

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 15/04/2019 17:21 (SGT)
Date of Accident 10/04/2019 19:45 (SGT)
Exact Location of Accident BUKIT BATOK ROAD
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK4801Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD FERAZ IZKANDAR BIN ZAMEI
NRIC No S9914790C
Email Address iz.fizkandar@gmail.com
Mobile Phone No (Phone) +65-90852274
Alternative Phone No (Phone) +90852274

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YZF-R15
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 -
CC -

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D18MTMC01005744
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD FERAZ IZKANDAR BIN ZAMEI
NRIC No S9914790C

Date Of Birth	29/04/1999
Occupation	Indoor
Date Of Driving Pass	03/09/2018
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90852274
Alt. Phone Number	(Phone) +-90852274
Email Address	iz.fizkandar@gmail.com
Address	BLK 166B TECK WHYE CRESCENT #06-367
Address complement	-
Postcode	682166
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 1	-
Insurance Company of Other Vehicle Owned by Driver 1	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2	-
Insurance Company of Other Vehicle Owned by Driver 2	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3	-
Insurance Company of Other Vehicle Owned by Driver 3	-

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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material 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	Choa Chu Kang Npc
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20190410/2153.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	-
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ9879X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
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	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD FEROZ IZKANDAR BIN ZAMEI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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:

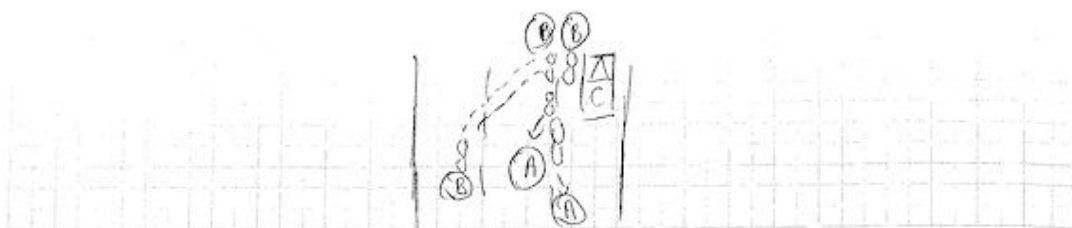
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

I/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:

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



**SINGAPORE
POLICE FORCE**



T/20190410/2153

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190410/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 16:28	Vide Report No.:	Station Diary No.: 115
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Informant's Particulars

Name of Informant: MUHAMMAD FEROUZ IZKANDAR BIN ZAMEI			Address: APT BLK 166B TECK WHYE CRESCENT #06-367 SINGAPORE 682166		
ID Type / ID No.: NRIC NO / S9914790C			Contact No.: Home/Office: Mobile: 90852274		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 29/04/1999	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/04/2019 07:00	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9879X	Motorcycle				Seriously Damaged	0
FBK4801Y	Motorcycle	YAMAHA	YZF-R15	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4801Y	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC0100574 4	15/09/2018	14/09/2019



**SINGAPORE
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T/20190410/2153

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190410/2153

CONTINUATION OF REPORT

Brief Details.

On 10/04/2019 at about 0745hrs I was riding along Bukit Batok road on lane 3 in between cars on Lane 3 and lane 2. Subsequently as I was approaching the traffic light, the vehicles in front starts to stop and suddenly I saw a Motorcycle FBJ9879X cut in between the cars ahead of me. The motorcycle subsequently jam brake and I wasn't able to stop in time and bump into his motorcycle and his motorcycle moved forward and fell to the side hitting another vehicle. Subsequently I was conveyed to Ng Teng Fong General Hospital and I am unsure of the injuries of the other rider and the damages on my motorcycle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20190410/2153

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
Report No. T/20190410/2153

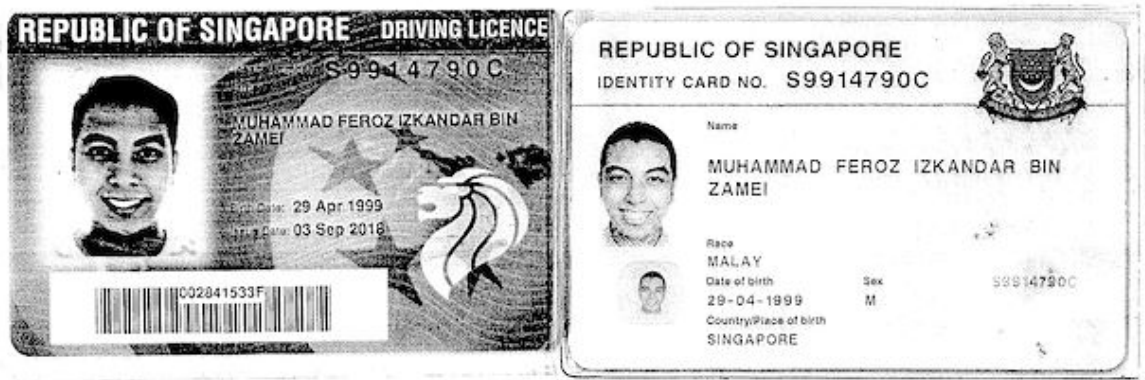
CONTINUATION OF REPORT

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.

<p>Signature Of Officer Recording The Report: J / Sgt JCH DING FENG </p> <p>Signature Of Interpreter: _____ Not applicable</p> <p>Singapore Police Force</p> <p>Officer In Charge Of Case: TP/GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202</p>	<p>Signature Of Informant: </p> <p>Date/Time: 10/04/2019 16:28</p> <p>Classification Of Case:</p>
<p>Authentication Stamp NP168</p>	



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

03 Sep 2018

NP 428A



5333075



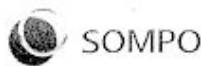
Date of issue

24-07-2014

APT BLK 186B TECK WHYE CRESCENT #06-367
 SINGAPORE 682166

NRIC No: S9914790C

Date: 10/10/2014 (R)



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/02 Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co. Reg. No.: 199905400E | GST Reg. No.: M200903109

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No. : D18MTMC01005744
Insured : MUHAMMAD FERAZ IZKANDAR BIN ZAMEI
Motor Vehicle (Regn No.) : FBK4801Y
Cover : Third Party, Fire & Theft
Policy Commencement Date : 15 SEPTEMBER 2018 09:00
Policy Expiry Date : 14 SEPTEMBER 2019 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : MUHAMMAD FERAZ IZKANDAR BIN ZAMEI
Named Driver 2 : ZAMEI BIN MADON
HIRE PURCHASE OWNER : GLOBAL MOTOR PTE LTD

This Bike Is Still Under Hire Purchase With
GLOBAL MOTOR PTE LTD
No Addrider, Renewal Terminate
Or Lay Up Is Allowed

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

MUHAMMAD FERAZ IZKANDAR BIN ZAMEI, ZAMEI BIN MADON

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 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 02)

Sompo Insurance Singapore Pte. Ltd.

Stella

Authorised Signatory

Date/Time of Issue : 15 SEPTEMBER 2018 09:00

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 XJ0ZHW4M4LLTMKAJ









