SN0921B90002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/11/2021 13:34 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (09/11/2021 13:34 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 09/11/2021 13:34 (SGT) Date of Accident 05/11/2021 18:40 (SGT) Exact Location of Accident Singapore Additional Location Information SIMEI AVENUE Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number FBQ9275B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMAD FAZAKIR BIN ABDUL RASHID NRIC No. SXXXX517Z Email Address FAZAIMAH82@GMAIL.COM Mobile Phone No (Phone) +65-88288072 Alternative Phone No (Office) +65-88288072

VEHICLE PARTICULARS

Manufacturer

Model **ADV 150** 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 150

**INSURANCE COMPANY** 

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number D21MTMC01000143 Cover Note Number

DRIVER

Name of Driver MOHAMAD FAZAKIR BIN ABDUL RASHID NRIC No. SXXXX517Z

Date Of Birth 27/02/1980 Occupation Indoor Date Of Driving Pass 17/10/2002 Driving experience 19 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-88288072 Alt. Phone Number (Office) +65-88288072 Email Address FAZAIMAH82@GMAIL.COM Address **BLK 804 TAMPINES AVE 4** Address complement #05-41 Postcode 520804 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT NO: T/20211106/7035 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD356H Vehicle Manufacturer Vehicle Model

Taxi

Vehicle Variant
Vehicle Colour
Vehicle Category

| Name of Driver                          | -                     |
|---|-----------------------|
| Contact Number                          | -                     |
| Address                                 | -                     |
| Address complement                      | -                     |
| Postcode                                | -                     |
| Insurance Company Name                  | AXA Insurance Pte Ltd |
| Nature Of Damage                        | -                     |
| Details of property damaged in accident | -                     |
| No. Of Passenger (Including Driver)     | -                     |
|   |                       |

## DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number Vehicle Manufacturer Vehicle Model | SMZ9590M<br>-<br>- |
|--|--------------------|
| 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

| ASHID |
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#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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 (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) 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

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

Sketch Plan

A: FBQ 92758

B: SHD 356 H

C: SMZ 9590M

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#### Declaration

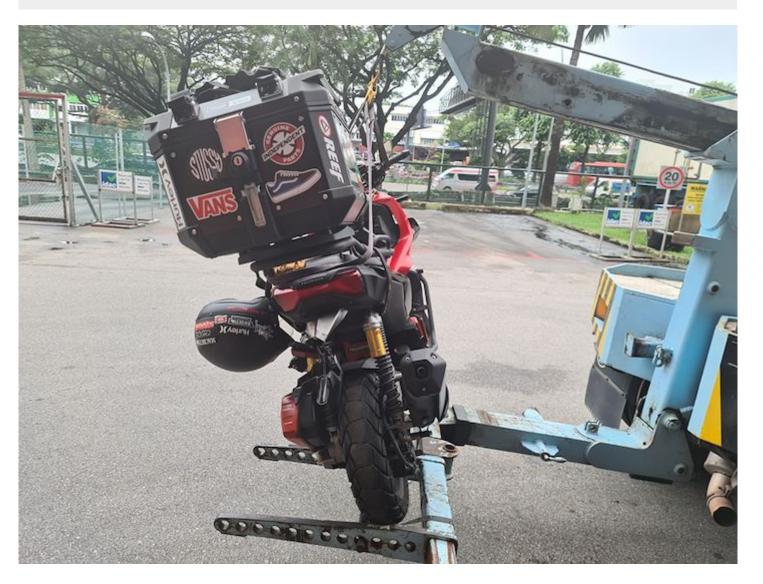
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

