

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 03/11/2021 10:59 (SGT)
Date of Accident 28/10/2021 23:21 (SGT)
Exact Location of Accident Singapore
Additional Location Information PUNGGOL EAST RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP1042P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YUSZAIDA BINTE ABDUL RAZAK
NRIC No S9125125F
Email Address YUSZAIDA@GMAIL.COM
Mobile Phone No (Phone) +65-96969794
Alternative Phone No (Home) +65-96969794

VEHICLE PARTICULARS

Manufacturer Kawasaki
Model W175
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 175

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC01005853
Cover Note Number -

DRIVER

Name of Driver MUHD JOHAN BIN ABU BAKAR
NRIC No S9327698A

| | |
|--|-----------------------------------|
| Date Of Birth | 06/08/1993 |
| Occupation | Outdoor |
| Date Of Driving Pass | 15/11/2018 |
| Driving experience | 2 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88219262 |
| Alt. Phone Number | - |
| Email Address | YUSZAIDA@GMAIL.COM |
| Address | 169 PUNGGOL FIELD #12-671 S823169 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 | Collided into Motorcyclist |
| 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

REFER TO ATTACHED POLICE REPORT

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 | SHC2398D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |

| | |
|---|---|
| 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 | MUHAMMAD JOHAN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | UNKNOWN |
| Injured person in which vehicle? | FBP1042P |
| 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:

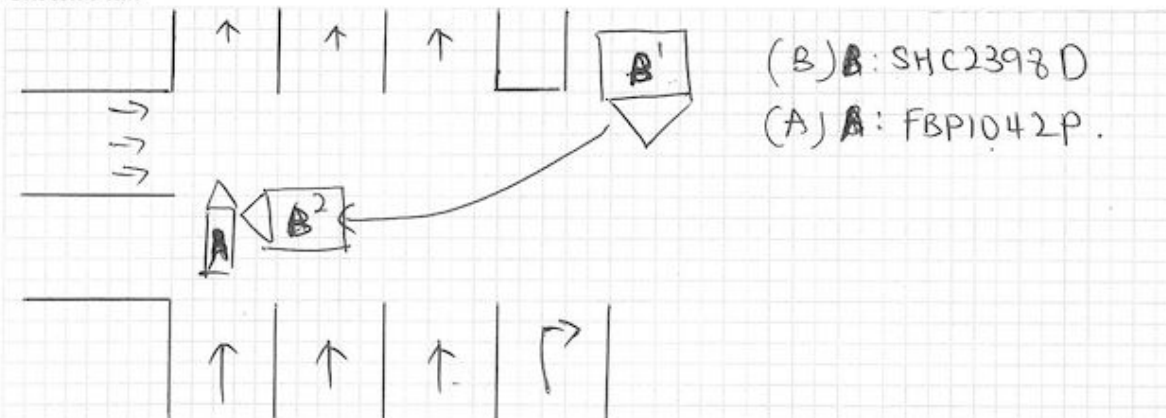
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

Policyholder's Signature / Date & Time: 1350 2/11/21

Driver's Signature (If driver is not the policyholder) / Date & Time: 1350 2/11/21

Witnessed by Reporting Centre Personnel: CH

Sketch Plan



Punggol EAST

Describe Circumstances of the Accident

As per Police Report Attached.

Declaration

I/We declare the foregoing particulars are true in every respect.

 2/11/2021
1350 hrs.
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



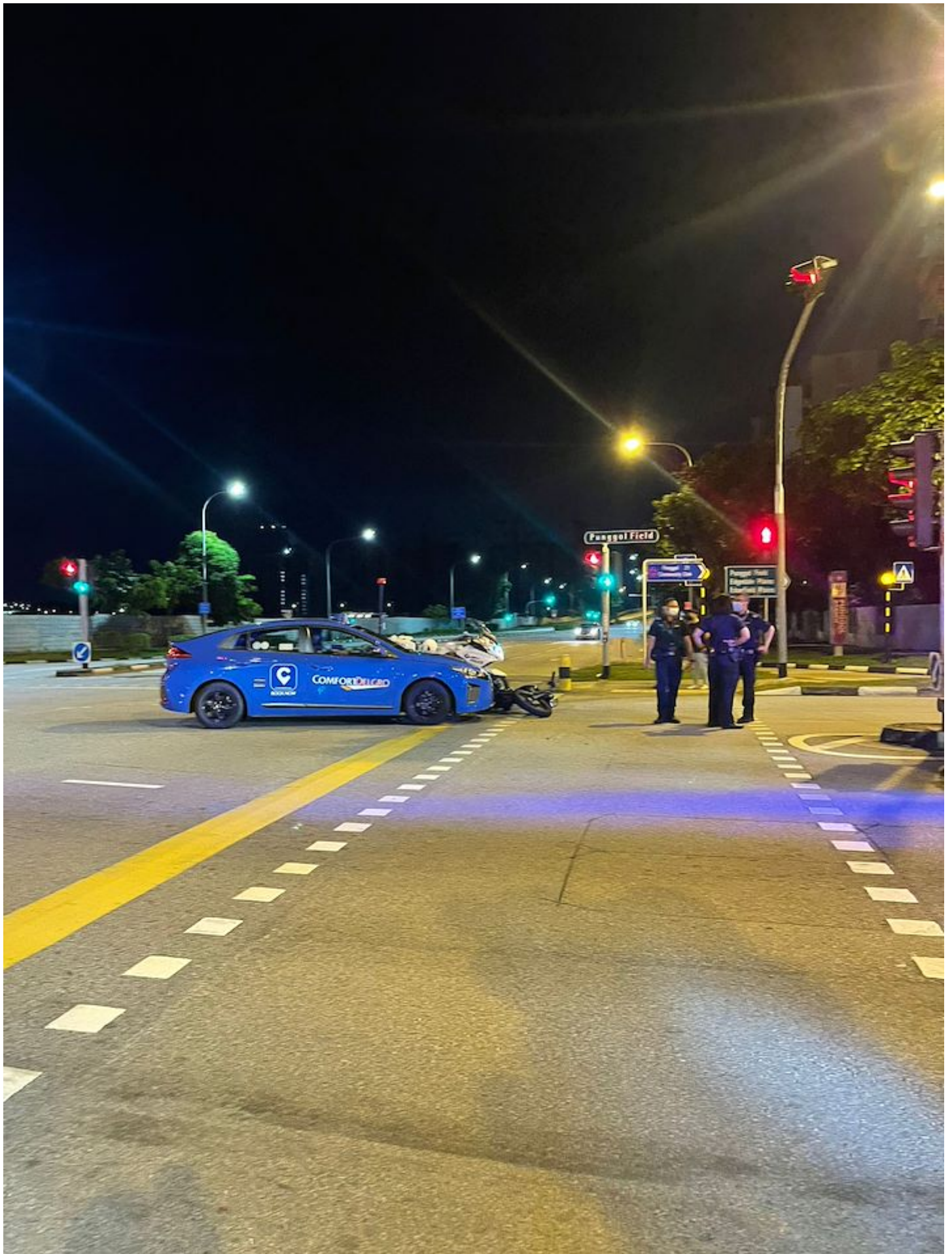
















**SINGAPORE
POLICE FORCE**



T/20211029/7030

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

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Report No. T/20211029/7030

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| Name | MUHAMMAD JOHAN BIN ABU BAKAR | ID No. | S9327698A |
| Related Vehicle | FBP1042P (Motorcycle) | Contact No. | 88219262 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry | Class: 2B,3A Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Serious |

Brief Details.

On the 28th October 2021 [Thursday] at about 2321hrs, I was travelling along Sengkang East Dr Road in my motorcycle [Kawasaki/w175/FBP1042P]. The traffic light at the junction was still in my favour when I was going straight towards Punggol East Road.

Suddenly, as I was already travelling midway past the junction, a ComfortDelGro taxi [SHC2398D] coming from the opposite direction suddenly made a right turn into my lane causing a crash. I recalled the front of his vehicle had hit me directly onto my right side causing me to fall down towards my left side.

I wish to inform that the traffic light was still in my favour when I was going straight. The driver of the said taxi had failed to check for any oncoming vehicles before making the right turn.

After the accident, I recalled the ambulance came to me. I was subsequently being conveyed to Sengkang General Hospital. Preliminary diagnosis by the doctor was that I had sustained several fractures towards my right knee and I would be going through a surgery soon.



**SINGAPORE
POLICE FORCE**

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



T/20211029/7030

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Report No. T/20211029/7030

CONTINUATION OF REPORT

Sketch 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 / TPIB /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

NP168

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

Date/Time:
29/10/2021 17:25

Classification Of Case: