

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 27/06/2022 13:20 (SGT)
Reported by Both
Date of Accident 23/06/2022 15:00 (SGT)
Exact Location of Accident W Coast Hwy, Singapore
Additional Location Information TOWARDS PANDAN (BEFORE WEST COAST LINK)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR5100T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN
NRIC No SXXXX867J
Email Address cs8558cs@gmail.com
Mobile Phone No (Phone) +65-89155275
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV150
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 Auto
CC 149

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D21MTMC01004044

DRIVER

Name of Driver MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN
NRIC No SXXXX867J
Date Of Birth 26/03/1975
Occupation Indoor

Date Of Driving Pass	23/12/1992
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89155275
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 93A TELOK BLANGAH STREET 31 #04-163
Address complement	-
Postcode	101093
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	DRIZZLING
Road Surface	Wet

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?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ULFAH KHALIESAH BINTI MOHD SUFFIAN
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20220623/7037

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL7690T
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN
Gender	Male
Phone No	(Phone) +65-89155275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR5100T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ULFAH KHALIESAH BINTI MOHD SUFFIAN
Gender	Female
Phone No	(Phone) +65-89155275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR5100T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

WEST COAST HIGHWAY TOWARDS PANDORA

A = FBR 5100 T

B = SKL 7690 T

Describe Circumstances of the Accident

Refer to police report
T12022062317037

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
me

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

Witnessed by Reporting Centre
Personnel























**SINGAPORE
POLICE FORCE**



T/20220623/7037

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

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Report No. T/20220623/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2022 19:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN			Address: 93A TELOK BLANGAH STREET 31 #04-163 SINGAPORE 101093		
ID Type / ID No.: NRIC NO / S7506867J			Contact No.: Home/Office: Mobile: 89155275		
Nationality: SINGAPORE CITIZEN			Email: SUFFIAN.ZAIBIDIN@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 26/03/1975	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Security Officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2022 15:00	Type of Location: Straight Road
Location: WEST COAST HIGHWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBR5100T	Motorcycle	HONDA	ADV150 ABS CVT	Red	Seriously Damaged	1
SKL7690T	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20220623/7037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR5100T	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100404 4	27/07/2021	26/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	ULFAH KHALIESAH MOHAMMAD SUFFIAN	ID No.	T1390934I
Related Vehicle	FBR5100T (Motorcycle)	Contact No.	89155275
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/06/2022	Date	23/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Rider			
Name	MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN	ID No.	S7506867J
Related Vehicle	FBR5100T (Motorcycle)	Contact No.	89155275
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/06/2022	Date	23/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was traveling along West Coast Highway towards Pandan, while I'm coming near to the junction of West coast Link, suddenly a car (SKL7690T) cut into my lane from lane 1 and collided onto my bike, the impact cause my daughter and myself to fall off the bike.

My daughter Ulfah Khaliesah Mohammad Suffian, T1390934I.

Traffic police were on the accident scene.

Both my daughter and myself suffered injuries at our neck, hands, legs and body area. We visited Clementi Family & Aesthetic Clinic and was both given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20220623/7037

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Report No. T/20220623/7037

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20220623/7037

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Report No. T/20220623/7037

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 /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

NP168

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

Date/Time:
23/06/2022 19:15

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09226R0004 Vehicle Registration No: 4BR 57007
 Name (as shown in NRIC): Mr. Hamman Suffian NRIC/FIN/Passport No: XXXX8675
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 89155275
 Email Address: _____

Date of Accident: _____ Time of Accident: _____
 Place of Accident: West Coast Highway Towards Pandan (Before West Coast Link)
 Insurance Company: Sompo

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To sign on SKETCH PLAN

Policyholder / Driver's Signature
Date:

29/06/2022
Reporting Centre Personnel's Signature
Name: Rafael Wong
NRIC/FIN No.:
Date: