

# 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 ..... 10/09/2021 14:38 (SGT)  
Date of Accident ..... 05/09/2021 14:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... T-JUNCTION OF AH HOOD RD & JALAN RAJAH RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBK3092H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED HAMEEM MOHAMED KASSIM  
Passport No/FIN ..... GXXXX691N  
Email Address ..... KASSIMRJ@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90274065  
Alternative Phone No ..... +65-90274065

### VEHICLE PARTICULARS

Manufacturer ..... Bajaj  
Model ..... PULSAR 200 NS FI  
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 ..... 200

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... D21MTMC01003260  
Cover Note Number ..... 19/05/2021 - 18/05/2022

### DRIVER

Name of Driver ..... MOHAMED HAMEEM MOHAMED KASSIM  
Passport No/FIN ..... GXXXX691N

Date Of Birth .....	25/07/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	28/08/2013
Driving experience .....	8 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90274065
Alt. Phone Number .....	+65-90274065
Email Address .....	KASSIMRJ@GMAIL.COM
Address .....	BLK 629 ANG MO KIO AVE 4 #01-1020
Address complement .....	-
Postcode .....	560629
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 - 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 .....	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 THE ATTACHED SKETCH PLAN BY DRIVER.

#### 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 .....	SMA6632C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire

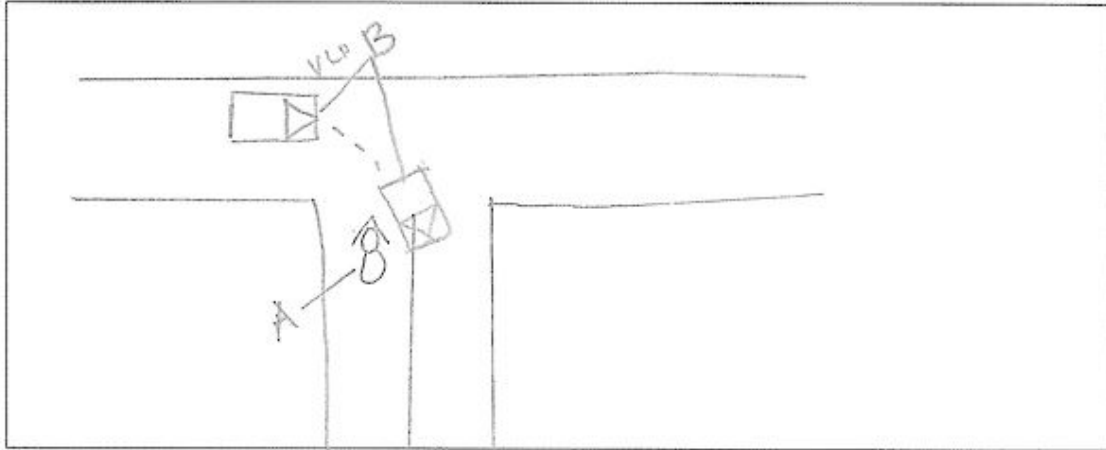
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOHAMED HAMEEM MOHAMED KASSIM
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	RIGHT KNEE & ANKLE
Injured person in which vehicle? .....	FBK3092H
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

Date of accident: 5/9/21 Time: 14:30 Location: X Jalan Rajah Ref T-junction of Ah Hlood Rd  
 My Vehicle A: FBK 3692 H Vehicle B: SMA 6632 C Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No.  
T/20210907/7000

Note: Police Report indicate wrong insurance Co.  
 should be Bompas Insurance.

Note: motor bike was tow out from Police compound  
 and tow to owner workshop so photo taken by phone.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:  
 My workshop :  
 Email address :  
 & myself :  
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under  
 you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

M. Mohamed Jassim

Policyholder's Signature  
 Date & Time:

M. Mohamed Jassim

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



Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

AH LIM MOTOR COMPANY

## SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

M. Mohamed Kausy  
 Policyholder's Signature  
 Date & Time:

M. Mohamed Kausy  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



































**SINGAPORE  
POLICE FORCE**



T/20210907/7000

1 of 3

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

Report No. T/20210907/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2021 00:23		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED HAMEEM MOHAMED KASSIM			Address:		
ID Type / ID No.: FIN NO / G1038691N			Contact No.: Home/Office:                      Mobile: 90274065		
Nationality: INDIAN			Email: MOHAMEDKASSIMHAMEEM@HOTMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 25/07/1985	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B                      Date of Expiry: 27/08/2023		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/09/2021 14:30	Type of Location: T-Junction
Location:  AH HOOD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: My Motorcycle standby to Turn Right"			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBK3092H	Motorcycle	BAJAJ CHETAK	PULSAR 200	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3092H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSD/VMT/21- 424566-CA	17/05/2021	16/05/2022



**SINGAPORE  
POLICE FORCE**



T/20210907/7000

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

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Report No. T/20210907/7000

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED HAMEEM MOHAMED KASSIM	ID No.	G1038691N
Related Vehicle	FBK3092H (Motorcycle)	Contact No.	90274065
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: 27/08/2023
Date	05/09/2021	Date	06/09/2021
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

On 5th September 2021, I Mohamed hameem Mohamed Kassim (G1038691N) was waiting at Ah Hood Road to take right turn towards Jalan Rajah Road. The accident happened exactly at Ah Hood Road T-Junction.. Suddenly a car turned right towards Ah Hood Road from Jalan Rajah Road without right indication and collided into my motorcycle. Myself and my motorcycle was pushed to opposite direction in the same Ah Hood Road.. One person helped me and called ambulance.. Traffic police officer came and conveyed to TTSH hospital via ambulance.

I was badly injured in my leg, ankle knee and right elbow.. I was given seven (7) days MC medical certificate from 06th September 2021 onwards...



**SINGAPORE  
POLICE FORCE**



T/20210907/7000

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

3 of 3

Report No. T/20210907/7000

**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 /  
GOH WEI LI  
Contact No.: 65476394

NP168

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

Date/Time:  
07/09/2021 00:23

Classification Of Case:

 <b>Tan Tock Seng HOSPITAL</b>	<b>TAN TOCK SENG HOSPITAL</b> 11 Jalan Tan Tock Seng, Singapore 308433 Tel: (65) 6256 6011
	<b>HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY</b>

MOHAMED HAMEEM MOHAMED | G1038691N | 36Y 1M | M | Indian | 1221230604C | 05-Sep-2021 | 06-Sep-2021

Planned Orders

Not Applicable

Trauma - Motorcycle vs Car.

Injury list

- 1) Superficial abrasion over left knee and right elbow, posterior right thigh  
 - Left knee XR: NAD
- 2) Left ankle contusion  
 - Left ankle XR: Mild soft tissue swelling seen over the ankle. No fracture or dislocation is detected. Mild Achilles tendon arthropathy is noted.

By MEHEK GUPTA(P2644F)

Date : 06-Sep-2021 11:46


This is a computer-generated summary of information available and correct at point of print.  
 Please refer to your doctor for further information or clarification.

Printed by: MEHEK GUPTA (P2644F)  
 Printed Date/Time: 06-Sep-2021 11:47

Page 2 of 2



## OTHER DOCUMENTS

 **Tan Tock Seng**  
HOSPITAL


MEDICAL CERTIFICATE	REPRINT	TTSH21163139
NAME: MOHAMED HAMEEM MOHAMED		NRIC: G1038691N

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 7 day(s) from 06-Sep-2021 to 12-Sep-2021 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 06-Sep-2021 15:18 to 12-Sep-2021 15:18

06-Sep-2021 Date	MEHEK GUPTA (P2644F) Issued by	W11B Location	 Signature
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