

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	01/09/2022 15:38 (SGT)
Reported by	Both
Date of Accident	31/08/2022 13:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEW UPPER CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR507L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL MATIN BIN ABDUL HADI
NRIC No	S9143572A
Email Address	MATINBEE@GMAIL.COM
Mobile Phone No	(Phone) +65-81125316
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV150
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	150

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01001801

DRIVER

Name of Driver	ABDUL MATIN BIN ABDUL HADI
NRIC No	S9143572A
Date Of Birth	09/11/1991
Occupation	Indoor

Date Of Driving Pass	16/03/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81125316
Alt. Phone Number	-
Email Address	MATINBEE@GMAIL.COM
Address	225 PASIR RIS ST 21 #02-64 S510225
Address complement	-
Postcode	-
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 - Change/cross lane
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT

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	SMZ1022P
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	ABDUL MATIN BIN ABDUL HADI
Gender	Male
Phone No	(Phone) +65-81125316
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR507L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	KENNETH YEONG
Phone	(Phone) +65-91865225
Email	-

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 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")

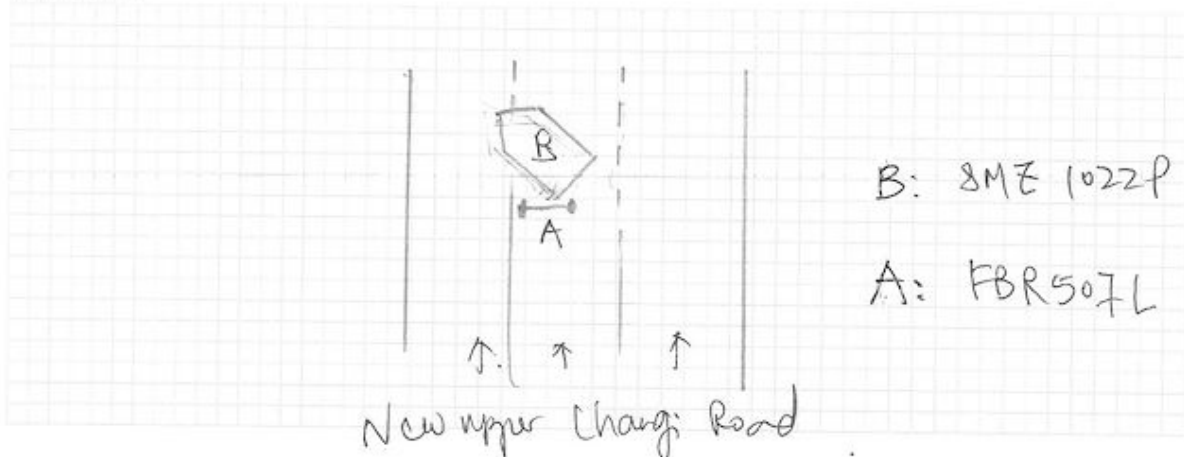
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

Witnessed by Reporting Centre Personnel **LEK SU ENG**


Sketch Plan

Describe Circumstances of the Accident

Refer to police report attached.

Declaration

We declare the foregoing particulars are true in every respect.

 01/09/24 2.30pm
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre
Personnel LEK SIU ENG



























SINGAPORE POLICE FORCE



T/20220831/2100

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20220831/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2022 22:50	Vide Report No.:	Station Diary No.: 76
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Informant's Particulars

Name of Informant: ABDUL MATIN BIN ABDUL HADI			Address: APT BLK 225 PASIR RIS STREET 21 #02-64 SINGAPORE 510225	
ID Type / ID No.: NRIC NO / S9143572A			Contact No.: Home/Office: Mobile: 81125316	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 30	Date of Birth: 09/11/1991	Type of Informant: Rider	
Race: Bugis			Language:	Institution / School Name:
Occupation: Barista			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2022 13:10	Type of Location: T-Junction
Location: NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
FBR507L	Motorcycle	HONDA	ADV150 ABS CVT	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR507L	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100180 1	28/03/2022	27/03/2023



**SINGAPORE
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T/20220831/2100

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20220831/2100

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL MATIN BIN ABDUL HADI	ID No.	S9143572A
Related Vehicle	FBR507L (Motorcycle)	Contact No.	81125316
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	31/08/2022	Date Discharge	31/08/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 31/8/2022 at about 1.10pm, I was travelling along New Upper Changi Road towards Kembangan, on the 2nd lane. When I was approaching a traffic light, suddenly a vehicle, from the 1st lane, made a lane change. I was not able to stop in time and subsequently hit onto the left rear of the vehicle. I then fell to the left. I sustained injuries on my right elbow and also on my right chest area.

There was a witness, who assisted me to view the camera of his vehicle. His contact number is 91865225.

There were no ambulance or Traffic Police that came to the scene. I proceeded to Changi General Hospital on my own. The damages on my vehicle are broken left mirror, broken left signal light and major scratches on the body frame, however it is still functioning. As of now, I do not know if there are any other damages on my vehicle as I will be sending it to the workshop to get it checked.

The other driver's particulars:
Gwee Chwee Kim Loewienstien
S1412289C
B/126 Koon Seng Road #05-07
HP: 90021119



**SINGAPORE
POLICE FORCE**



T/20220831/2100

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20220831/2100

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 /
SGT 3 AMAL NADHIRAH BINTE
JUFRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/08/2022 22:50

Officer In Charge Of Case:

TP / AEIT /
SR STAFF SGT FAH KRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168