

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 21/06/2021 16:06 (SGT)
Date of Accident 18/06/2021 18:30 (SGT)
Exact Location of Accident 708 Tampines Street 71, Block 708, Singapore 520708
Additional Location Information NEAR ENTRANCE CARPARK (TMT31)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK2401G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ZAHIN BIN HATMAN
NRIC No S9018027D
Email Address md.zahin.hatman@gmail.com
Mobile Phone No (Phone) +65-96663974
Alternative Phone No +65-96663974

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400x
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 400

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC01002221
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD ZAHIN BIN HATMAN
NRIC No S9018027D

Date Of Birth	23/05/1990
Occupation	Indoor
Date Of Driving Pass	27/12/2019
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96663974
Alt. Phone Number	+65-96663974
Email Address	md.zahin.hatman@gmail.com
Address	BLK 707 TAMPINES STREET 71 #09-88
Address complement	-
Postcode	520707
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 - U-Turn
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT, STATEMENT AND SKETCH

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP7064S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

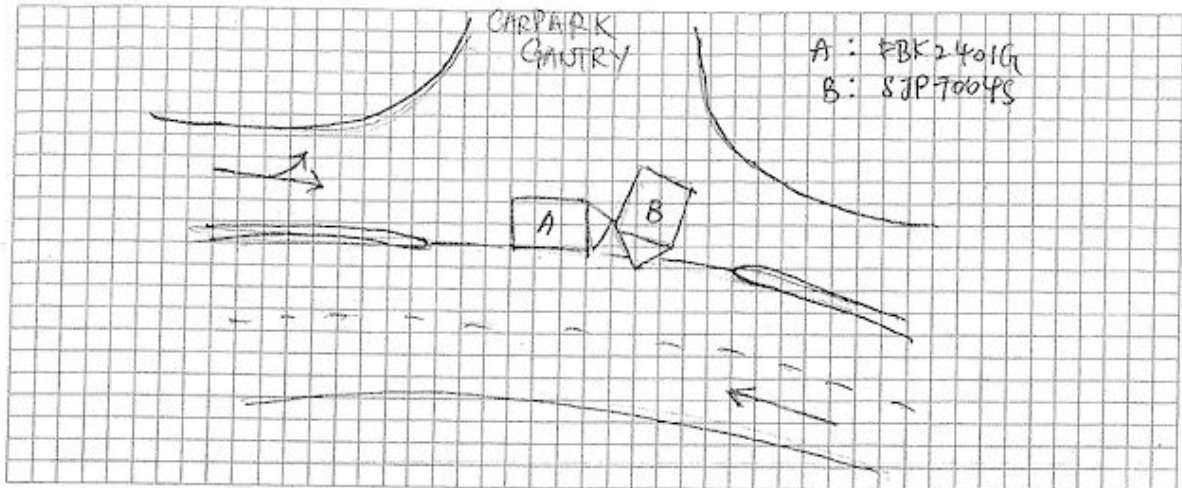
Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD ZAHIN BIN HATMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ATTACHED MC AND INVOICES
Injured person in which vehicle?	FBK2401G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

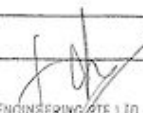
Refer to Police Report 1 ~~7/2012~~ 7/20210619/2022

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 21 JUN 21
1115

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

COMFORTDELORO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, UBI BRANCH
NAME & SIGNATURE: 
DESIGNATION: DATE:

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

SKETCH PLAN**IMPORTANT NOTICE**

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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 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: 21 JUN 2015

115

Driver's Signature

(If driver is not the policyholder)

Date & Time:

COMFORTDELGRO ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV. UBI BRANCH

NAME & SIGNATURE:

DESIGNATION: DATE:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #03-03
 Singapore Land Tower, Singapore 048623
 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg
 Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

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. : D21MTMC01002221
 Insured : MUHAMMAD ZAHIN BIN HATMAN
 Motor Vehicle (Regn No.) : FBK2401G
 Cover : Third Party, Fire & Theft
 Policy Commencement Date : 05 APRIL 2021 13:40
 Policy Expiry Date : 04 APRIL 2022 23:59
 Maximum Liability (Section I) : Market value at time of loss
 Excess* : \$500 - Section I
 Named Driver 1 : MUHAMMAD ZAHIN BIN HATMAN
 HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
 MUHAMMAD ZAHIN BIN HATMAN

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 03)

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 05 APRIL 2021 13:40

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 XNDPOP4N4FTDMAJ



Changi
General Hospital
SingHealth

Payment Enquiries: 6407 8108 Email: payment@lfss.com.sg
Mon-Fri 8.30am-6.00pm Sat 8.30am-12.30pm

PAGE: 1 / 1

GST Registration No.: M90368910N

ORIGINAL RECEIPT

CAEMAJ

18.06.2021 21:05 hrs

Bill To

MUHAMMAD ZAHIN BIN HATMAN
707 TAMPINES STREET 71
TAMPINES SUNRISE
#09-88 SINGAPORE 520707

MRN/NRIC : S9018027D
CASE NUMBER : 6921358438B
CUSTOMER : 3025118928
A&E VISIT : 18.06.2021 19:52

Name of Patient MUHAMMAD ZAHIN BIN HATMAN

Service Description

Amount (\$)

X-RAY INVESTIGATIONS
DRUGS / PRESCRIPTIONS / INJECTIONS
A&E ATTENDANCE FEE

Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
141.00	0.00
5.90	0.00
256.00	126.00

