

# 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 ..... 19/08/2022 16:05 (SGT)  
Reported by ..... Both  
Date of Accident ..... 13/05/2022 18:00 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS CHANGI  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR8299J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD NOR DANISH BIN SUHAIMI  
NRIC No ..... TXXXX091H  
Email Address ..... dxnish10171@gmail.com  
Mobile Phone No ..... (Phone) +65-92975242  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Mx king t150  
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 ..... 150

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTMC01001421

### DRIVER

Name of Driver ..... MUHAMMAD NOR DANISH BIN SUHAIMI  
NRIC No ..... TXXXX091H  
Date Of Birth ..... 13/09/2003  
Occupation ..... Outdoor

Date Of Driving Pass .....	25/01/2022
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92975242
Alt. Phone Number .....	-
Email Address .....	dxnish10171@gmail.com
Address .....	BLK 55 LENGKOK BAHRU #04-427
Address complement .....	-
Postcode .....	151055
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) .....	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 .....	HAMAS
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tiong Bahru Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007759999
Alt. Police Station Phone No .....	(Fax) +65-67764246
Police Station Address .....	Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220817/2122

#### 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 .....	SND3169R
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MERVIN
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 .....	MUHAMMAD NOR DANISH BIN SUHAIMI
Gender .....	Male
Phone No .....	(Phone) +65-92975242
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBR8299J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	HAMAS
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBR8299J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT 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.

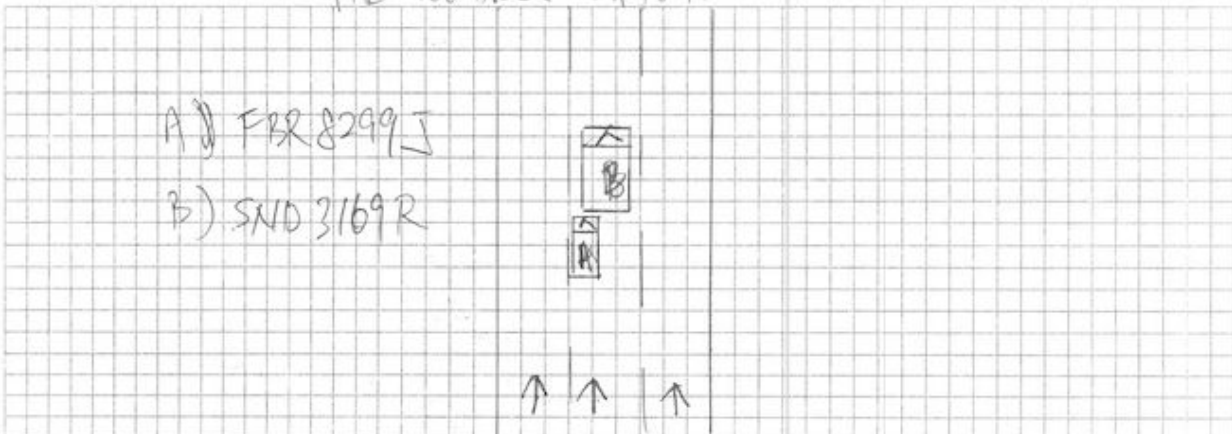
Driver's Signature / Date & Time  
 19/08/22 15:33

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

Witnessed by Reporting Centre Personnel  
 19/08/2022

**Sketch Plan**

PIE TOWARDS CHANGI



## Describe Circumstances of the Accident

REFUSE TO POLICE REPORT 7/2022 08/17/2122

## Declaration

We declare the foregoing particulars are true in every respect.

Driver 19/08/22 15:53  
Policyholder's Signature / Date &  
Time

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

19/08/2022  
Witnessed by Reporting Centre  
Personnel


























**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999



T/20220817/2122

1 of 3

Report No. T/20220817/2122

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/08/2022 22:01	Vide Report No.:	Station Diary No.: 43
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**Informant's Particulars**

Name of Informant: MUHAMMAD NOR DANISH BIN SUHAIMI	Address: APT BLK 55 LENGKOK BAHRU #04-427 SINGAPORE 151055
ID Type / ID No.: NRIC NO / T0325091H	Contact No.: Home/Office: Mobile: 92975242
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 18 Date of Birth: 13/09/2003	Type of Informant: Rider
Race: Javanese	Language: Institution / School Name:
Occupation: PART TIME	Driving Licence Information: Class: 2B Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/05/2022 18:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Sunny	Road Surface: Dry		Road Speed Limit: 80 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled		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
FBR8299J	Motorcycle	YAMAHA	MX KING T150 MANUAL	Black	Slightly Damaged	2
SND3169R	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999



T/20220817/2122

2 of 3

Report No. T/20220817/2122

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR8299J	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01001421	07/03/2022	06/03/2023

**Brief Details.**

On 13/05/2022 at about 1800hrs, I was riding my motorcycle FBR8299J along PIE at Toa Payoh with a pillion in the middle lane of the expressway. Subsequently, I noticed that I had missed my exit and was looking for the next one. As I needed to exit the expressway at the next exit, I had to change to the left lane. While checking for the blind spot on the left, the traffic had suddenly slowed down and upon turning my head back to the front, it was too late and I had collided with the vehicle (SND3169R) in front of me and fell onto the ground. I suffered cuts on both my elbows, right leg and right knee. My pillion suffered cuts on his right knuckle and right thigh however we were both conscious. Subsequently, passing by riders had stopped and assisted me and my pillion to the side of the road for safety. An ambulance was activated to scene and made a check on both me and my pillion to ensure that we were alright and we both refused conveyance. Thereafter, two tow trucks came to tow both the car and my motorcycle separately.

On 17/08/2022 at about 1600hrs, I was notified by WhatsApp from my motorcycle company informing me that the other party has submitted an insurance claim for the accident and to lodge a traffic accident report for the insurance claim. I would like to state that as I am new to riding, I did not know what to do prior to the notification as such did not proceed to lodge a traffic accident report.



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999



T/20220817/2122

3 of 3

Report No. T/20220817/2122

## 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:  
A /  
SGT 2 YONG JUN XIAN,  
SHERVIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/08/2022 22:01

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168