

## 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 .....              | 04/11/2022 17:12 (SGT)     |
| Reported by .....                     | Both                       |
| Date of Accident .....                | 03/11/2022 06:10 (SGT)     |
| Exact Location of Accident .....      | New Loyang Link, Singapore |
| Additional Location Information ..... | -                          |
| Country/State of Loss .....           | Singapore                  |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | FBK4479U |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | ROSLAN BIN MOHD OMAR |
| NRIC No .....                  | S1689667E            |
| Email Address .....            | roslano79@gmail.com  |
| Mobile Phone No .....          | (Phone) +65-96822823 |
| Alternative Phone No .....     | -                    |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Cbx400x                   |
| 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. |
| Policy Number / Cover Note Number ..... | D22MTMC01004616                     |

#### DRIVER

|                      |                      |
|----------------------|----------------------|
| Name of Driver ..... | ROSLAN BIN MOHD OMAR |
| NRIC No .....        | S1689667E            |
| Date Of Birth .....  | 01/03/1965           |
| Occupation .....     | Indoor               |

|  |                                       |
|--|---------------------------------------|
| Date Of Driving Pass .....   | 16/05/1985                            |
| Driving experience .....   | 37 YEARS AND 6 MONTHS                 |
| Gender .....   | Male                                  |
| Mobile Number .....  | (Phone) +65-96822823                  |
| Alt. Phone Number .....  | -                                     |
| Email Address .....  | roslano79@gmail.com                   |
| Address .....  | BLK 709 BEDOK RESERVOIR ROAD #02-3880 |
| Address complement .....   | -                                     |
| Postcode .....   | 470709                                |
| 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? .....  | Yes |
| 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 .....   | ROZANI BINTE SALLEH |
| Gender ..... | Female              |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police? .....  | Yes                              |
| Police Station Name .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221103/2069. (HEAD TO SIDE COLLISION)

#### 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 .....             | SHF577B   |
| Vehicle Manufacturer .....                    | -         |
| Vehicle Model .....                           | -         |
| Vehicle Variant .....                         | -         |
| Vehicle Colour .....                          | -         |
| Vehicle Category .....                        | Taxi      |
| Name of Driver .....                          | -         |
| Contact Number .....                          | -         |
| Address .....                                 | -         |
| Address complement .....                      | -         |
| Postcode .....                                | -         |
| Insurance Company Name .....                  | -         |
| Nature Of Damage .....                        | -         |
| Details of property damaged in accident ..... | VEHICLE B |
| No. Of Passenger (Including Driver) .....     | -         |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                      |
|---|----------------------|
| Name of injured person .....                              | ROSLAN BIN MOHD OMAR |
| Gender .....  | Male                 |
| Phone No .....  | -                    |
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | -                    |
| Injured person in which vehicle? .....                    | FBK4479U             |
| Were seat belts worn? .....                               | -                    |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                  |

### INJURED 2


|   |                     |
|---|---------------------|
| Name of injured person .....                              | ROZANI BINTE SALLEH |
| Gender .....  | Female              |
| Phone No .....  | -                   |
| Address .....   | -                   |
| Address Complement .....                                  | -                   |
| Post Code .....   | -                   |
| Approximate Age Years Old .....                           | -                   |
| Injuries Sustained .....                                  | -                   |
| Injured person in which vehicle? .....                    | FBK4479U            |
| Were seat belts worn? .....                               | -                   |
| Was this injured conveyed to hospital by ambulance? ..... | No                  |

Describe Circumstance of the Accident

refer to police report

Declaration

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

  
 Policyholder's Signature / Date & Time  
 4/11/22.

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


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

Describe Circumstance of the Accident

Refer to police report

Declaration

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

  
 Policyholder's Signature / Date & Time  
 4/11/22.

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

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























SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20221103/2069

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Report No. T/20221103/2069

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2022 15:55  
Vide Report No.:  
Station Diary No.:

#### Informant's Particulars

Name of Informant: ROSLAN BIN MOHD OMAR  
Address: APT BLK 709 BEDOK RESERVOIR ROAD #02-3880 BEDOK RESERVOIR GARDEN SINGAPORE 470709  
ID Type / ID No.: NRIC NO / S1689667E  
Contact No.:  
Home/Office: Mobile: 96822823  
Nationality: SINGAPORE CITIZEN  
Email: roslano79@gmail.com  
Sex: Male Age: 57 Date of Birth: Type of Informant: Rider  
Race: Malay Language: English Institution / School Name:  
Occupation: Porter (except hotel) Driving Licence Information: Class: 2B,2A Date of Expiry:

#### General Information of the Accident

|   |                           |                       |   |                                   |
|---|---------------------------|-----------------------|---|-----------------------------------|
| Type of Accident:   | Injury Attended by Police | Drink Drive: No       | Date/Time of Accident: 03/11/2022 06:10 | Type of Location: Straight Road   |
| Location: NEW LOYANG LINK                                 |                           |                       |   |                                   |
| Weather: Clear  | Road Surface: Dry         | Road Speed Limit:     |   |                                   |
| Traffic Flow:   | Traffic Control:          | 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 |
|-------------|------------|-------|--------|-------|-----------|-----------------|
| FBK4479U    | Motorcycle | HONDA | CB400X | Black |           | 1               |
| SHF577B     | Car        |       |        |       |           | 0               |

#### Details of Vehicle Insurance

| Vehicle No. | Insurance Company               | Insurance No    | Effective  | Expiry Date |
|-------------|---------------------------------|-----------------|------------|-------------|
| FBK4479U    | TENET SOMPO INSURANCE PTE. LTD. | D22MTMC01004616 | 22/09/2022 | 21/09/2023  |





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20221103/2069

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Report No. T/20221103/2069

**CONTINUATION OF REPORT**

|                                   |                         |  |                                     |
|-----------------------------------|-------------------------|--|-------------------------------------|
| <b>Details of Person Involved</b> |                         |  |                                     |
| Any Pedestrian Involved: No       |                         |  |                                     |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                     |
| Rider                             |                         |  |                                     |
| Name                              | ROSLAN BIN MOHD OMAR    | ID No.                                 | S1689667E                           |
| Related Vehicle                   | FBK4479U (Motorcycle)   | Contact No.                            | 96822823                            |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A<br>Date of Expiry: NIL |
| Date Treatment                    | 03/11/2022              | Date Discharge                         | 03/11/2022                          |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | Slight                              |

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS RIDING AT NEW LOYANG LINK ON LANE A SINGLE LANE STRAIGHT ROAD.

A TAXI FROM OPPOSITE LEFT SIDE TURNING RIGHT TO SHELL AND HIT MY MOTORCYCLE SIDE PORTION.

I WAS STUCK SITTING ON MY MOTORCYCLE BUT MY WIFE THROWN TO THE TAXI DRIVER SIDE DUE TO THE IMPACT.

WE BOTH ALLIGHT FROM OUR VEHICLES AND CALLED AMBULANCE & POLICE.

I & MY WIFE CONVEYED TO HOSPITAL VIA AMBULANCE.

I DO NOT HAVE CAMERA FOOTAGE OF THE ACCIDENT AND NO MECHANICAL FAULT BEFORE ACCIDENT.

I DID NOT EXCHANGE PARTICULARS WITH THE TAXI DRIVER DUE TO CONVEYANCE TO HOSPITAL VIA AMBULANCE.

THAT IS ALL.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20221103/2069

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Report No. T/20221103/2069

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:<br>TP /<br>SC2 HAKAN SIDDIQ ONDEK  | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>03/11/2022 15:55   |
| Officer In Charge Of Case:<br>TP / GIT /<br>SI VILTON HIA WEE SIANG<br>Contact No.: 65476232   | Classification Of Case:  |

NP168



**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: SS2X22B4000E Vehicle Registration No: FBK4479U  
 Name (as shown in NRIC): ROSLAN BIN MOHD OMAR NRIC/FIN/Passport No: S1689667E  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: roslano79@gmail.com  
 Date of Accident: 03/11/2022 Time of Accident: 0610AM  
 Place of Accident: NEW LOYANG LINK  
 Insurance Company: SOMPO INSURANCE

**(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:

Email Address: roslano79@gmail.com

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

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: