

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 Submission 11/08/2021 18:19 (SGT)
Date of Accident 10/08/2021 18:30 (SGT)
Exact Location of Accident 208 Choa Chu Kang Central, Block 208, Singapore 680208
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FX8250U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DANISH BASHAN BIN ZAINUDIN
NRIC No TXXXX982A
Email Address yoga-123123@hotmail.com
Mobile Phone No (Phone) +65-90084392
Alternative Phone No +65-89494875

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400
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 Motorcycle
Transmission Manual
CC 399

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number D21MTMC01002039
Cover Note Number -

DRIVER

Name of Driver YOGA PRIANTONO BIN JOHARI
NRIC No TXXXX842C

Date Of Birth	14/04/2000
Occupation	Indoor
Date Of Driving Pass	01/10/2020
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89494875
Alt. Phone Number	-
Email Address	yoga-123123@hotmail.com
Address	BLK 13 HOLLAND DRIVE #02-66
Address complement	-
Postcode	271013
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210811/2001

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	SMQ1960D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	PENNY
Contact Number	(Phone) +65-96200608
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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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

11/08/21 15:24

11/08/2021

CHIA CHU KONG CHANROR

motor 101

A) FX8250U

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1984 1985 1986

1987 1988

Describe Circumstances of the Accident

REFER TO POLICE REPORT. 7/2021 08/11/2001

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

yes 11/08/21 15:11

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

Witnessed by Reporting Centre Personnel

























SINGAPORE POLICE FORCE



T/20210811/2001

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 4

Report No. T/20210811/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2021 00:00		Vide Report No.:	Station Diary No.: 1
Informant's Particulars			
Name of Informant: DANISH BASHAH BIN ZAINUDIN		Address: APT BLK 3A HOLLAND CLOSE #04-61 SINGAPORE 272003	
ID Type / ID No.: NRIC NO / T0028982A		Contact No.: Home/Office: Mobile: 90084352	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 20	Date of Birth: 12/08/2000	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: PRE-ENLISTEE		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	10/08/2021 18:30	Car Park
Location: CHOA CHU KANG CENTRAL				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX8250U	Motorcycle	HONDA	CB400 M	Black	Slightly Damaged	0
SMQ1960D	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX8250U	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC01002039	26/03/2021	25/03/2022



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20210811/2001

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Report No. T/20210811/2001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
SUB RIDER			
Name	YOGA PRIANTONO BIN JOHARI	ID No.	T0011842C
Related Vehicle	FX8250U (Motorcycle)	Contact No.	89494875
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	DANISH BASHAH BIN ZAINUDIN	ID No.	T0028982A
Related Vehicle	FX8250U (Motorcycle)	Contact No.	90084352
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Witness			
Name	PENNY	ID No.	NIL
Related Vehicle	SMQ1960D (Car)	Contact No.	96200608
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/08/2021 at about 1830hrs, my sub rider, Yoga Priantono parked FX8250U at the open space carpark near to Blk 208 Choa Chu Kang Central. I wished to inform that he did not parked the bike at the motorcycle lot as there was no lot available. Instead, he parked just by the side, just opposite Lot 190. Suddenly, my sun-rider heard a loud bang. He realized that his parked bike fell down. He saw a car, SMQ1960D, close to the bike, inching forward. He managed to talk the driver who claimed that she accidentally reversed onto the bike. She exchanged contact with my sub rider. I then contacted the driver who said that she will be claiming the damages through her insurance.



**SINGAPORE
POLICE FORCE**



T/20210811/2001

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 4

Report No. T/20210811/2001

CONTINUATION OF REPORT

The damages on my bike are scratches on the rear left fairing and my rear light signal is not able to function. My sub-rider observed that there were scratches at the rear bumper of the car.

Therefore, I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210811/2001

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20210811/2001

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: J/ Sgt 3 MUHAMMAD SHA'ARI BIN ABDUL RASHID	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2021 00:00
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

SIGNATURE