

# 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 .....	22/02/2023 16:43 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/02/2023 17:30 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJV9685E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NIZAM BIN HARUN
NRIC No .....	S6944863A
Email Address .....	NIZAMBINHARUN@STENGG.COM
Mobile Phone No .....	(Phone) +65-93858294
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Fit
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 .....	Private car
Transmission .....	Auto
CC .....	1300

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D23MTPV01002533

### DRIVER

Name of Driver .....	NIZAM BIN HARUN
NRIC No .....	S6944863A
Date Of Birth .....	19/11/1969
Occupation .....	Indoor

Date Of Driving Pass .....	19/04/2003
Driving experience .....	19 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93858294
Alt. Phone Number .....	-
Email Address .....	NIZAMBINHARUN@STENGG.COM
Address .....	BLK 227C COMPASSVALE DRIVE #04-228
Address complement .....	-
Postcode .....	543227
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 .....	Chain 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 .....	4
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) .....	4
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 .....	TATTY HERWATI
Gender .....	Female

#### PASSENGER 2

Name .....	ESAH BINTE AMAT
Gender .....	Female

#### PASSENGER 3

Name .....	SITI UMAIZA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230221/2120.

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... WITH TP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... FBB8485Y  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 Name of Driver ..... FAUZEE BIN MOHD NOR  
 NRIC No ..... S7734470E  
 Contact Number ..... (Phone) +65-90301142  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... VEHICLE B  
 No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SJC8998J  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... HNG JIAN ZHANG  
 NRIC No ..... S9513374F  
 Contact Number ..... (Phone) +65-90670133  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... VEHICLE C  
 No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SMX9991A  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... VEHICLE D  
 No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

## INJURED 1

Name of injured person .....	ESAH BINTE AMAT
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJV9685E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 2

Name of injured person .....	SITI UMAIZA
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJV9685E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 3

Name of injured person .....	NIZAM BIN HARUN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJV9685E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

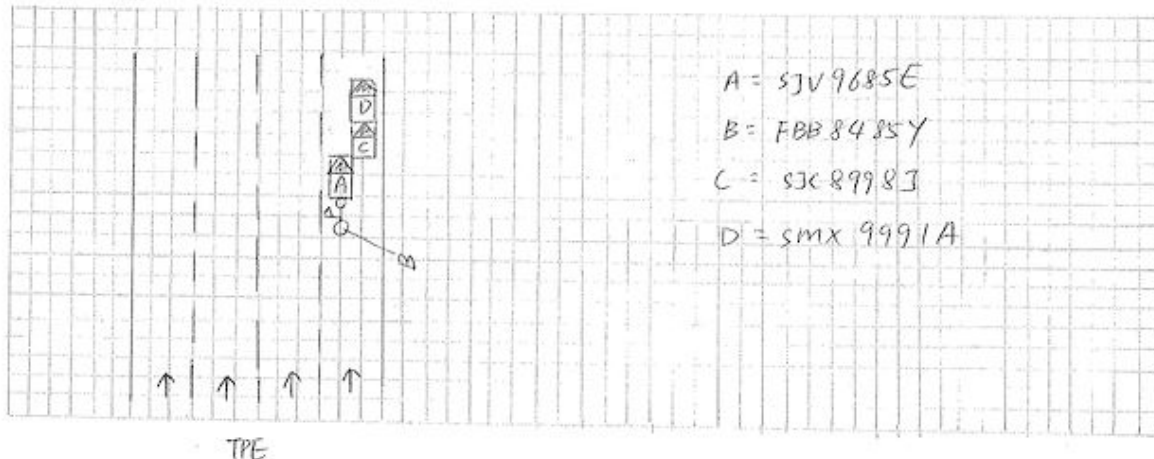
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Refer to Police Report No = T/20230221/2120

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/20230221/2120

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 4

Report No. T/20230221/2120

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/02/2023 21:55		Vide Report No.: G/20230221/0128		Station Diary No.: 159	
<b>Informant's Particulars</b>					
Name of Informant: NIZAM BIN HARUN			Address: APT BLK 227C COMPASSVALE DRIVE #04-228 SINGAPORE 543227		
ID Type / ID No.: NRIC NO / S6944863A			Contact No.: Home/Office: Mobile: 93858294		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 19/11/1969	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: STORE SUPERVISOR			Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/02/2023 17:30	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB8485Y	Motorcycle					0
SJC8998J	Car					0
SJV9685E	Car	HONDA	FIT 1.3G A	Black	Seriously Damaged	3
SMX9991A	Car					0



**SINGAPORE  
POLICE FORCE**



T/20230221/2120

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20230221/2120

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV9685E	TENET SOMPO INSURANCE PTE. LTD.	D23MTPV0100253 3	28/01/2023	27/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NIZAM BIN HARUN		ID No. S6944863A
Related Vehicle	SJV9685E (Car)		Contact No. 93858294
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 21/02/23 at about 1730hrs, I was driving along TPE towards SLE direction. I was driving along the second lane of the 4-lane road of the highway. As I was driving, I wanted to make a lane change towards lane 1 (outer right lane). I made a check and for on coming vehicles on the right and it was cleared. I signaled my intention to the right and slowly filtered towards the right lane.

As I was about to complete the lane change, I noticed the vehicle in front of me on the outer right lane collided with the vehicle in front of it and the said vehicle stopped suddenly. I wanted to avoid the said collision and wanted to filter back to the second lane. I made a check on the left passenger side mirror and noticed a lorry travelling at high speed, was approaching me fast.

As such I applied my brakes immediately, and my vehicle was not able to stop in time and collided towards the rear of the said vehicle that was involved in the accident.

After colliding to the vehicle in front of me, I felt an impact coming from the rear part of my vehicle. I made a check and discovered that a motorcycle had collided to the rear of my vehicle.

I proceeded to make a check on my 80 years old mother in law and she felt some chest pain due to the accident.

Subsequently, the traffic police and paramedics came and my mother was conveyed to Sengkang General hospital.





**SINGAPORE  
POLICE FORCE**



T/20230221/2120

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20230221/2120

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20230221/2120

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20230221/2120

## 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:

F /  
SR STAFF SGT TAN YIK MONG,  
RYAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/02/2023 21:55

Officer In Charge Of Case:

TP / GIT /  
SGT 3 MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

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.: 198905490E | 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)

Certificate/Policy No. : D23MTPV01002533  
Insured : NIZAM BIN HARUN  
Vehicle Registration No. : SJV9685E  
Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP PLAN  
Policy Commencement Date : 28 JANUARY 2023 00:00  
Policy Expiry Date : 27 JANUARY 2024 23:59  
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS  
Hire Purchase Owner : MAYBANK SINGAPORE LIMITED  
Excess\* : S\$400 - SECTION I  
Voluntary Excess\* : N/A  
Waiver of Excess : NOT COVERED  
Windscreen Excess\* : S\$100 FOR EACH AND EVERY APPLICABLE CLAIM

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
  - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
  - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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 purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes 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 Centre with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For the list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

I/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 Road Transport Act 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.31

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 27 JANUARY 2023 14:23

### SOMPO ASSIST HOTLINE : (65) 6226 3323

In the event of road accident, please call our Sampo Assist Hotline immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in E-filing your accident report with your vehicle within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code : RUEY AUTO / 11R05204 CI Code: 22A FDHDOHB4\_BPDB6TA