

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 28/11/2022 18:42 (SGT)
Reported by Both
Date of Accident 22/11/2022 09:18 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN9448K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE JUN WEI
NRIC No S9843155A
Email Address jw.leejunwei@gmail.com
Mobile Phone No (Phone) +65-87980165
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YZF-R155
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 - Reporting only
Vehicle Category Motorcycle
Transmission Manual
CC 155

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTMC01004326

DRIVER

Name of Driver LEE JUN WEI
NRIC No S9843155A
Date Of Birth 29/12/1998
Occupation Indoor

Date Of Driving Pass	23/03/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87980165
Alt. Phone Number	-
Email Address	jw.leejunwei@gmail.com
Address	121 JALN PELATOK
Address complement	-
Postcode	S(488460)
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	No Collision
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO ATTACH 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	SMG6345A
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	IBRIS
Contact Number	(Phone) +65-98998007
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	LEE JUN WEI
Gender	Male
Phone No	(Phone) +65-87980165
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	14 DAYS MC
Injured person in which vehicle?	FBN9448K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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: 25/11/22 1649

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/11/22 1649

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

SKETCH PLAN *Car*

SH

LN3

LN2

LN1

Bike

Myself

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: *25/11/22 1649*

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: *25/11/22 1649*

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



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20221124/2214

1 of 3

Report No: T/20221124/2214

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2022 20:21	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Name of Informant: LEE JUN WEI	Address: 121 JALAN PELATOK SINGAPORE 488460		
ID Type / ID No.: NRIC NO / S9843155A	Contact No.: Home/Office: Mobile: 87980165		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 23	Date of Birth: 29/12/1998	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: Retail Assistance	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/11/2022 09:10	Type of Location:
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Rider swerve from bike. Bike didn't hit any vehicle or person			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9448K	Motorcycle	YAMAHA	YZF-R155	Black	Totally Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN9448K	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01004326	23/07/2022	22/07/2023



SINGAPORE
POLICE FORCE



T/20221124/2214

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20221124/2214

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE JUN WEI	ID No.	S9843155A
Related Vehicle	FBN9448K (Motorcycle)	Contact No.	87980165
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	22/11/2022	Date Discharge	23/11/2022
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On the above mentioned date & time, I was riding at the above mentioned location towards Marina Bay Sands. The traffic was heavy as such I was riding at lane 1 and switching to lane 2 and spotted a car (SMG6345A) jam break as such I know I wasn't able to stop in time and decided to throw myself off the bike to prevent the collision. Subsequently, I realized that I was lying down on lane 2 and my bike was further ahead. I was assisted by drivers nearby and they assisted me and my bike to the road shoulder. Owner of vehicle (SMG6345A) informed me that I have hit on to his vehicle and will proceed for insurance claimed. I was then assisted by the towing company to bring my bike and myself out from the expressway. I wish to state that I have camera attached to my bike and recorded the accident. I reviewed the camera and noted that bike didn't hit on to his vehicle or anyone.



SINGAPORE
POLICE FORCE



T/20221124/2214

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Report No. T/20221124/2214

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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 2 MUHAMMAD
HAIRULNIZAM BIN HAMRAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/11/2022 20:21

Officer In Charge Of Case:

TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168



ORIGINAL		MEDICAL CERTIFICATE		URO2022204100	
Name LEE JUN WE		NRC No. 5084315/SA			
This is to certify that the above named is unfit for duty for a period of		14	days from	22-Nov-2022	to
				05-Dec-2022	
Type of medical leave granted:					
<input checked="" type="checkbox"/> Hospitalization Leave		<input type="checkbox"/> Outpatient Sick Leave			
Admitted on 22-Nov-2022		<input type="checkbox"/> Maternity Leave		Sickened on	
Discharged on 23-Nov-2022		<input type="checkbox"/> Sterilization Leave		Operated on	
This certificate is not valid for absence from court attendance					
Fit for light duty from		N.A.	to	N.A.	
Time Out		N.A.	Time In	N.A.	
Diagnosis		Surgical Operation (if applicable)			
Comments:					
Hospital/ Clinic		Ward No.		Signature, Name (in BLOCK LETTERS) and Designation (GP, etc.)	
Urology		CGH-A&E-Holding-Area		 IAN WONG SHOU SHENG , 65042J	
Changi General Hospital		Date 23-Nov-2022			

Inpatient Discharge Summary

Patient Particulars		Admission Information	
Name:	LEE JUN WE	Admission Date:	22 Nov 2022
MRN:	S9843155A	Gender:	Male
Date of Birth:	29 Dec 1998	Clinical Discharge Date:	23 Nov 2022
Address:	Blk/Hse:121,Level/Unit: JALAN PELATOK EAST VIEW GARDEN, Singapore 488460	Clinical Discharge Type:	Planned Discharge
		Length of Stay:	1 day(s)
		Account:	6922045259
		Principal Doctor:	Park Joon Jee (14292A)
		Dept/Location/Class:	URO / CGU - A&E-Holding Area / - ASS A

Patient's Copy

Diagnosis	
Principal:	Frank hematuria,
Secondary:	Road traffic accident,

Adverse Drug Reaction/ Drug Allergy	
amoxicillin (13 Mar 2015)	

Discharge Medication	
MEDICATION(S) PRESCRIBED: - Ciprofloxacin Tablet PO 500 mg, BD -- For 5 Days - Paracetamol Tablet PO 1 g, QDS PRN Pain or Fever -- For 5 Days - Tetracycline HCl 3% Ointment Topical 1 application, BD Qty: 2 tube to abrasions	

Care Plan	
TCU Dr Park JJ on Friday 25/11/22, 1500 hours. FBC OA	

Completed By:	Ian Wong Shou Sheng (65042)	23 Nov 2022 08:42
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This is not a medical report. For Patient's Personal Reference Only

Name: LEE JUN WE MRN: S9843155A Account: 6922045259 Admission Date: 22 Nov 2022

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SOMPO Insurance Singapore Pte. Ltd.
 90 Raffles Place, #01-02
 Singapore Land Tower, Singapore 048523
 Tel: 6461 6555 | Fax: 6221 3002 | www.sompo.com.sg
 Co. Reg. No. 195905480E | GST Reg. No. M200903976

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. : D22MTMC01004326
 Insured : LEE JUN WEI
 Motor Vehicle (Regn No.) : FBN9448K
 Cover : Comprehensive
 Policy Commencement Date : 23 JULY 2022 12:41
 Policy Expiry Date : 22 JULY 2023 23:59
 Maximum Liability (Section II) : Market value at time of loss
 Excess* : \$600 - Section I
 Named Driver 1 : LEE JUN WEI
 HIRE PURCHASE OWNER : GP MOTORING PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
 LEE JUN WEI

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.04).

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 23 JULY 2022 12:41

IMPORTANT NOTICE

- a. Keep the Certificate in your Motor Vehicle;
- b. 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;
- c. 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);
- d. 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 3ND3HQ4N4BM1MKAJ



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #33-03
Singapore Landmark Tower, Singapore 048620
Tel: 6491 6055 | Web: sompo.com.sg
GST Reg No.: FR0054306 | GST Reg No.: M200563190

Our ref: CMTD2204254/1/HELMA

Date: 22-NOV-2022

LEE JUN WEI
121 JALAN PELATOK
SINGAPORE 489460

For Your Urgent Attention

Dear Sirs

Accident on: 22-NOV-2022
at / along: ECP
Involving: FBN9448K/SMG6345A



We have received a claim in connection with the above accident and your vehicle FBN9448K was alleged to be involved.

Our records show that you have not reported this accident to us. If your vehicle was involved, please advise us the reason for not reporting to us immediately after the accident as this would constitute a breach of General Condition (4) of our policy which entitles us to repudiate all liabilities arising out of this accident.

Notwithstanding this breach, please proceed to any of our ExcelDrive Workshops or Accident Reporting Centres to file an accident report immediately. You may refer to your Policy or our website at www.sompo.com.sg for the list of workshops and reporting centres.

If you are not the driver at the material time of the accident, please request the driver to bring along this letter, police report (if any), driving licence and NRIC to report.

Please note that this letter does not amount to an admission of liability on the part of the Company. If we still do not hear from you within 14 days from the date of this letter, the matter will be referred to the Traffic Police for their necessary action.

If you have already made a report to us, kindly ignore our present request.

Please quote our claim reference when writing to us.

Thank you.

Yours truly

THELMA CHOO
Claims Executive
DID: 63224681
Fax: 62213147

cc: ENSURE PTE. LTD. (MOTORCYCLE)
38 TOH GUAN ROAD EAST
#01-57 ENTERPRISE HUB
SINGAPORE 608581

- Please assist

REMNR























