



## 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	28/09/2022 12:34 (SGT)
Reported by	Both
Date of Accident	27/09/2022 08:10 (SGT)
Exact Location of Accident	Lor Chuan, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR5412T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TANARAJ S/O VELLKANNOO
NRIC No	SXXXX682F
Email Address	tanarajsu@yahoo.com.sg
Mobile Phone No	(Phone) +65-91835040
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Royal Enfield
Model	CONTINENTAL GT 650
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	648

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTMC01006275

### DRIVER

Name of Driver	TANARAJ S/O VELLKANNOO
NRIC No	SXXXX682F
Date Of Birth	25/06/1981
Occupation	Outdoor

Date Of Driving Pass	21/10/2003
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91835040
Alt. Phone Number	-
Email Address	tanarajsu@yahoo.com.sg
Address	BLK 224 SERANGOON AVENUE 4 #02-159
Address complement	-
Postcode	550224
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	Side Swipe
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)	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?	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	SLJ2959B
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PHILIP TANG
Contact Number	(Phone) +65-97424441

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

Describe Circumstance of the Accident

On 27092022 morning about 0810 am a car at long Lor Chuan suddenly change lane because of a bicycle in front of him. Due to that the ~~hit~~ car hit my right side of my bike foot rest and causing it to brake and bent my exhaust pipe.

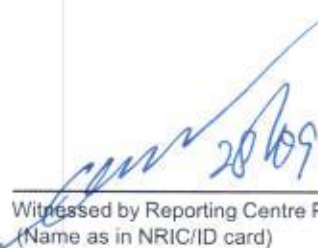
Declaration

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

 1225pm  
28/9/2022

Policyholder's Signature / Date & Time

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

 28/09/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 27/09/2022 ) (DD/MM/YYYY), TIME: ( 08:10 ) (HH:MM)

LOCATION: LOR CHUAN

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 5412 T  
 b) INSURANCE COMPANY: SOMPO  
 c) POLICY NUMBER: 021MTMC01006275  
 d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
 e) MAKE & MODEL: Royal Enfield GT 650  
 f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
 g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 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: TANAKAJ S6 VELLAKANNOD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8119682F CONTACT: 91835040  
 c) ADDRESS: BLK 224 SERANGOON AVE 4 # 02-159

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

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

- \* d) DATE OF BIRTH: ( 25/06/1981 ) (DD/MM/YYYY)  
 e) OCCUPATION: ( INDOOR / OUTDOOR )  
 f) DATE OF DRIVING PASS: 21 Oct 2003  
 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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ 2959B MODEL: Toyota wish  
 b) DRIVER'S NAME: A Philip Tang  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9742 4444

## 9. THIRD PARTY VEHICLE

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

email =  
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.** : D21MTMC01006275  
**Insured** : TANARAJ S/O VELLAKANNOO  
**Motor Vehicle (Regn No.)** : FBR5412T  
**Cover** : Third Party, Fire & Theft  
**Policy Commencement Date** : 13 OCTOBER 2021 17:16  
**Policy Expiry Date** : 27 JANUARY 2023 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$750 - Section I  
**Named Driver 1** : TANARAJ S/O VELLAKANNOO  
**HIRE PURCHASE OWNER** : REVO FINANCIAL PTE LTD

\* Subject to GST wherever applicable

**Persons or Classes of Persons entitled to drive\***  
TANARAJ S/O VELLAKANNOO

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

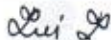
**Accident Reporting**

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](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 : 13 OCTOBER 2021 17:16

**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: MY3-3RIDPM22RYFMBVYA

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SL0922930001 Vehicle Registration No: FR2 54127  
Name (as shown in NRIC): Tanay S/o Velupillay NRIC/FIN/Passport No: XXXXX682F  
(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 91835040  
Email Address: \_\_\_\_\_  
Date of Accident: 27/09/2022 Time of Accident: 08:10  
Place of Accident: BRANK CHAN  
Insurance Company: Sompo

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT TO 27/09/2022

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

28/09/2022  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: 2