

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 Actual 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 17/08/2022 17:24 (SGT)
Reported by Both
Date of Accident 16/08/2022 18:45 (SGT)
Exact Location of Accident Woodlands Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL9648K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAHMAT BIN MUHAMED
NRIC No SXXXX621J
Email Address rahmat.super4@gmail.com
Mobile Phone No (Phone) +65-93210444
Alternative Phone No -

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 - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 399

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTMC01001367

DRIVER

Name of Driver RAHMAT BIN MUHAMED
NRIC No SXXXX621J
Date Of Birth 08/10/1975
Occupation Indoor

Date Of Driving Pass	06/10/1995
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93210444
Alt. Phone Number	-
Email Address	rahmat.super4@gmail.com
Address	BLK 318 WOODLANDS STREET 31 #09-166
Address complement	-
Postcode	730318
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	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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220817/2049

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	GBF8880T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	RAHMAT BIN MUHAMED
Gender	Male
Phone No	(Phone) +65-93210444
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBL9648K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

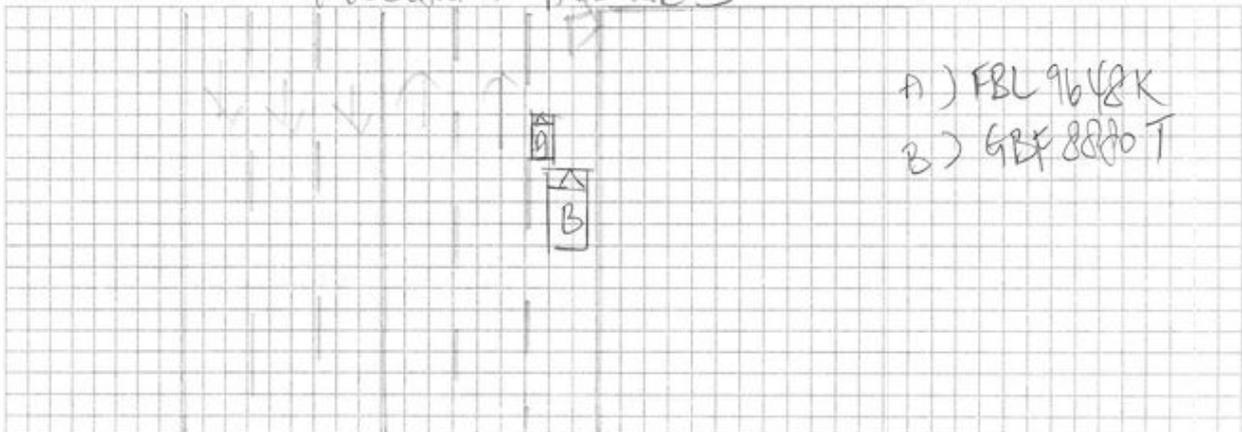
 17/8/22
 Policyholder's Signature / Date & Time 15.32hrs

