

# 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 ..... 25/10/2021 17:36 (SGT)  
Date of Accident ..... 23/10/2021 15:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR9308K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ABDUL AZIM BIN MOHD ALI  
NRIC No ..... S9410061E  
Email Address ..... abdul.azim@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96349854  
Alternative Phone No ..... +65-96349854

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... XSR155 MANUAL  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 155

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... D20MTMC01008042  
Cover Note Number ..... 25 NOVEMBER 2020 TO 24 NOVEMBER 2021

### DRIVER

Name of Driver ..... ABDUL AZIM BIN MOHD ALI  
NRIC No ..... S9410061E

Date Of Birth .....	16/03/1994
Occupation .....	Indoor
Date Of Driving Pass .....	29/07/2014
Driving experience .....	7 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96349854
Alt. Phone Number .....	+65-96349854
Email Address .....	abdul.azim@yahoo.com.sg
Address .....	APT BLK 908 TAMPINES AVE 4 #02-224 (S) 520908
Address complement .....	-
Postcode .....	-
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? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJD6247B
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 .....	ABDUL AZIM BIN MOHD ALI
Gender .....	Male
Phone No .....	(Phone) +65-96349854
Address .....	APT BLK 908 TAMPINES AVE 4 #02-224 (S) 520908
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	CHANGI GENERAL HOSPITAL - 3 DAYS MC
Injured person in which vehicle? .....	FBR9308K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**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")

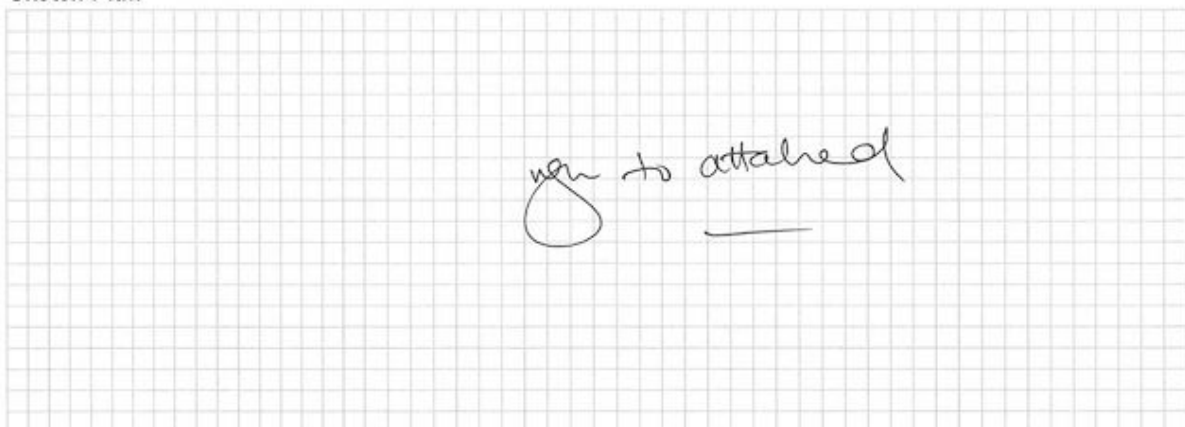
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

 25/10/21 1710 hrs  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**


**Describe Circumstances of the Accident**

*Police report attached*

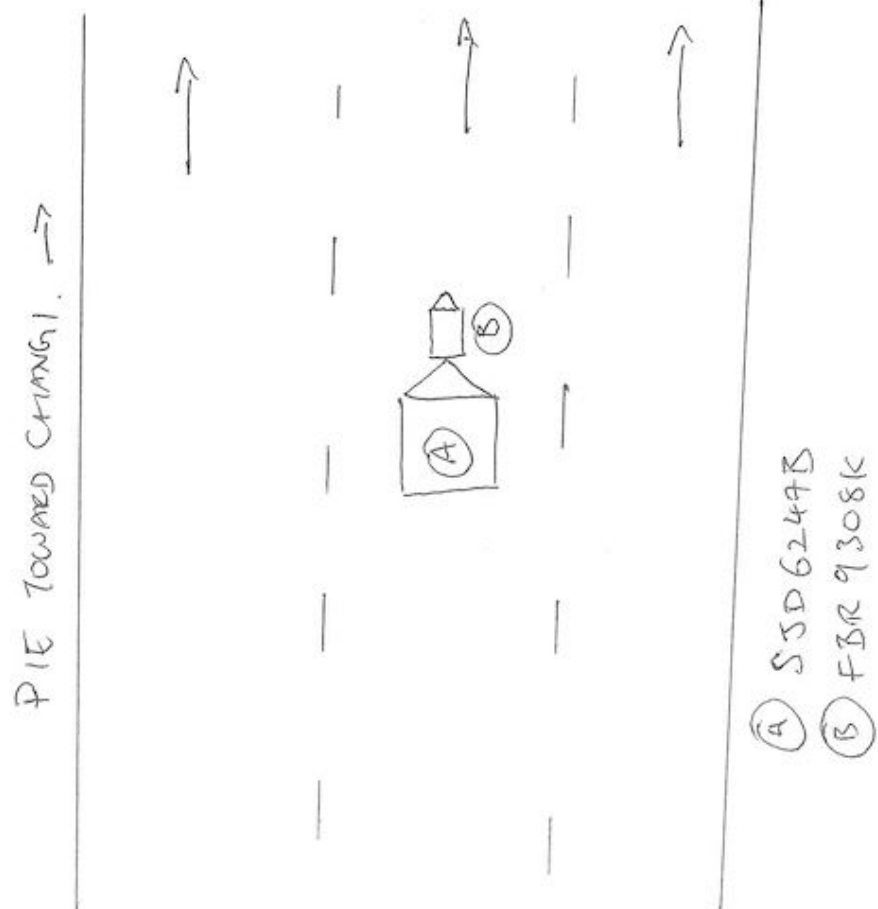
**Declaration**

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20211024/2048

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20211024/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/10/2021 15:39	Vide Report No.:	Station Diary No.: 26
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**Informant's Particulars**

Name of Informant: ABDUL AZIM BIN MOHD ALI			Address: APT BLK 908 TAMPINES AVENUE 4 #02-224 SINGAPORE 520908		
ID Type / ID No.: NRIC NO / S9410061E			Contact No.: Home/Office: Mobile: 96349854		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 16/03/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2021 15:30	Type of Location:
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR9308K	Motorcycle	YAMAHA	XSR155 MANUAL	Black	Slightly Damaged	0
SJD6247B	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR9308K	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC0100804 2	25/11/2020	24/11/2021





**SINGAPORE  
POLICE FORCE**



T/20211024/2048

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20211024/2048

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL AZIM BIN MOHD ALI	ID No.	S9410061E
Related Vehicle	FBR9308K (Motorcycle)	Contact No.	96349854
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	24/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 23/10/2021 at about 1530hrs, I was riding my motorcycle FBR9308K along PIE towards Changi on the second lane. Somewhere before exit 6, I was slowing down as the vehicle in front of me was slowing down too. Suddenly I felt an impact to the rear of my motorcycle and the impact cause me to fall on the road. EMAS arrived and assisted me as well. I got up and discovered that one vehicle bearing SJD6247B had collided into the rear of my motorcycle. I managed to exchange particulars with the other driver and left the location.

I wish to state that I went to the hospital on 24/10/2021 and received three days of MC from 25/10/2021 to 27/10/2021. That is all.





**SINGAPORE  
POLICE FORCE**



T/20211024/2048

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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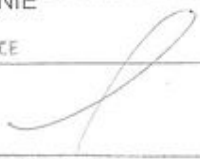
Report No. T/20211024/2048

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 G / Sgt 3 SIM FAWWAZ BIN SIM HASHIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/10/2021 15:39
Officer In Charge Of Case: TP / AEIT / SI ANG YITTING, STEPHANIE Contact No: 65478444 	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	



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.: 198905430E | GST Reg No.: M200903198

## 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.** : D20MTMC01008042  
**Insured** : ABDUL AZIM BIN MOHD ALI  
**Motor Vehicle (Regn No.)** : FBR9308K  
**Cover** : Third Party, Fire & Theft  
**Policy Commencement Date** : 25 NOVEMBER 2020 16:43  
**Policy Expiry Date** : 24 NOVEMBER 2021 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$300 - Section I  
**Named Driver 1** : ADRIANA NUR SHAFIAH BINTE ADI AKBAR  
**Named Driver 2** : ABDUL AZIM BIN MOHD ALI  
**HIRE PURCHASE OWNER** : REVOLUGY BIKES PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*

ADRIANA NUR SHAFIAH BINTE ADI AKBAR, ABDUL AZIM BIN MOHD ALI

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 : 25 NOVEMBER 2020 16:43

## 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 &amp; Name : 11E07901 &amp; ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3\_JPDHHL2I4\_DYMYAJ