

62-244179

**Enquire Vehicle & Owner Information ( Vehicle No. SHD4494R As At 06 Jun 2019 / 12:20:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TEO

Current Owner Details

FBK 14122-E

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

**Current Vehicle Details**

Vehicle No.: SHD4494R

Make Description/Model: HYUNDAI / SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO

Insurance Company Name: INDIA INT'L INS PTE LTD

**EROFIA MOTOR TRADING PTE LTD****1 Kaki Bukit Avenue 6 #02-62****AutoBay @ Kaki Bukit****Singapore 417883****E-Mail: erofia@singnet.com.sg / erofia2@gmail.com****Tel: 67527740 Fax: 67528669****TO ARRANGE PRE-REPAIR SURVEY****BIKE IS IN / NOT IN WORKSHOP****TEL: 90696165 – MR TEO**

**EROFIA MOTOR TRADING PTE LTD**

No 1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883

Tel : 67527740 Fax : 67528669

Co. Reg No. 201202259N

Owner : WELLMY RACHMATULLAH  
FARYONO

Accident Date : 6-Jun-19

Vehicle No : FBK 4122 Z

Vehicle Model : YAMAHA MT09

**Estimated Repair Costs**

<u>Qty</u>	<u>Description</u>	<u>Amount S(\$)</u>
	<u>List Items</u>	
2	Fork inner tubes	\$ 440.00
2	Fork outer tubes	\$ 460.00
1	Headlamp	\$ 380.00
1	Handle-bar	\$ 135.00
1	Brake lever	\$ 22.00
1	Top fairing	\$ 210.00
1	Main stand	\$ 105.00
1	Front footrest	\$ 38.00
1	Front footrest bracket	\$ 90.00
1	Brake pedal	\$ 45.00
1	Rear footrest	\$ 42.00
1	Exhaust protector R/H	\$ 120.00
1	Crash bar ( 1 set )	\$ 350.00
		<u>\$ 2,437.00</u>
	Less 10%	\$ 243.70
		<u>\$ 2,193.30</u>

c/f: \$ 2,193.30

Special Nett Items

1	Number plate ( 1 set )	\$	28.00
2	Fork oils	\$	30.00
2	Fork oil seals	\$	56.00
1	Steering cone ( 1 set )	\$	95.00
1	Lever guard ( 1 set )	\$	280.00
		\$	<u>489.00</u>

<u>S/No.</u>	<u>Labour</u>		
1	To provide towing service.	\$	50.00
2	To provide labour.	\$	380.00
3	To check wiring and reset headlamp focusing	\$	80.00
		\$	<u>510.00</u>

Grand Total \$ 3,192.30



EROFIA MOTOR TRADING PTE LTD

MOR119073974 / ETHQZ Protect Pte Ltd - Bukit Batok  
ENTRY DATE & TIME: 07/06/2019 08:41  
SUBMITTED BY: Hasbullah Bin Masopit

### 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 Authorised 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 Report 07/06/2019 08:41  
Date Of Accident 06/06/2019 12:20  
Exact Location Of Accident BETWEEN SYED ALWI RD & TOWNSHEND ROAD  
Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK4122Z  
Insured/Policyholder  
Name Of Registered Owner WELLMY RACHMATULLAH FARYONO  
NRIC No S8706224D  
Email Address WELNOSUPERNOVA@GMAIL.COM  
Mobile Phone No (LOCAL) +65-94516191  
Alternative Phone No HOME-94516191  
Vehicle Particulars  
Manufacturer YAMAHA  
Model YAMAHA MT 09 ABS TRACER  
Exact Purpose for which vehicle was being used at time of accident  
Are you claiming under your own insurance policy for repair to your vehicle? NO  
If No, Please state action to be taken THIRD PARTY  
Vehicle Category MOTORCYCLE  
Insurance Company  
Name of Insurance Company DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD  
Type Of Coverage THIRD PARTY  
Fleet Policy NO  
Policy Number MC/00581668  
Cover Note Number  
Driver  
Name of Driver WELLMY RACHMATULLAH FARYONO  
NRIC No S8706224D  
Date Of Birth 18/03/1987  
Occupation OUTDOOR  
Date Of Driving Pass 24/12/2012  
Driving Experience 6 YEARS AND 5 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-94516191  
Fax Number  
Contact Number HOME-94516191  
Email Address WELNOSUPERNOVA@GMAIL.COM

**Address** BLK 430 CLEMENTI AVE 3 #06-365 SINGAPORE 120430  
**Postcode**  
**Was driver an employee of the Insured's Company** NO  
**If No, Relationship of the Driver with the Insured** OWNER  
**Vehicle Registration Number of Driver's Own Vehicle** -  
-  
-  
**Insurance Company of Driver's Own Vehicle** -  
-  
-