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

 17/08/2022
 Witnessed by Reporting Centre Personnel

Sketch Plan

WOODLAND AVENUE 3

















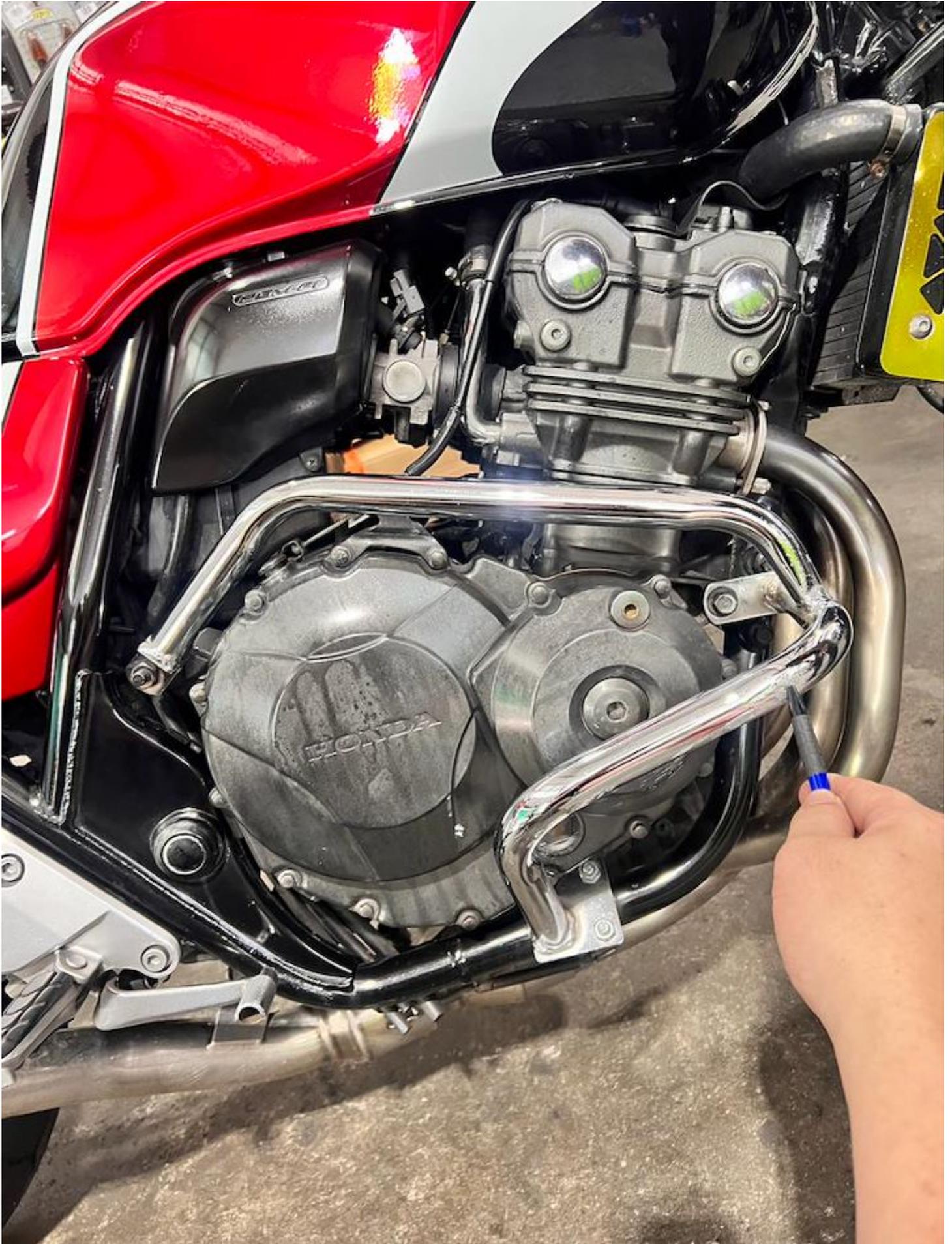








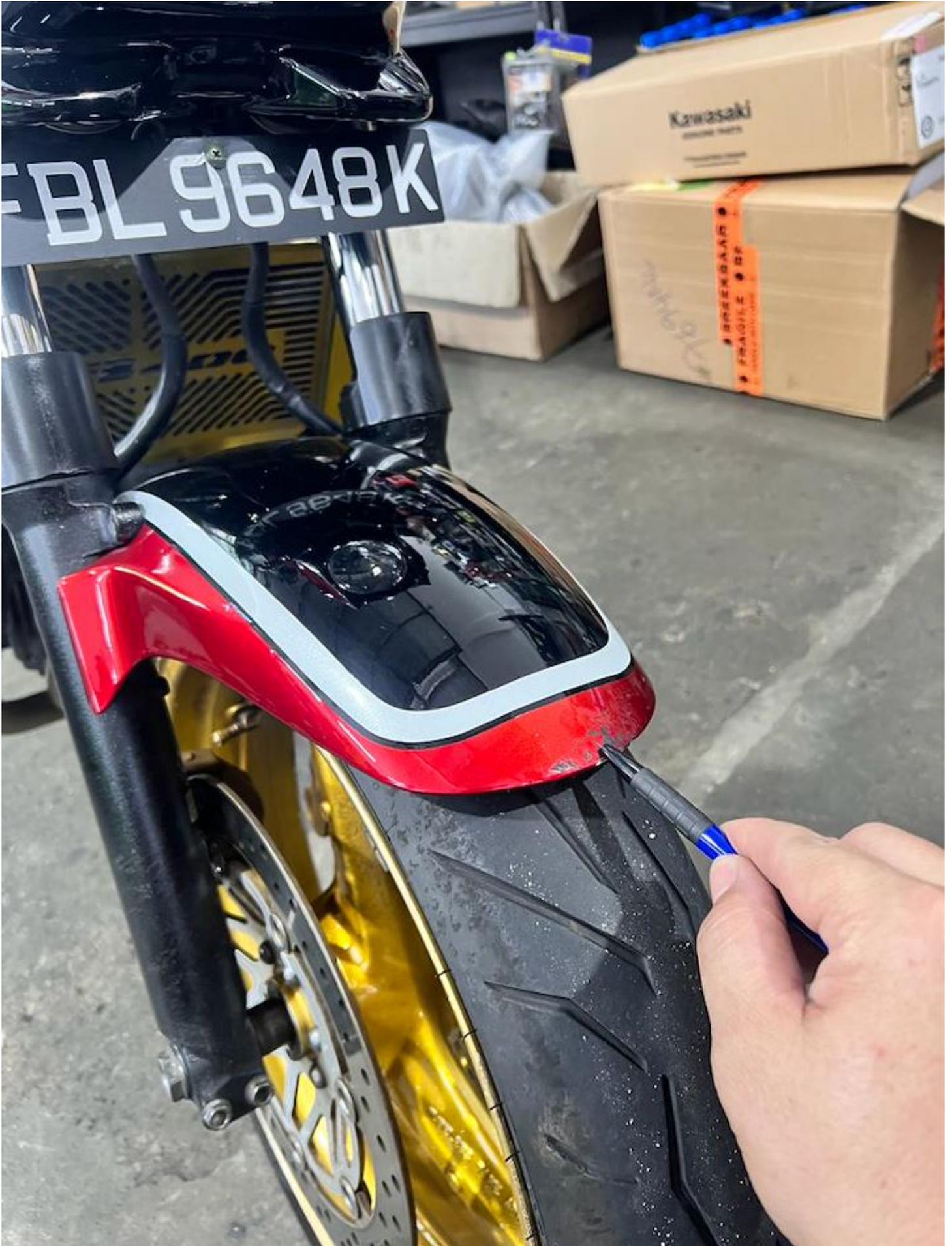

























**SINGAPORE
POLICE FORCE**


T/20220817/2049

1 of 3

Report No. T/20220817/2049

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2022 14:21	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars			
Name of Informant: RAHMAT BIN MUHAMED		Address: APT BLK 318 WOODLANDS STREET 31 #09-166 SINGAPORE 730318	
ID Type / ID No.: NRIC NO / S7530621J		Contact No.: Home/Office: Mobile: 93210444	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 08/10/1975	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: SAFETY OFFICER		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/08/2022 18:45	Type of Location: Straight Road
Location: WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
FBL9648K	Motorcycle	HONDA	CB400	Black	Slightly Damaged	0
GBF8880T	Van	TOYOTA		Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9648K	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100136 7	04/03/2022	03/03/2023


**SINGAPORE
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Police Station Of Origin:
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27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999



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Report No. T/20220817/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAHMAT BIN MUHAMED	ID No.	S7530621J
Related Vehicle	FBL9648K (Motorcycle)	Contact No.	93210444
Hospital/Clinic	WOODLANDS POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	17/08/2022	Date Discharge	17/08/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 16/08/2022 at about 1845hrs, I was riding my personal motorcycle (FBL9648K) on the extreme right lane along Woodlands Avenue 3 and came to a complete stop at a traffic light junction of Woodlands Avenue 3 to Woodlands Avenue 1.

I wanted to turn right towards Woodlands Avenue 1 and had stationed my vehicle of the extreme right lane as the traffic light signal was in 'Red'. As the traffic light turn 'Green', I was about to move off when out of the sudden I felt a hard impact from the rear of my motorcycle causing me to fall off from my motorcycle. I get up and saw a Singapore Van (GBF8880T) had collided onto the rear of my vehicle.

We then exchange our particulars. My vehicle damaged as follow: front fending damaged, Handler bar, crashbar and exhaust dented. The said van driver informed his company about the matter and informed to lodge a police report.

On 17/08/2022 at about 0915hrs, I went to Woodlands Polyclinic to seek medical treatment and was given 03-day medical leave.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999



T/20220817/2049

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Report No. T/20220817/2049

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:

L /
SGT 1 MUHAMMAD SHARIN BIN ROSLI 

Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

17/08/2022 14:21

Officer In Charge Of Case:

TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168