

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 12/01/2023 16:42 (SGT)
Reported by Both
Date of Accident 17/12/2022 07:25 (SGT)
Exact Location of Accident Sembawang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ4747B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AKMAL ZUBAIR BIN KAMARUL ZAMAN
NRIC No S9822358D
Email Address AKMAL1169@HOTMAIL.COM
Mobile Phone No (Phone) +65-85982261
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 D22MTMC01004098

DRIVER

Name of Driver AKMAL ZUBAIR BIN KAMARUL ZAMAN
NRIC No S9822358D
Date Of Birth 11/07/1998
Occupation Outdoor

Date Of Driving Pass	07/07/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85982261
Alt. Phone Number	-
Email Address	AKMAL1169@HOTMAIL.COM
Address	BLK 107 YISHUN RING ROAD #05-261
Address complement	-
Postcode	760107
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221217/2049

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	SHD9951E
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	AKMAL ZUBAIR BIN KAMARUL ZAMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBJ4747B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorised 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. 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.
- 3. 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

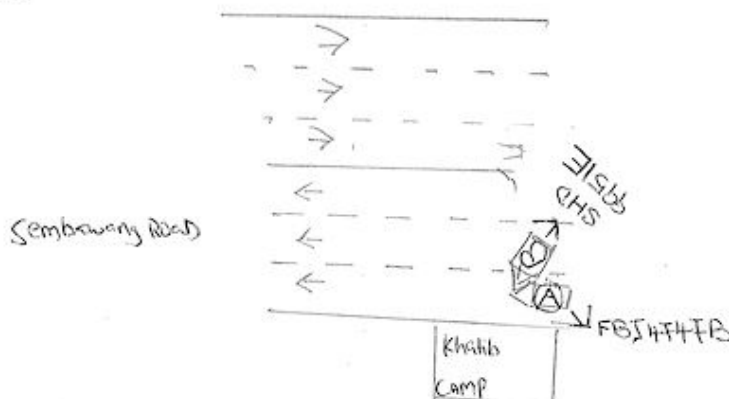
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 17 Dec '2022 @ 7.25 am, I was riding my motorcycle FB04747B along Sembawang Road going toward Gambas on my way to attend my reservist duty when out of sudden one taxi bearing plate number SHD9951E came out of nowhere and merge into my lane abruptly which causes my vehicle colliding onto the left rear side of taxi.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel













**SINGAPORE
POLICE FORCE**



T/20221217/2049

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20221217/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2022 12:43		Vide Report No.: L/20221217/0057		Station Diary No.: 54	
Informant					
Name of Informant: AKMAL ZUBAIR BIN KAMARUL ZAMAN			Address: APT BLK 107 YISHUN RING ROAD #05-261 SINGAPORE 760107		
ID Type / ID No.: NRIC NO / S9822358D			Contact No.: Home/Office: Mobile: 95982261		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 11/07/1998	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: CISCO OFFICER			Driving Licence Information: Class: Date of Expiry:		

General Information				
Type of Accident:	Injury Conveyed by Ambulance	Drink Drive: No	Date/Time of Accident: 17/12/2022 07:25	Type of Location: Straight Road
Location: SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicles					
Vehicle No.	Vehicle Type	Make	Model	Color	Damage Status
FBJ4747B	Motorcycle	YAMAHA	R15 ABS MANUAL	Red	Seriously Damaged 0
SHD9951E	Car				Seriously Damaged 1

Details of Insurance					
Vehicle No.	Insurance Company	Policy No.	Effective Date	Expiry Date	
FBJ4747B	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01004098	13/07/2022	12/07/2023	



**SINGAPORE
POLICE FORCE**



T/20221217/2049

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20221217/2049

CONTINUATION OF REPORT

Details of:			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider:			
Name	AKMAL ZUBAIR BIN KAMARUL ZAMAN	ID No.	S9822358D
Related Vehicle	NIL	Contact No.	85982261
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of injury	NIL

Brief Details:

On the above date and time, I was riding my motorcycle along Sembawang Road going towards Gurnbas on my way to attend my reservist duty when out of a sudden one taxi bearing plate number SH09951E came out of nowhere and merge into my lane abruptly which causes my vehicle colliding onto the left rear side of the taxi. Traffic police and ambulance was present, I was conveyed to KTPH via ambulance.

My motorcycle suffered damages but I am unsure of what damages exactly as I was conveyed via ambulance.

I managed to exchange particulars with the taxi passenger, other road user assisted me to the side of the road after the accident. The driver has the footage of the accident, and I will need to contact him to obtain the footage.

I seek medical treatment at KTPH and I suffered lacerations and abrasions on my both arms and swelling on my feet area.

I received 7 days of MC from KTPH, MC no. KHANE222339005

The particulars of the taxi passenger is as follows:

Alecson (HP:90115024)

This person Zul (HP:94995020) has the video footages of the accident.



**SINGAPORE
POLICE FORCE**



T/20221217/2049

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20221217/2049

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: L/ SGT 1 MUHAMMAD FAUZI BIN ABDUL WAHAB
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / STAFF SGT SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476262

Signature Of Informant:
Date/Time: 17/12/2022 12:43
Classification Of Case:

NP168



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #03-03
 Singapore Land Tower, Singapore 048623
 Tel: 6461 6555 | www.sompo.com.sg
 Co. Reg. No.: 198005490E | GST Reg. No.: M200903196

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. : D22MTMC01004098
Insured : AKMAL ZUBAIR BIN KAMARUL ZAMAN
Motor Vehicle (Regn No.) : FBJ4747B
Cover : Third Party, Fire & Theft
Policy Commencement Date : 13 JULY 2022 16:22
Policy Expiry Date : 12 JULY 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : S\$300 - Section I
Named Driver 1 : AKMAL ZUBAIR BIN KAMARUL ZAMAN
HIRE PURCHASE OWNER : REVO FINANCIAL PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
 AKMAL ZUBAIR BIN KAMARUL ZAMAN

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 this Motorcycle Policy (Ref: MCY-MTMC 04)

Sompo Insurance Singapore Pte. Ltd.

[Signature]

Authorised Signatory

Date/Time of Issue : 13 JULY 2022 16:22

IMPORTANT NOTICE

- 0 Keep the Certificate in your Motor Vehicle.
- 0 Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or allow to permit any other person to use a motor vehicle which is a valid policy of insurance under the Act.
- 0 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).
- 0 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 Name / Code : ENSURE PTE LTD (MOTORCYCLE) / 11E07501 CI Code: MY3 J D-IHMMJ4RM0MYAJ