#### General Information of the Accident

**Type Of Accident** COLLISION - MAJOR/MINOR RD  
**Weather Conditions** RAINING  
**Road Surface** WET

#### Other Information

**Was any foreign vehicle involved in this accident?** NO  
**Number of vehicles (including own vehicle) Involved in the accident** 2  
**Was any body injured in the Accident?** YES  
**Was any injured conveyed to hospital by ambulance?** NO  
**Was any other material or property damaged?** YES  
**I have been approached by unknown person(s) soliciting/offering accident claims assistance.** NO  
**Number of Passengers (Including Driver)** 1

#### Details of Police Action

**Was the accident reported to the police?** YES  
**If Yes, Please state which Police Station**  
**Police Station Name** ROCHER N.P.C  
**Police Station Address** ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE  
**Police Station Contact** TEL NO: 1800-2949999 - FAX NO:  
**Was notice of Intended Prosecution given?** NO  
**If Yes, against whom?**

#### Circumstances of Accident

REFER TO POLICE REPORT/ SKETCH PLAN

#### Attachment(s)

**Are accident photos available for attachment?** YES  
**Was there any video captured by Car Camera?** NO  
**Was there any audio recorded?** NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

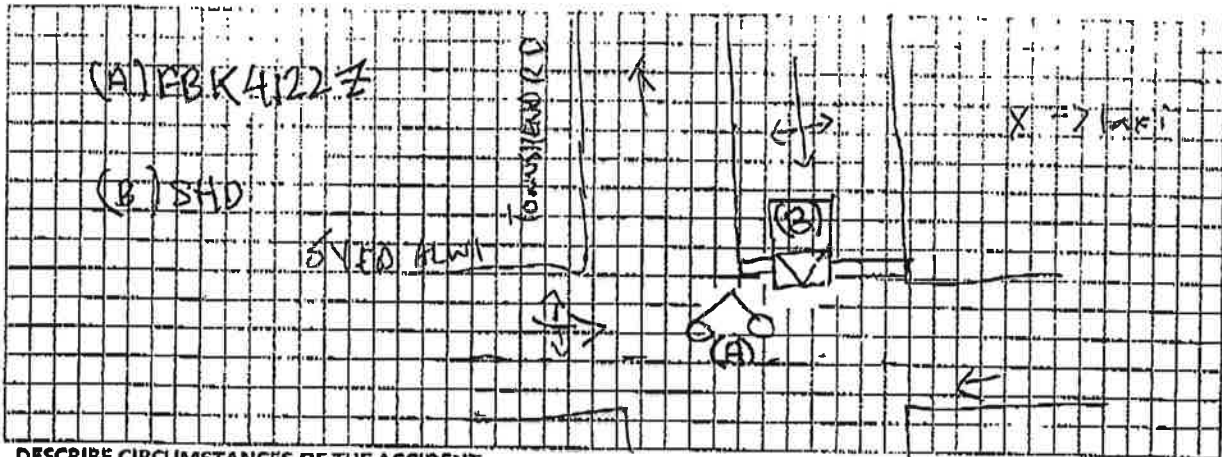
**Vehicle Registration Number** SHD4494R  
**Vehicle Make/Model/Colour**  
**Details Of Properties**  
**Vehicle Category** TAXI  
**Name of Driver** LEE KENG HENG  
**NRIC/Passport Number** S1150260A  
**Contact Number**  
**Address**  
**Postcode**  
**Insurance Company Name**  
**Nature Of Damage**

**No. Of Passenger (Including Driver)****DETAILS OF INJURED PERSON 1**

<b>Name</b>	<b>WELLMY RACHMATULLAH FARYONO</b>
<b>Approximate Age</b>	
<b>Injuries Sustain</b>	
<b>Injured person in which vehicle?</b>	<b>FBK4122Z</b>
<b>Were seat belts worn?</b>	
<b>Was this injured conveyed to hospital by ambulance?</b>	<b>NO</b>
<b>Address</b>	
<b>Postcode</b>	

## Sketch Plan Pg. 3

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 6th of June 2019 at about 12.20pm I was travelling along Sayed Alwi Rd heading straight when suddenly a comfort delcyo taxi turned right and hit me on my left side of the motorcycle causing me to fall on my right. The taxi driver failed to stop at the stop line yet still proceed to turn and as a result he hit me.

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

☐ - Reporting Only

☐ - Claim OD

☐ - Claim TP

☒ - Claim OD/TP at other workshop

## DECLARATION

I/WE declare the foregoing particulars are true in every respect,

Policyholder's signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

## Sketch Plan Pg. 4

SKETCH PLANIMPORTANT 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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/IN No.:



## Sketch Plan Pg. 6



**SINGAPORE  
POLICE FORCE**



T/20190607/2049

Police Station Of Origin:  
Rochor N.P.C.  
11, Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 1  
Report No: T/20190607/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/08/2019 12:17	Video Report No.	Station Diary No.: 75
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**Informant's Particulars**

Name of Informant: WELLY RACHMATULLAH FARYONO			Address: APT BLK 430 CLEMENTI AVENUE 3 #06-362 SINGAPORE 120430		
ID Type / ID No. NRIC NO / S8706224D			Contact No. Home/Office: Mobile: 94516191		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 18/03/1987	Type of Informant: Rider		
Race: Indonesian			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2019 12:20	Type of Location: Straight Road
Location: Along Road 1 SYED ALWI ROAD CROSS JUNCTION OF TOWNSHEND ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles: Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4122Z	Motorcycle	YAMAHA	MT-09 ABS TRACER	Red	Slightly Damaged	0
SHD4494R	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBK4122Z	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00561868	10/01/2019	09/01/2020

## Sketch Plan Pg. 7



**SINGAPORE  
POLICE FORCE**



T/20190607/2049

2 of 3

Police Station Of Origin:  
Rochor N.P.C.  
11 Kampong Kapar Road SINGAPORE  
208678  
Tel No: 1800 2949989

Report No: T/20190607/2049

**CONTINUATION OF REPORT**

Particulars of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: Nil			
Use of Pedestrian Crossing: NA			
Name	WEIL MY RACHMATULLAH FARYONO	ID No.	S8706224D
Related Vehicle	FBX4122Z (Motorcycle)	Contact No.	94518191
Hospital/Clinic	CARE FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date of Treatment	07/06/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	LEE KENG HENG	ID No.	S1150280A
Related Vehicle	SHD4494R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date of Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





**Brief Details.**

On 06/06/19 at about 12.20pm, I was driving along Syed Alwi Road. Another taxi (SHD4494R) was turning right from Townshend Road however he did not stop at the stop line before turning. As such, the right side of the taxi collided into the left side of my motorcycle. My motorcycle sustained some scratches as a result of this incident and I was given three days of MC for sore on my right arm, right leg, left leg as well as strain on my back. Subsequently, I took down the driver's particulars and the driver left, saying he has to go.

I am lodging this report for record purpose and insurance claims.



## Sketch Plan Pg. 8

 <b>SINGAPORE POLICE FORCE</b>		 T/20190607/2048
Police Station Of Origin: Rochor N.P.C. 11 Kampong Kapur Road SINGAPORE 208678 Tel No: 1800-2949999		Report No: T/20190607/2048
CONTINUATION OF REPORT		
<b>Sketch Plan</b> Informant is not able to provide sketch plan		
<b>IMPORTANT:</b> 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: A/ Sgt Z. POH YING XUAN		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 07/06/2019 12:17
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZOLI BIN ABDULLAH Contact No.: 65476204		Classification Of Case:
 POLICE FORCE  SIGNATURE		

## Sketch Plan Pg. 1



Contact us at  
Hotline: (65) 6532 2888  
E-mail: CustomerService@DirectAsia.com

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	:	MC/00581668
<b>Type of Coverage</b>	:	Third-Party Only Cover
<b>1) Vehicle Registration No.</b>	:	F8K41222
<b>Chassis No.</b>	:	JYARN29K00000441
<b>2) Name of Policy Holder</b>	:	Wellmy Racmatullah Faryono
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	:	10/01/2019 10:15
<b>4) Date of Expiry of Insurance</b>	:	09/01/2020 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>		
(a) A named driver who is driving on the Policyholder's permission. Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
<b>6) Limitations as to use*</b>		
Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. *Limitations rendered Inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		
<b>Sum Insured</b>	:	Market Value
<b>Policy Excess</b>	:	S\$ 0.00 (before any applicable GST)
<b>Main driver</b>	:	Wellmy Racmatullah Faryono
<b>Important Note:</b> The policy only covers the main driver and the following named driver:		
<b>Ref</b>	<b>Named Driver</b>	
I	Denny Kosim Faryono	
<b>Finance Company / Hire Purchase</b>		

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 10/01/2019

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur  
Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd  
20 Anson Road #08-01 Twenty Anson Singapore 079912  
www.DirectAsia.com

Company Registration: 200822611G

## Sketch Plan Pg. 2

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8706224D



Name

WELLMY RACHMATULLAH FARYONO

وېلمې راحماتوللاھ فاریونو

Race

INDONESIAN

Date of birth

18-03-1987

Sex

M

S0708224D

Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



002135049F

5745162



NRIC No: S8706224D



Date of issue

05-04-2017

Address

APT BLK 430 CLEMENTI AVENUE 3  
#08-362  
SINGAPORE 120430

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S):

Class 2B	Motorcycles <= 200 cc	03 Aug 2006
Class 2A	Motorcycles between 201 cc and 400 cc	18 Dec 2007
Class 2	Motorcycles > 400 cc	24 Dec 2012
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	04 Mar 2010

NP 428A



Licence No: S8706224D