TOTAL CHARGES
LESS : GOVERNMENT GRANT

402.90	
276.90-	

AMOUNT PAYABLE BEFORE TAX
ADD : 7% GST

PAYMENT: 126.00
PAYMENT: 8.82

AMOUNT PAYABLE AFTER TAX
LESS : GST ABSORBED BY THE GOVERNMENT

134.82
8.82-

NET AMOUNT PAYABLE

126.00

PAYMENT

MUHAMMAD ZAHIN BIN HATMAN

126.00-

AMOUNT DUE

MUHAMMAD ZAHIN BIN HATMAN

0.00

FOR INFORMATION:

ST: P SN: S9018027D

PAYMENT DETAILS

NAME
MUHAMMAD ZAHIN BIN HATMAN

DATE
18.06.2021

AMOUNT
126.00

PAYMENT TYPE
VISA/MASTERCARD

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement> Section B> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers> Services> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/NETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R10

Please attach this portion to your cheque payment.

18.06.2021

21:05 hrs

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Robinson Road Post Office, PO Box 2093, Singapore 904093.

Amount Enclosed : \$

Cheque No./Bank :

MRN/NRIC : S9018027D
CASE NUMBER : 6921358438B
ADMISSION DATE : 18.06.2021

S9018027D MUHAMMAD ZAHIN BIN HATMAN



Changi
General Hospital
SingHealth

Payment Enquiries: 6407 8108 Email: payment@lfs.com.sg
Mon-Fri 8.30am-6.00pm Sat 8.30am-12.30pm

PAGE: 2 /

GST Registration No.: M90368910N

ORIGINAL RECEIPT

CAEMAJ

18.06.2021 21:05 hrs

Bill To

MUHAMMAD ZAHIN BIN HATMAN
707 TAMPINES STREET 71
TAMPINES SUNRISE
#09-88 SINGAPORE 520707

MRN/NRIC : S9018027D
CASE NUMBER : 6921358438B
CUSTOMER : 3025118928
A&E VISIT : 18.06.2021 19:52

Name of Patient MUHAMMAD ZAHIN BIN HATMAN

Service Description

Amount (\$)

THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTERCARD PAYMENT OF \$126.00 RECEIVED ON 18.06.2021.

TYPE OF SUPPLY: CASH/CREDIT

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statements Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash-outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R1

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Robinson Road Post Office, PO Box 2093, Singapore 904093.

Amount Enclosed: \$

Cheque No./Bank:

S9018027D MUHAMMAD ZAHIN BIN HATMAN

CGH S9018027D 6921358438B

18.06.2021 21:05 hrs

BALANCE DUE : S\$ 0.00

MRN/NRIC : S9018027D

CASE NUMBER : 6921358438B

ADMISSION DATE : 18.06.2021

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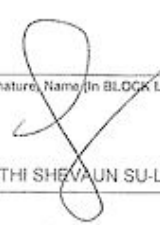


Changi
General Hospital
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD2021109170

Name MUHAMMAD ZAHIN BIN HATMAN		NRIC No. S9018027D
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>18-Jun-2021</u> to <u>22-Jun-2021</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis Road Traffic Accident	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 18-Jun-2021	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  SETHI SHEVAUN SU-LYN, 631151















**SINGAPORE
POLICE FORCE**



T/20210619/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20210619/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2021 13:45	Vide Report No.: G/20210618/0157	Station Diary No.: 43
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD ZAHIN BIN HATMAN			Address: APT BLK 707 TAMPINES STREET 71 #09-88 SINGAPORE 520707		
ID Type / ID No.: NRIC NO / S9018027D			Contact No.: Home/Office: Mobile: 96663974		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 23/05/1990	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/06/2021 18:30	Type of Location: Straight Road
Location: TAMPINES STREET 71				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2401G	Motorcycle	HONDA	400X M	Red	Slightly Damaged	0
SJP7064S	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK2401G	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100222 1	05/04/2021	04/04/2022



SINGAPORE
POLICE FORCE



T/20210619/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20210619/2032

CONTINUATION OF REPORT

Brief Details.

On 18/06/2021 at about 1830hrs, I met with an accident along Block 708 Tampines Street 71, near the entrance of the carpark (TMT31). I was riding my motorcycle bearing plate no. FBK2401G. I saw the car bearing plate no. SJP7064S was driving in front of me. I thought the car was turning into the carpark. The car suddenly made an U-turn which I do not expected it as such I hit on the front right of the car (driver door). I fell off from the right side of the motorcycle and landed on the road.

My motorcycle right body frame, engine pipe, right mirror and right lever guard has scratches and brake lever bent downwards. I was also informed my motorcycle cannot be start up by the tow truck personnel. The other vehicle has dent and tire mark on the driver door.

I do not remember who called for the police but the incident was attended by the traffic police. I was conveyed by the ambulance to Changi General Hospital and was given 5 days MC (18/06/2021 to 22/06/2021). There was no passenger on my motorcycle.

No government property was damaged.

I would like to state that I do not have any video recording. The motorcycle, is my own personal motorcycle.

I am lodging this police report as requested by the IO from traffic police.



**SINGAPORE
POLICE FORCE**



T/20210619/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20210619/2032

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: G / Insp TAN YU KAI, JUSTIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/06/2021 13:45
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:
Authentication Stamp NP168 	