

## 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 ..... 30/11/2021 16:21 (SGT)  
Date of Accident ..... 29/11/2021 18:35 (SGT)  
Exact Location of Accident ..... Near 630 Upper Thomson Rd, Singapore 787132  
Additional Location Information ..... UPPER THOMSON RD TOWARDS SLE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBM5500Z

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD IRFAN BIN AZMAN  
NRIC No ..... S9345724B  
Email Address ..... IRFANAZMAN93@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-87484753  
Alternative Phone No ..... +65-87484753

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Adv 750  
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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Auto  
CC ..... 750

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... D21MTMC01003575  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MUHAMMAD IRFAN BIN AZMAN  
NRIC No ..... S9345724B

Date Of Birth .....	10/12/1993
Occupation .....	Indoor
Date Of Driving Pass .....	07/11/2018
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-87484753
Alt. Phone Number .....	+65-87484753
Email Address .....	IRFANAZMAN93@GMAIL.COM
Address .....	BLK 753 WOODLANDS CIRCLE
Address complement .....	#02-550
Postcode .....	730753
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 .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NUR SYAFIRAH BINTE SAHRI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN AND POLICE REPORT FOR ACCIDENT DETAILS.

#### 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 .....	SLE5941H
Vehicle Manufacturer .....	Mazda

Vehicle Model .....	2
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YAP TECK CHUAN
Contact Number .....	(Phone) +65-96773786
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMN5165Y
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	YUN HONG MENG
Contact Number .....	(Phone) +65-96696676
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 .....	NUR SYAFIRAH BINTE SAHRI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBM5500Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

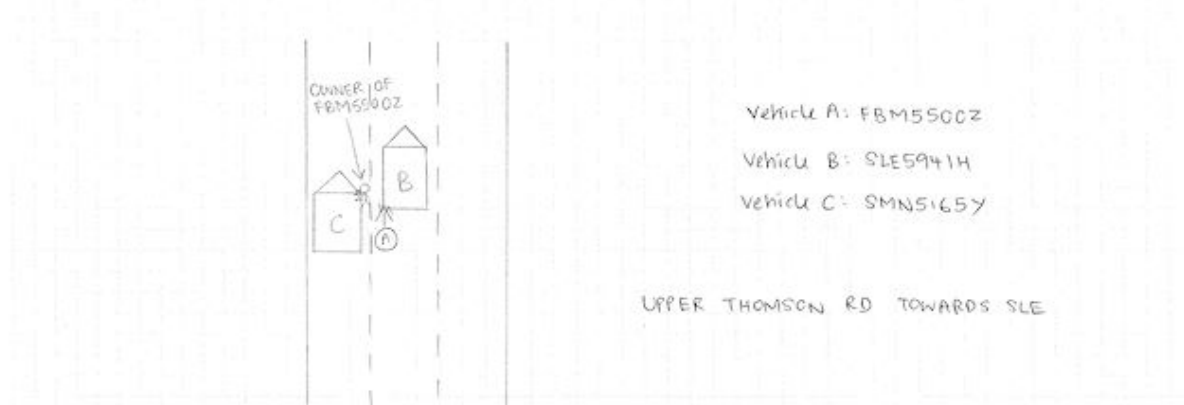
(collectively the "Purposes")

- (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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

Please refer to the police report no. T/20211130/2033.

## Declaration

We declare the foregoing particulars are true in every respect.

Shu

Policyholder's Signature / Date &  
Time

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



Witnessed by Reporting Centre  
Personnel



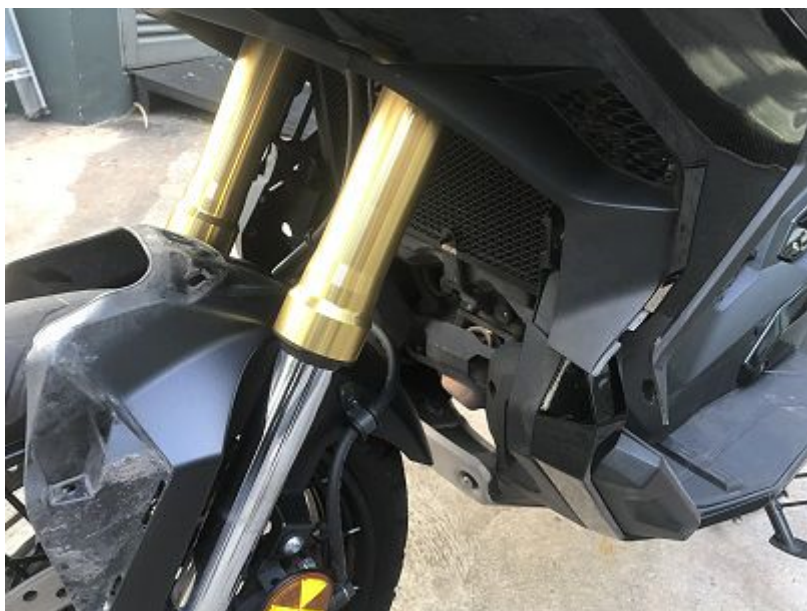
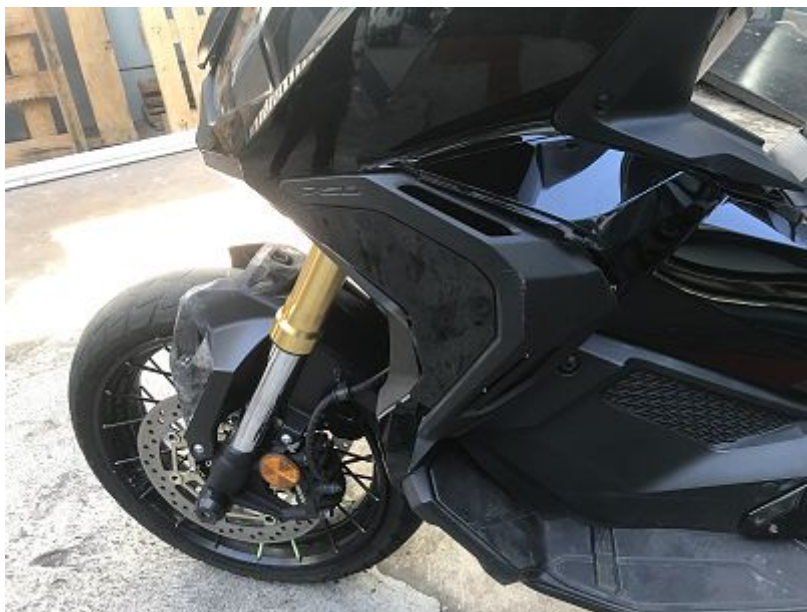


























**SINGAPORE  
POLICE FORCE**



T/20211130/2033

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20211130/2033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2021 12:54		Vide Report No.: F/20211129/0159		Station Diary No.: 35	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD IRFAN BIN AZMAN			Address: APT BLK 753 WOODLANDS CIRCLE #02-550 SINGAPORE 730753		
ID Type / ID No.: NRIC NO / S9345724B			Contact No.: Home/Office: Mobile: 87484753		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 10/12/1993	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Engineering Officer			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/11/2021 18:35	Type of Location: Straight Road
Location:  UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM5500Z	Motorcycle	HONDA	ADV750	Black	Slightly Damaged	1
SLE5941H	Car				Seriously Damaged	1
SMN5165Y	Car				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20211130/2033

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20211130/2033

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5500Z	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC01003575	02/06/2021	01/06/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Pillion				
Name	Nur Syafirah Binte Sahri	ID No.	NIL	
Related Vehicle	FBM5500Z (Motorcycle)	Contact No.	87485863	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	29/11/2021	Date Discharge	29/11/2021	
No. of Days granted Medical Leave	14	Degree of Injury	Serious	
Rider				
Name	MUHAMMAD IRFAN BIN AZMAN	ID No.	S9345724B	
Related Vehicle	FBM5500Z (Motorcycle)	Contact No.	87484753	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL	
Date Treatment	29/11/2021	Date Discharge	29/11/2021	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	Yap Teck Chuan	ID No.	S1130484B	
Related Vehicle	SLE5941H (Car)	Contact No.	96773786	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	





**SINGAPORE  
POLICE FORCE**



T/20211130/2033

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20211130/2033

**CONTINUATION OF REPORT**

Name	Yun Hong Meng	ID No.	S1232444H
Related Vehicle	SMN5165Y (Car)	Contact No.	96696676
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 29/11/2021, at about 1800hrs, I was picking up my wife from Tan Tock Seng Hospital and making our way home on my motorcycle bearing registration plate number FBM5500Z.

At about 1835hrs, we were travelling on lane 2 along Upper Thomson Road and the vehicle bearing registration plate SLE5941H was travelling in front of us. The vehicle SLE5941H suddenly slowed down or came to an abrupt stop causing me to be unable to stop in time and collided into the rear of the vehicle SLE5941H.

Subsequently, I was being flung over to lane 3 and I was hit by vehicle registration plate number SMN5165Y travelling on lane 3. After which, Traffic Police came to scene and called for the ambulance to make a check on my wife as she inform that there is some pain in her right wrist. My wife was then conveyed by the ambulance to Khoo Teck Puat Hospital.

I wish to state that I managed to get the contact particulars of the both vehicle drivers and then after which went to Khoo Teck Puat Hospital to meet up with my wife.

Subsequently, I seek medical assistance at Khoo Teck Puat Hospital as I felt some discomfort in my chest area.

My wife was given 14 days Outpatient Hospitalization Leave and I was given 03 days Outpatient Medical Leave. I was informed by Traffic Police to lodged a Traffic Accident Report regarding this incident.



**SINGAPORE  
POLICE FORCE**



T/20211130/2033

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20211130/2033

**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  
D /  
Sgt 2 LEE XIN MEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/11/2021 12:54

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD SYARIFUDDIN  
MUHAMMAD AJMAIN  
Contact No.: 65476367

SIGNATURE

Classification Of Case:



**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.: 198905490E | GST Reg. No.: M200903196

### 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.** : D21MTMC01003575  
**Insured** : MUHAMMAD IRFAN BIN AZMAN  
**Motor Vehicle (Regn No.)** : FBM5500Z  
**Cover** : Third Party, Fire & Theft  
**Policy Commencement Date** : 02 JUNE 2021 12:08  
**Policy Expiry Date** : 01 JUNE 2022 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$750 - Section I  
**Named Driver 1** : MUHAMMAD IRFAN BIN AZMAN  
**HIRE PURCHASE OWNER** : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
 MUHAMMAD IRFAN BIN AZMAN

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/04)

**Sompo Insurance Singapore Pte. Ltd.**

*[Signature]*  
 Authorised Signatory

Date/Time of Issue : 02 JUNE 2021 12:08

#### 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 & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 XJDOHZ4R4F1BMYAJ