

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 15/02/2022 16:57 (SGT)
Date of Accident 23/01/2022 14:00 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TOWARDS CHANGI BEFORE EXIT 14
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD6793K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMAD FAZLIE BIN ROSLIE
NRIC No SXXXX355D
Email Address fazlie9@gmail.com
Mobile Phone No (Phone) +65-88935313
Alternative Phone No +65-88935313

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400
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 Manual
CC 399

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC01006852
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD FAZLIE BIN ROSLIE
NRIC No SXXXX355D

Date Of Birth	05/11/1999
Occupation	Outdoor
Date Of Driving Pass	29/10/2021
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88935313
Alt. Phone Number	+65-88935313
Email Address	fazlie9@gmail.com
Address	BLK 681D WOODLANDS DRIVE #03-57
Address complement	-
Postcode	734681
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SMV9452A
Vehicle Manufacturer	Nissan
Vehicle Model	Serena
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY BENG HUAT (ZHENG MINGFA)
NRIC No	SXXXX777B
Contact Number	-
Address	-

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

SKETCH PLAN**IMPORTANT NOTICE**

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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.

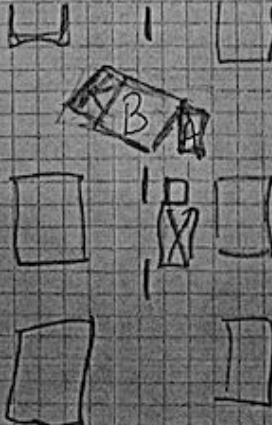
John 15/02/2022
Policyholder's Signature / Date & Time

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

John 15/02/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

CTE TOWARDS CHONG B/F EX17 14



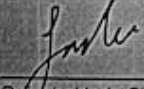
A) FBD 6793K
B) SMV 9452A

Describe Circumstances of the Accident

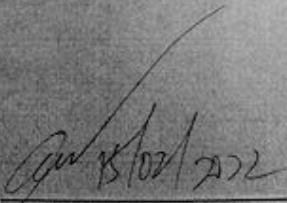
I, Mohammad Fazlie Bin Roslie, owner of FBD6793K was travelling along CTE towards Changi. I was lane-splitting between Lane 1 and Lane 2, going under the speed limit when a vehicle bearing license plate, SMV9452A decides to lane change from Lane 1 to 2 and to my surprise, the driver stopped in between the lanes (Lane 1 and 2). I saw the vehicle stopped and decided to apply my brake. ~~Upon rear,~~ Before the impact, ~~to~~ my motorcycle 'fish-tailed' and I was unable to dodge, causing my motorcycle to hit the ~~left~~ right vehicle's right rear end. That is all.

Declaration

We declare the foregoing particulars are true in every respect.

 15/02/2022
Policyholder's Signature / Date & Time

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

 15/02/2022
Witnessed by Reporting Centre Personnel



