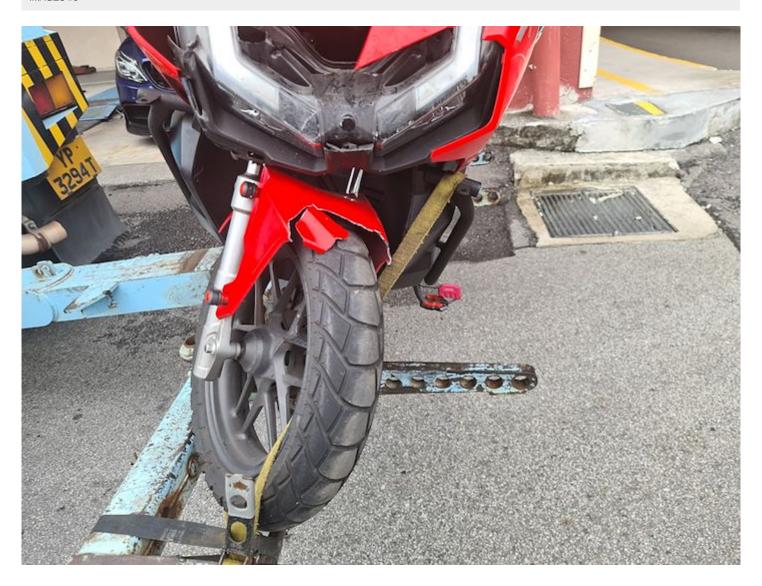
Time

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

Witnessed by Reporting Centre Personnel







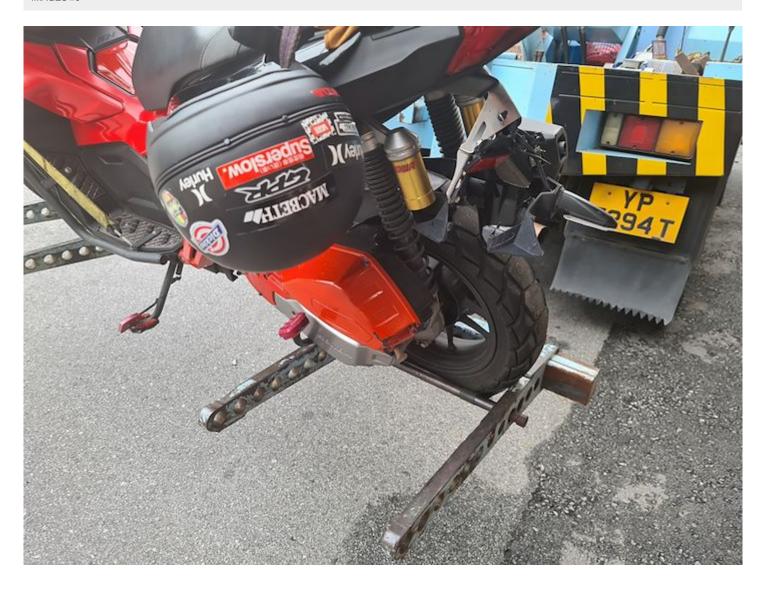


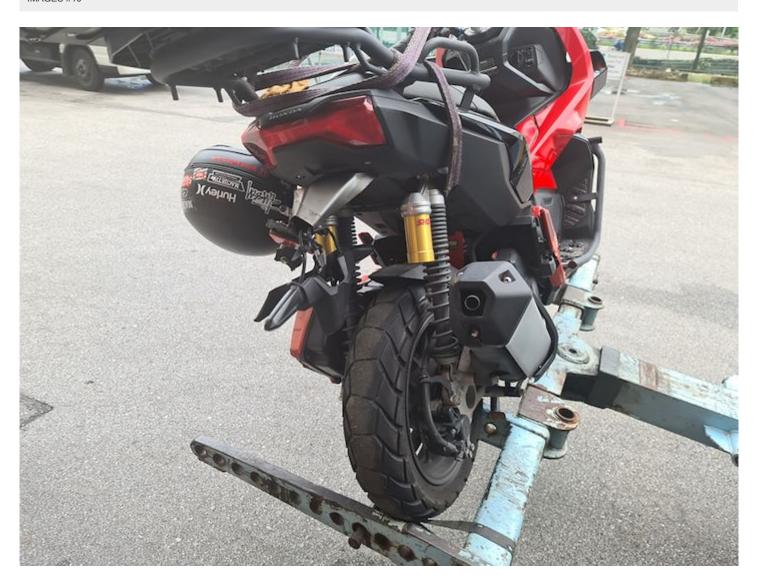
























1 of 4 Report No. T/20211106/7035

### REPORT OF A TRAFFIC ACCIDENT

|   | ne Report M<br>021 18:16 | fade:                       | Vide Report No.:  | Station Diary No.:         |  |  |
|---|--------------------------|-----------------------------|---|----------------------------|--|--|
| Informa   | nt's Partice             | ulars                       |   |                            |  |  |
| Name of Informant:<br>MOHAMAD FAZAKIR BIN ABDUL<br>RASHID |                          |                             | Address:<br>804 TAMPINES AVENUE 4 #05-41 SINGAPORE 520804 |                            |  |  |
|   | / ID No.:<br>D / S80055  | 17Z                         | Contact No.:<br>Home/Office: Mobile: 88288072             |                            |  |  |
| Nationality:<br>SINGAPORE CITIZEN                         |                          |                             | Email:<br>fazaimah82@gmail.com                            |                            |  |  |
| Sex: Age: Date of Birth: Male 41 27/02/1980               |                          |                             | Type of Informant:<br>Rider                               |                            |  |  |
| Race:<br>Malay  |                          |                             | Language:<br>English                                      | Institution / School Name: |  |  |
|   | al/Engineeri             | ng services<br>ird manager) | Driving Licence Inform<br>Class:                          | ation:<br>Date of Expiry:  |  |  |

| Type of<br>Accident:                  | Injury<br>Attended by Police | Drink<br>Drive:<br>No                   | Date/Time of<br>Accident:<br>05/11/2021 18:4 | Type of Location<br>Straight Road |
|---------------------------------------|------------------------------|---|--|-----------------------------------|
| Location: SIMEI AVENI Weather:        | JE                           | Road Surface:                           |  | Road Speed Limit:                 |
|                                       |                              |   |  |                                   |
|                                       |                              | Wet                                     |  |                                   |
| Drizzling<br>Traffic Flow:<br>Two Way |                              | Wet Traffic Control: Traffic Light - Wo | rking  | Traffic Volume:<br>Moderate       |

| Details of Vehicle Involved |            |       |                   |       |          |       |  |
|-----------------------------|------------|-------|-------------------|-------|----------|-------|--|
| Vehicle No.                 | Type       | Make  | Model             | Color | Conditio | No of |  |
| FBQ9275B                    | Motorcycle | HONDA | ADV150<br>ABS CVT | Red   |          | 0     |  |
| SHD356H                     | Car        |       |                   |       |          | 0     |  |
| SMZ9590M                    | Car        |       |                   | White |          | 0     |  |





2 of 4 Report No. T/20211106/7035

#### CONTINUATION OF REPORT

| Details of Vehicle Insurance |                                    |                     |            |             |  |  |  |
|------------------------------|------------------------------------|---------------------|------------|-------------|--|--|--|
| Vehicle No.                  | Insurance Company                  | Insurance No        | Effective  | Expiry Date |  |  |  |
| FBQ9275B                     | TENET SOMPO INSURANCE PTE.<br>LTD. | D21MTMC0100014<br>3 | 15/01/2021 | 14/01/2022  |  |  |  |

| <b>Details of Perso</b> | n Involved        | 100                   |  | A STATE OF THE PARTY OF THE PAR | Harris                            |  |  |
|-------------------------|-------------------|-----------------------|--|--|-----------------------------------|--|--|
| Any Pedestrian II       | nvolved: No       |                       |  |  |                                   |  |  |
| No. of Pedestriar       | s Injured: NIL    |                       | Use of Per                                 | destriar   | Cross                             | sing: NA   |  |
| Rider                   |                   |                       | SEAS FRANK                                 |  |                                   |  |  |
| Name                    | MOHAMAD FAZAK     | IR BIN AB             | ID No.                                     |  | S8005517Z                         |  |  |
| Related Vehicle         | FBQ9275B (Motorc  | ycle)                 |  | Contact No.  |                                   | 88288072   |  |
| Hospital/Clinic         | CHANGI GENERAI    | L HOSPITA             | Class of<br>Driving<br>Licence &<br>Expiry |  | Class: NIL<br>Date of Expiry: NIL |  |  |
| Date                    | 05/11/2021        |                       | Date                                       |  | 05/11                             | /2021  |  |
| No. of Days gran        | ted Medical Leave | 14                    | Degree of                                  | 1  | Slight                            | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW |  |
| Driver                  |                   | TO THE REAL PROPERTY. |  |  |                                   | Marine School of the   |  |
| Name                    | SIMON KOH YANG    | KWANG                 |  | ID No.   |                                   | S1451403A  |  |
| Related Vehicle         | SHD356H (Car)     |                       | Contact No.                                |  | 98559690                          |  |  |
| Hospital/Clinic         | NIL               |                       |  | Class<br>Drivin<br>Licend<br>Expiry  | g<br>ce &                         | Class: NIL<br>Date of Expiry: NIL  |  |
| Date                    | NIL               |                       | Date                                       |  | NIL                               |  |  |
| No. of Days gran        | ted Medical Leave | NIL.                  | Degree of                                  |  | NIL                               |  |  |
| Driver                  |                   | and the state of      |  |  | -                                 |  |  |
| Name                    | WU MING YUE       |                       |  | ID No  | 2                                 | S9413628H  |  |
| Related Vehicle         | SMZ9590M (Car)    |                       |  | Contact No.  |                                   | 87803485   |  |
| Hospital/Clinic         | NIL               |                       |  |  | of<br>g<br>ce &                   | Class: NIL<br>Date of Expiry: NIL  |  |
| Date                    | NIL               |                       | Date                                       |  | NIL                               |  |  |
| No. of Days gran        | ted Medical Leave | NIL                   | Degree of                                  | Degree of NIL  |                                   |  |  |





Report No. T/20211106/7035

#### CONTINUATION OF REPORT

#### Brief Details.

On 5th Nov 2021 around 1840hrs, i was riding along Simei Ave towards Tampines Town. I stopped as the red traffic light appeared. I stopped about 6 feet behind from a white sport car. Less than 3 seconds, a taxi hit me from behind. I was flung away from my bike and landed on my right side. I was shocked and stayed still for a while. I felt a great pain on my left leg, neck and back. The taxi driver who hit me approached and offer help. He apologised several times and explained if its not raining he could brake on time. The white sport car driver helped me up and called the ambulance. I was standing by the side while waiting for the ambulance. Once the ambulance arrived, i received treatment while awaiting for traffic police to come. The traffic police came and took my particulars and statement and i was conveyed to the Changi General Hospital by the ambulance.

I was discharged on the same day and was given 14 days of hospitalisation leave. I wish to make an insurance claims for my injuries and consensual loss.





4 of 4 Report No. T/20211106/7035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

| Signature Of Officer Recording The Report:<br>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:<br>Not applicable                                   | Date/Time:<br>06/11/2021 18:16  |
| Officer In Charge Of Case:<br>TP / TPIB /<br>MUHAMMAD ZICKIE BIN AHMAD SUYUTI | Classification Of Case:   |
| Contact No.: 65476904   |   |