

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	20/04/2023 15:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/04/2023 12:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD FROM PIE TO JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT6474Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ISHAK BIN ISMAIL
NRIC No	SXXXX730G
Email Address	white0crow94@gmail.com
Mobile Phone No	(Phone) +65-88044219
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15 V4 ABS MANUAL
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	D23MTMC01001680

DRIVER

Name of Driver	ISHAK BIN ISMAIL
NRIC No	SXXXX730G
Date Of Birth	08/02/1994
Occupation	Indoor

Date Of Driving Pass	04/09/2019
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88044219
Alt. Phone Number	-
Email Address	white0crow94@gmail.com
Address	APT BLK 416 TAMPINES STREET 41
Address complement	# 10-345
Postcode	520416
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?	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 THE ATTACHED STATEMENT

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	SMV219S
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94241041

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

SKETCH PLAN

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4. The use 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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.

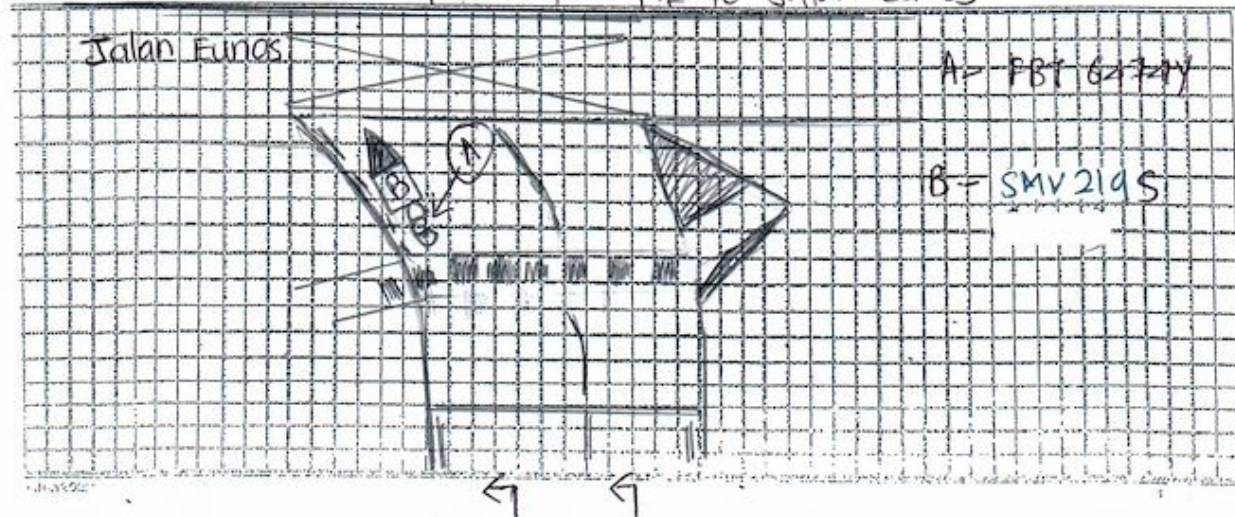
[Signature] 20/04/23
Policyholder's Signature / Date & Time

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

[Signature] 20/4/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Slip Road from PIE to Jalan Eunos



4/20/23, 11:20 AM

Singapore - Google Maps

Google Maps Singapore



Image capture: Sep 2022 © 2023 Google



A: FBT 6474Y

B: SMV 219S

https://www.google.com/maps/@1.3254108,103.9059893,3a,75y,241.75h,74.68t/data=!3m6!1e1!3m4!1s3ys36kG5eCYsQWso8r-e_A!2e0!7!16384!8i8... 1/1

Describe Circumstance of the Accident

Was about to exit slip road entering Jalan euros from PIE.
 At that moment, it was high traffic as its around 12.30 noon. The car in front of
 me stopped and i follow while keeping my bike at a distance of
 1.5 M away from front vehicle. Upon moving off, did my blind-spot check.
 and checking of incoming traffic, then i realized that the front vehicle did
 a e-brake despite the road (incoming) was clear. I tried to avoid but
 couldn't make it on time. My bike hit the rear-right of the vehicle
 bumper.

Declaration

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

20/04/23
 Policyholder's Signature / Date & Time

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

20/4/2023
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

















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: SN09234K0003 Vehicle Registration No: FBT 6474Y
 Name (as shown in NRIC): Ishak Bin Ismail NRIC/FIN/Passport No: S94047306
 (~~Vehicle Driver/Policyholder~~) (*) Please delete as appropriate
 Address: Apt Blk 416 Tampines Street 41 # 10-345 Singapore (520416)
 Contact (Tel): _____ Mobile No.: 8804 1219
 Email Address: whitecrow94@gmail.com
 Date of Accident: 19/04/2023 Time of Accident: 12:25
 Place of Accident: Slip Road from PIE to Jalan Eunos
 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:

Amend sketch plan - Vehicle Number(B)
- SMV 219 S

Policyholder / Actual Driver's Signature
 Date:

gmmul 20/04/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: