



## 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

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.

#### 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Denig 19/08/22 15:33

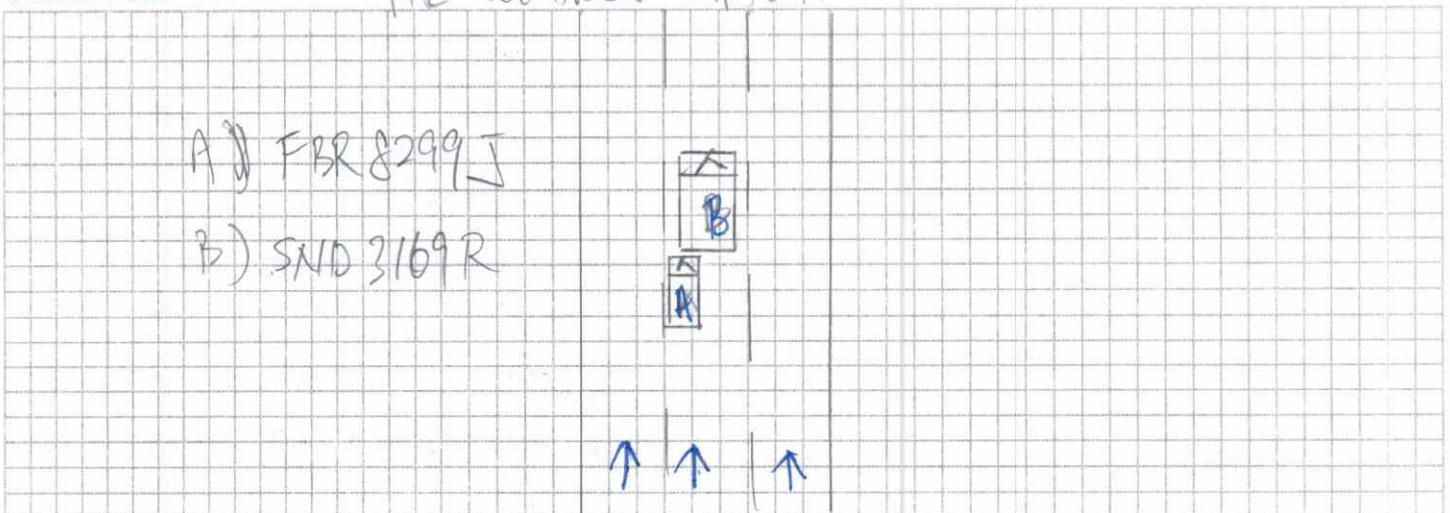
Policyholder's Signature / Date & Time

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

19/08/2022  
Witnessed by Reporting Centre Personnel

### Sketch Plan

PIE TOWARDS CHANGI



**Describe Circumstances of the Accident**

REFUL TO POLICE REPORT 7/20220817/2122

**Declaration**

We declare the foregoing particulars are true in every respect.

Driver 19/08/22 15:33  
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



T/20220817/2122

1 of 3

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

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	
<b>Informant's Particulars</b>					
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:	

<b>General Information of the Accident</b>				
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

<b>Details of Vehicle Involved</b>						
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

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20220817/2122

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

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.	D22MTMC0100142 1	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**



T/20220817/2122

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

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 Interpreter:  
Not applicable

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

Signature Of Informant:

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

Classification Of Case:

## ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 05 / 2022) (DD/MM/YYYY), TIME: (18 00) (HH:MM)

LOCATION: AE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 8299 J  
b) INSURANCE COMPANY: SOMPO  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA mx king v2  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: MUHAMMAD NOR DANISH BIN SUHAIMI (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: T0325091H CONTACT: 92975242  
C) ADDRESS: BLK 55 Lengkok Bahru. #04-2427

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: as above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (13 / 09 / 2003) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25/1/2022

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TIONG BAHRU NPP

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SND 3169 R MODEL: MAZDA  
b) DRIVER'S NAME: Mervin  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

HAMAS

No of passenger  
(including driver)  
(2)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

Email: dmish10171@gmail.com

VIDEO

**Certificate of Insurance**

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : D22MTMC01001421  
Insured : MUHAMMAD NOR DANISH BIN SUHAIMI  
Motor Vehicle (Regn No.) : FBR8299J  
Cover : Third Party, Fire & Theft  
Policy Commencement Date : 07 MARCH 2022 14:24  
Policy Expiry Date : 06 MARCH 2023 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$300 - Section I  
Named Driver 1 : MUHAMMAD NOR DANISH BIN SUHAIMI  
HIRE PURCHASE OWNER : SPEED ZONE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
MUHAMMAD NOR DANISH BIN SUHAIMI

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.

**Limitation As to Use**

- (a) Use only for social, domestic and pleasure purposes and in connection with the Insured's business or profession  
(b) Use for food / parcel / other delivery services

The Policy does not cover

- (i) Use for racing pacemaking, reliability trial or speed-testing  
(ii) Use for the carriage of passengers for hire or reward  
(iii) Use for any purpose in connection with the Motor Trade

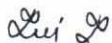
**Accident Reporting**

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](http://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.04)

**Sompo Insurance Singapore Pte. Ltd.**



Authorised Signatory

Date/Time of Issue : 07 MARCH 2022 14:24

**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: MY100 J4D5H54N4RBDMYAJ