



# 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 ..... 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**

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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.

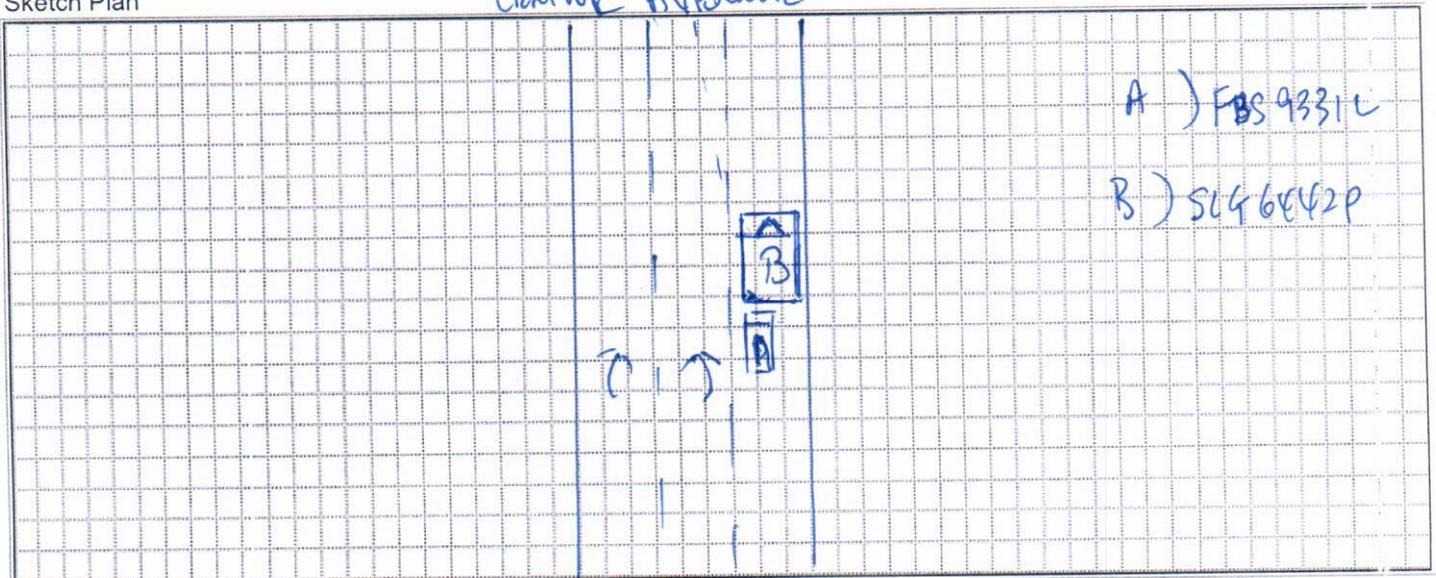
[Signature] 14.06.23  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**

LEARNOR AVENUE



**Describe Circumstance of the Accident**

I was on my way to school, as I am turning right from Yishun Rd to Lenton 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 in front of me total stop as I was trying to stop my bike after noticing the (accident) car in front of me ~~to~~ brake to total stop. As I trying to stop ~~to~~ 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 ~~injury~~ 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 detail and I even told him that it's my first accident. He say, he would ~~spate~~ update me about the event but he didn't messege nor update me. This accident was occur on 27 April 2023 at 7:54 am.

**Declaration**

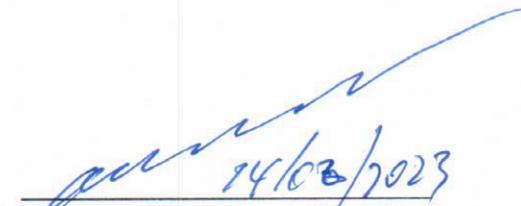
I/We declare the foregoing particulars are true in every respect.

  
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)



**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #03-03  
Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | [www.sompo.com.sg](http://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](http://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)  
38 TOH GUAN ROAD EAST  
#01-57 ENTERPRISE HUB  
SINGAPORE 608581

- Please assist

REMNR

## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 27 April 2023	TIME OF ACCIDENT : 7:54am
VEHICLE NO : FBS9331L	TRANSMISION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Yamaha YZF-R15	LOCATION : Lenton AVE
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE</u> USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / <u>REPORTING ONLY</u>
INSURANCE COMPANY : SompO insurance	POLICY NO : D22MTMCO1004949
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / <u>THIRD PARTY &amp; THEFT</u>	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY / <u>MOTORCYCLE</u> )
NAME OF OWNER : MOHAMAD ROSZEE	NRIC : 51761182H
ADDRESS : Blk 344 choa chu kang loop	CONTACT NO : 99783899
EMAIL ADDRESS : wati1004@gmail.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : <u>Izzul Thaqif Bin Mohd Roszee</u>	NRIC : <u>T0309707C</u> CONTACT NO : <u>96536120</u>
DRIVER OWNER RELATIONSHIP : <u>single SON</u>	PASSENGER : MALE ( <input checked="" type="checkbox"/> ) FEMALE ( <input type="checkbox"/> )
DATE OF BIRTH : 04 / 04 / 2003	DRIVING PASSING DATE : 16 / 09 / 2021
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : Blk 344 choa chu kang
ANY INJURIES : <u>NO</u> IF YES :	POLICE REPORT : <u>NO</u> IF YES WHERE ?
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SLG 6492P</u>	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / NO

**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. : D22MTMC01004949  
Insured : MOHAMAD ROSZEE BIN ABDUL RAHIM (NOT DRIVING)  
Motor Vehicle (Regn No.) : FBS9331L  
Cover : Third Party, Fire & Theft  
Policy Commencement Date : 20 SEPTEMBER 2022 00:00  
Policy Expiry Date : 19 SEPTEMBER 2023 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$300 - Section I  
Named Driver 1 : IZZUL THAQIF BIN MOHAMAD ROSZEE  
HIRE PURCHASE OWNER : UNITED CYCLES LLP

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
IZZUL THAQIF BIN MOHAMAD ROSZEE

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

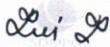
**Accident Reporting**

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](http://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 the Motorcycle Policy (Ref.MCY-MTMC.04)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 25 AUGUST 2022 16:07

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o 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);
- o 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 Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 XHDMSO4I40LLMRAJ

**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 ROSZAK 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 LEMBAR AVENUE

Insurance Company: Sampo

**(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 TO FBS 9331L

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Actual Driver's Signature  
 Date:

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