

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	29/08/2022 18:56 (SGT)
Reported by	Both
Date of Accident	17/08/2022 19:30 (SGT)
Exact Location of Accident	10 Kaki Bukit Rd 1, Singapore 416175
Additional Location Information	#01-09 KB INDUSTRIAL BLDG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ5403A
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DAENG MUHAMMAD FYSAL BIN D A SHUKOR
NRIC No	SXXXX024F
Email Address	daeng.fysal@gmail.com
Mobile Phone No	(Phone) +65-97511308
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15
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	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01002359

DRIVER

Name of Driver	DAENG MUHAMMAD FYSAL BIN D A SHUKOR
NRIC No	SXXXX024F
Date Of Birth	21/03/1997
Occupation	Outdoor

Date Of Driving Pass	04/01/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97511308
Alt. Phone Number	-
Email Address	daeng.fysal@gmail.com
Address	BLK 166B TECK WHYE CRESCENT #07-371
Address complement	-
Postcode	682166
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SJS3193M
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CASS SIM
Contact Number	(Phone) +65-96703221

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

SKETCH PLAN

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.

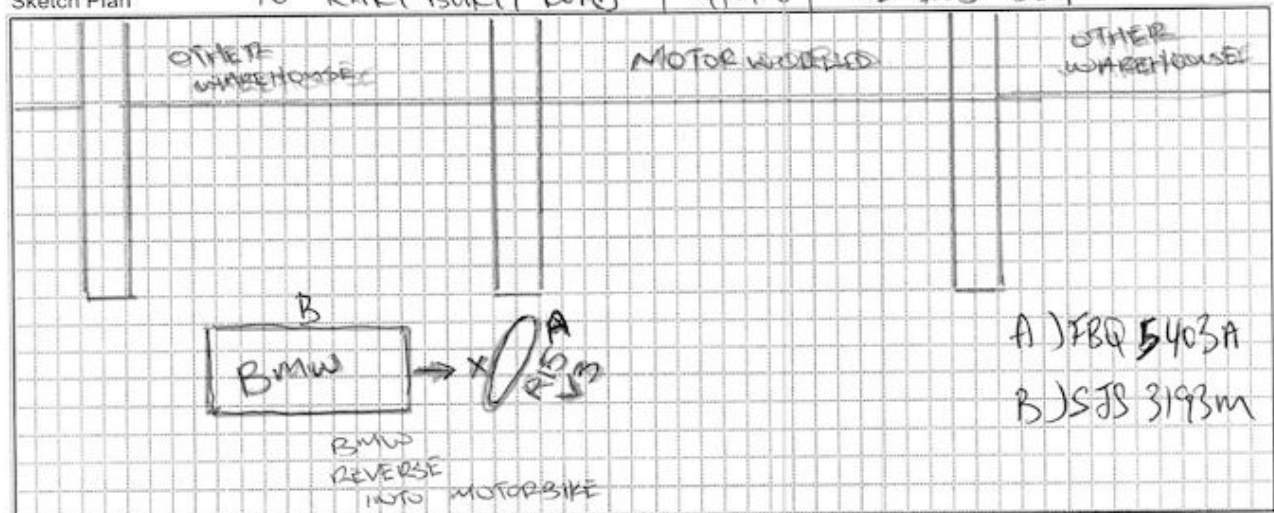
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

10 KAKI BUKIT ROAD 1 #01-09 KB IND BLDG



vJun2022

Describe Circumstance of the Accident

AT ABOUT 6.45PM I AND MY WIFE (PILLION) ARRIVED AT HOOKA MOTORWORLD TO PURCHASE A RIDING GLOVE. I PARKED JUST OUTSIDE OF THE SHOP, IN FRONT OF THEIR DUSTBINS SITUATED IN FRONT A WALL. WHEN I PARKED THE BMW WASN'T PRESENT. I AND MY WIFE PLACED OUR HELMETS ON MY MOTORBIKE AND ~~PROCEEDED~~ WENT UP TO LEVEL 2 WHERE THE APPAREL SHOP WAS LOCATED.

WHILE LOOKING AROUND, AT AROUND 7.20PM, ONE OF THE MECHANICS CAME UP TO ASK ~~WHY~~ WHO OWNED AN R15 V3 AS THERE HAD BEEN ACCIDENT SAYING THAT A CAR HAD REVERSED INTO MY ~~A~~ MOTORBIKE AND IT FELL. I MENTIONED IT WAS MINE AND RUSHED BACK DOWN.

WHEN I ARRIVED BACK TO MY BIKE, THERE WAS A WHITE BMW LOCATED ON THE LEFT SIDE OF MY MOTORBIKE. A LADY BY THE NAME OF CASS SIM WAS THE DRIVER. WAS AT THE SCENE. ALONG WITH AN ELDER LADY CLAIMING SHE WAS FROM ANOTHER WAREHOUSE SHOP FURTHER DOWN.

TAKE NOTE WHEN I ARRIVED MY MOTORBIKE WAS STANDING. SOMEONE ~~ASKED CASS WHAT HAD HAPPENED~~ HAD CARRIED MY BIKE BACK UP. I AM NOT SURE WHO.

I ASKED CASS WHAT HAD HAPPENED. SHE SAID THAT SHE REVERSED INTO MY MOTORBIKE. I THEN INSPECTED MY ~~BE~~ BIKE FOR DAMAGES. MY LEFT AND RIGHT SIGNAL LIGHT BROKE. MY RIGHT SIDE MIRROR SCRATCHED. MY ~~SET~~ RIGHT SLIDER ~~BENT~~ BENT BACKWARDS. MY BACK LICENSE PLATE FOLDED AT ONE OF THE CORNERS. MY LEFT REAR SIGNAL LIGHT BROKE. MY CARBON EXHAUST COVER BADLY SCRATCHED DEEP AND HAS SOME CHIPPED PARTS. MY LEFT LEVER GUARD BROKE AND MY ~~HELMET~~ BOTH MY HELMET AND MY WIFE'S SCRATCHED DUE TO THE FALL.

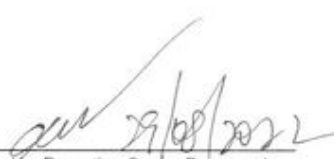
WE THEN EXCHANGED NUMBERS IN HOPE OF PRIVATE SETTLEMENT HOWEVER SHE AND HER HUSBAND CANNOT ~~WENT~~ COME TO AN AGREED PRICE. HENCE INSURANCE CLAIM.

Declaration

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

 29/08/22-
Policyholder's Signature / Date & Time

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

 29/08/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

















