

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	07/02/2023 16:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/01/2023 13:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI NEAR KALLANG WAY(LAMPOST 672)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR3261A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE
NRIC No	TXXXX139C
Email Address	juleozezen@gmail.com
Mobile Phone No	(Phone) +65-98535776
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01005511

DRIVER

Name of Driver	JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE
NRIC No	TXXXX139C
Date Of Birth	12/08/2001
Occupation	Indoor

Date Of Driving Pass	24/05/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98535776
Alt. Phone Number	-
Email Address	juleozezen@gmail.com
Address	BLK 35 TEBAN GARDENS ROAD #03-281
Address complement	-
Postcode	600035
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	Hit and run / Vandalism / Damaged whilst parked
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)	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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220126/2099

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	-
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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	JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE
Gender	Male
Phone No	(Phone) +65-98535776
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBR3261A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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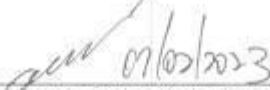
8. Consent under the Personal Data Protection Act (PDPA)

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.

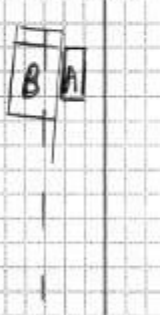
 7/2/23
Policyholder's Signature / Date & Time

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

 07/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

31R TOWARDS CHANGI NEAR LOMPPOST 672

<p>A) FBR 3261A</p> <p>B) UNKNOWN CAR</p>	
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vJun2022

Describe Circumstance of the Accident

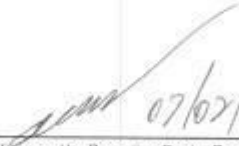
REFER TO POLICE REPORT 7/20230126/2099

Declaration

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

 7/2/23
Policyholder's Signature / Date & Time

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

 07/02/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





























**SINGAPORE
POLICE FORCE**



T/20230126/2099

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20230126/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2023 18:21		Vide Report No.: G/20230117/0108		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE			Address: APT BLK 35 TEBAN GARDENS ROAD #03-281 SINGAPORE 600035		
ID Type / ID No.: NRIC NO / T0124139C			Contact No.: Home/Office: Mobile: 98535776		
Nationality: SINGAPORE CITIZEN			Email: juleozezen@gmail.com		
Sex: Male	Age: 21	Date of Birth: 12/08/2001	Type of Informant: Rider		
Race: Malay			Language: Malay		Institution / School Name:
Occupation: GYM ASSOCIATES			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/01/2023 13:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR3261A	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR3261A	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100551 1	28/09/2022	27/09/2023



**SINGAPORE
POLICE FORCE**



T/20230126/2099

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Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20230126/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE	ID No.	T0124139C
Related Vehicle	FBR3261A (Motorcycle)	Contact No.	98535776
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	17/01/2023	Date Discharge	18/01/2023
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

On 17/01/2023 at about 1300hrs, I was riding my black Yamaha Aerox motorcycle with the registration plate number, FBR3261A at along Pan-Island Expressway (PIE) towards Changi, near to Kallang Way (Lamp-Post 672). I was riding my motorcycle at along lane 1 when suddenly a Silver Toyota Harrier, which was travelling on lane 2, suddenly cut into my lane which causes our vehicle to sideswipe against each other. The driver of the said car continue to drive the car without even trying stop and fled from the scene. In the meantime, when that happened, I was trying to control my wobbly motorcycle before I eventually fall at the road shoulder area.

A few witnesses stopped their vehicle to render assistance to me and also calling for the Ambulance and Police. When the ambulance arrived, the paramedics did a check on me before deciding to convey me to the nearest hospital.

I was then given 15 days of hospitalization by Raffles Hospital for the injuries that I sustained on my both my left and right hand, right shoulder, left thigh, lower limp of left my leg.

I wished to state that I do not remember the vehicle plate number of the silver Toyota Harrier as it happened too fast just for anyone to react to see the vehicle plate number.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20230126/2099

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Report No. T/20230126/2099

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:
D /

SGT 3 JASMI BIN JUMA'AT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:

Date/Time:
26/01/2023 18:21

Classification Of Case:

NP168