SN09236E0002-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 14/06/2023 10:54 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 2 (14/06/2023 15:16 (SGT))

Your NCD will be affected due to late reporting

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 witholding 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	14/06/2023 10:54 (SGT)
Reported by	Actual Driver
Date of Accident	27/04/2023 07:54 (SGT)
Exact Location of Accident	Lentor Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS9331L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD ROSZEE BIN ABDUL RAHIM
NRIC No	SXXXX182H
Email Address	wati1004@gmail.com
Mobile Phone No	(Phone) +65-98783889
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF155
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 - 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	D22MTMC01004949

DRIVER

Name of Driver	IZZUL THAQIF BIN MOHAMAD ROSZEE
NRIC No	TXXXX707C
Date Of Birth	04/04/2003
Occupation	Indoor

Date Of Driving Pass	16/09/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96536120
Alt. Phone Number	-
Email Address	wati1004@gmail.com
Address	BLK 344 CHOA CHU KANG LOOP #02-49
Address complement	-
Postcode	680344
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 SKETCH PLAN

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	SLG6442P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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 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

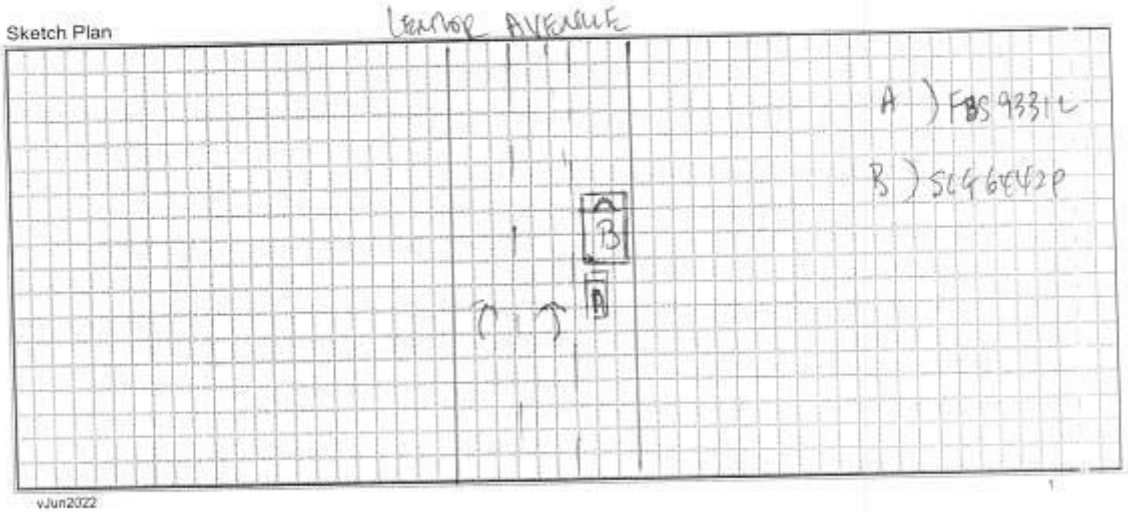
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

14.06.23
Policyholder's Signature / Date & Time

14/06/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

14/06/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

I was on my way to School, as I am turning right from Yishun Rd to Senior Ave. The traffic flow was heavy and slow. I was one car length behind the (accident) car. I was aware of the slow and heavy traffic and suddenly the car infront of me total stop as I was trying to stop my bike after noticing the (accident) car infront of me ~~de~~ brake to total stop. As I trying to stop ~~the~~ my bike preventing my bike from hitting the (accident) car, I didn't have enough space and time to stop my bike and my front tyre hit the rear bumper of car and I fell with no ~~myself~~ injuries. The driver come out and ask if I'm ok or not and he said to me to do private settlement. We took pictures and exchange details and I even told him that it's my first accident. He say, he would ~~quote~~ update me about the event but he didn't message nor update me. This accident was occur on 27 April 2023 at 7.54 am.

Declaration

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

14.06.23
Policyholder's Signature / Date & Time

14/06/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

14/06/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9


KEEP YOUR
LOVED ONES
IN MIND.
United Cycles LLP
63459060
GEAR
34493
km/h
YAMAHA

IMAGES #10

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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: SN09236E0002 Vehicle Registration No: FBS 9331L

Name (as shown in NRIC): IZZUL THAQIF BIN MOHAMAD ROSLAN NRIC/FIN/Passport No: Txxxx707C

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 96536120

Email Address: _____

Date of Accident: 27/04/2023 Time of Accident: 07:54

Place of Accident: 271 VENTOR AVENUE

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:

INSURED VEHICLE NUMBER IS FBS 9331L

Policyholder / Actual Driver's Signature
Date:

14/06/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

SOMPO INSURANCE

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

Our ref : CMTD2302346/PAULOONG

Date : 12-JUN-2023

MOHAMAD ROSZEE BIN ABDUL RAHIM
BLK 344, CHOA CHU KANG LOOP #02-49
SINGAPORE 680344

For Your Urgent Attention

Dear Sirs

Accident on : 27-APR-2023
at / along : LENTOR AVENUE
Involving : FBS9331L/SLG6442P

We have received a claim in connection with the above accident and your vehicle FBS9331L 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

GNOH PAU LOONG
Claims Executive
DID : 63295217
Email : pauloong.gnoh@sompo.com.sg

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

REMNR