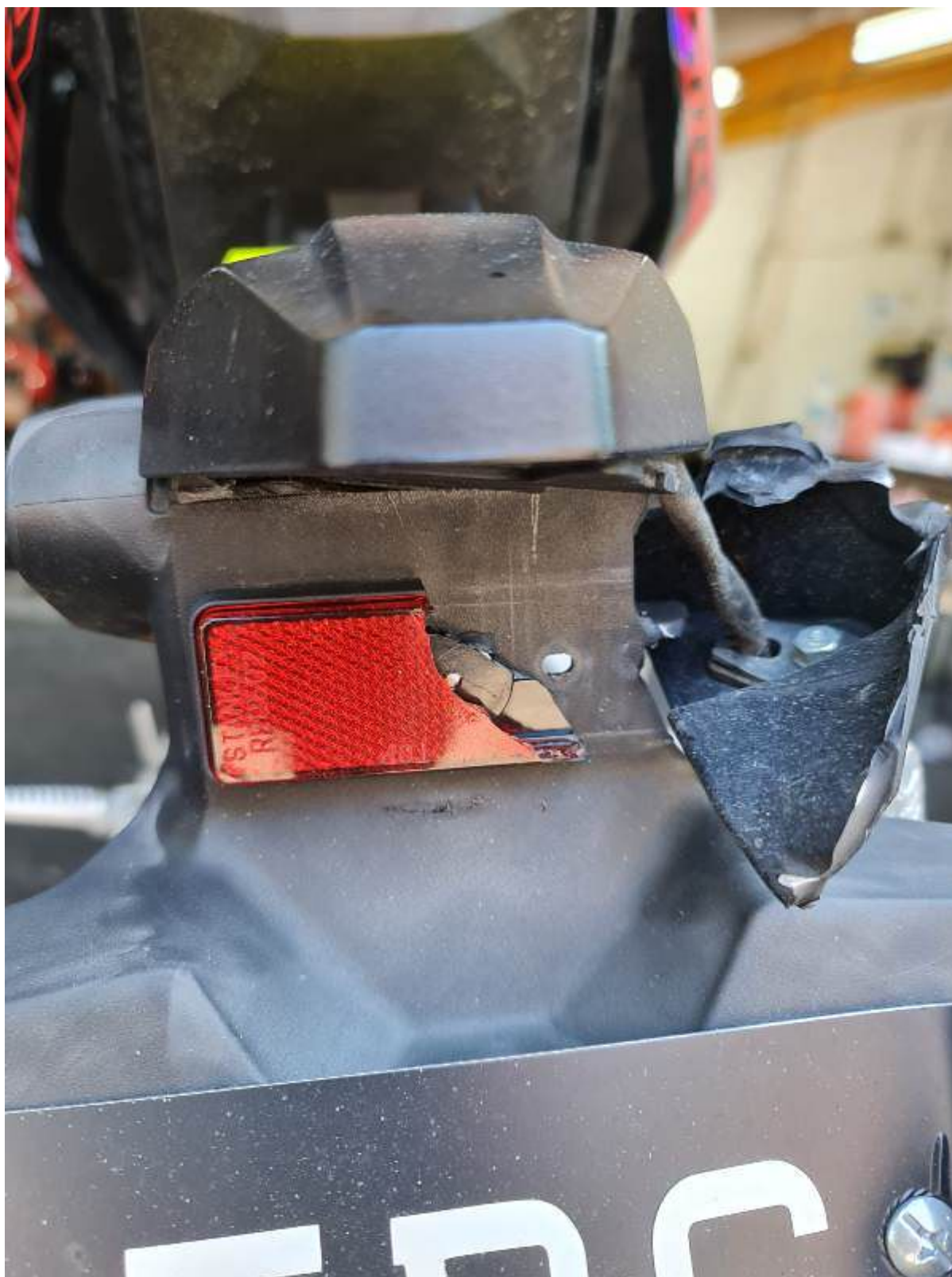




























**SINGAPORE
POLICE FORCE**



T/20211026/7008

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

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Report No. T/20211026/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2021 12:40		Vide Report No.: G/20211024/0277		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMED ZHAFIR SHAH BIN MOHAMED IBRAHIM			Address: 247 TAMPINES STREET 21 #02-283 SINGAPORE 521247		
ID Type / ID No.: NRIC NO / S9921262D			Contact No.: Home/Office: Mobile: 92381624		
Nationality: SINGAPORE CITIZEN			Email: mohammedzhafirshahbmi@gmail.com		
Sex: Male	Age: 22	Date of Birth: 02/07/1999	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/10/2021 22:45	Type of Location: X-Junction
Location: JALAN PERGAM				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS7166K	Motorcycle	HONDA	CBR150R MANUAL	Red		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBS7166K	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100453 7	22/07/2021	14/07/2022	



**SINGAPORE
POLICE FORCE**



T/20211026/7008

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

2 of 3

Report No. T/20211026/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMED ZHAFIR SHAH BIN MOHAMED IBRAHIM	ID No.	S9921262D
Related Vehicle	FBS7166K (Motorcycle)	Contact No.	92381624
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3A Date of Expiry: NIL
Date	25/10/2021	Date	26/10/2021
No. of Days granted Medical Leave	14	Degree of	Serious

Brief Details.

I was riding towards jalan pergam where the collision happened. It was 4-way junction and I was going straight. Then came the car from the right hand side of the road who did not stop at the stop line and there was a stop sign too. I was going approximately 20 km/h. I then collided into the side of his car as I was not able to brake on time. There are pictures post the collision.



**SINGAPORE
POLICE FORCE**



T/20211026/7008

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

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Report No. T/20211026/7008

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD ZICKIE BIN AHMAD SUYUTI
Contact No.: 65476904

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
26/10/2021 12:40

Classification Of Case: