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 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.

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 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

Honda

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

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 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? Nο If No. Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο 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? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMQ1960D Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	PENNY
Contact Number	(Phone) +65-96200608
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Da Time Sketch Plan	ate & Driver's Sign	is not the policyholder) / I	Aersonnel MOTOR to 1
A) FX8250U B) SMQ 19600		681 (6)	Samones & Samone

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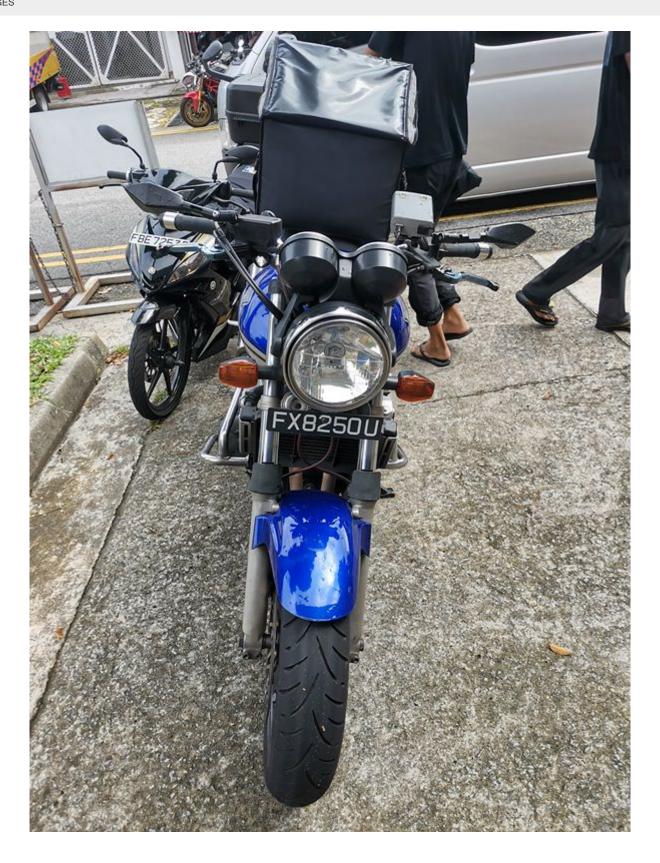
49/2 11/08/21 19:11

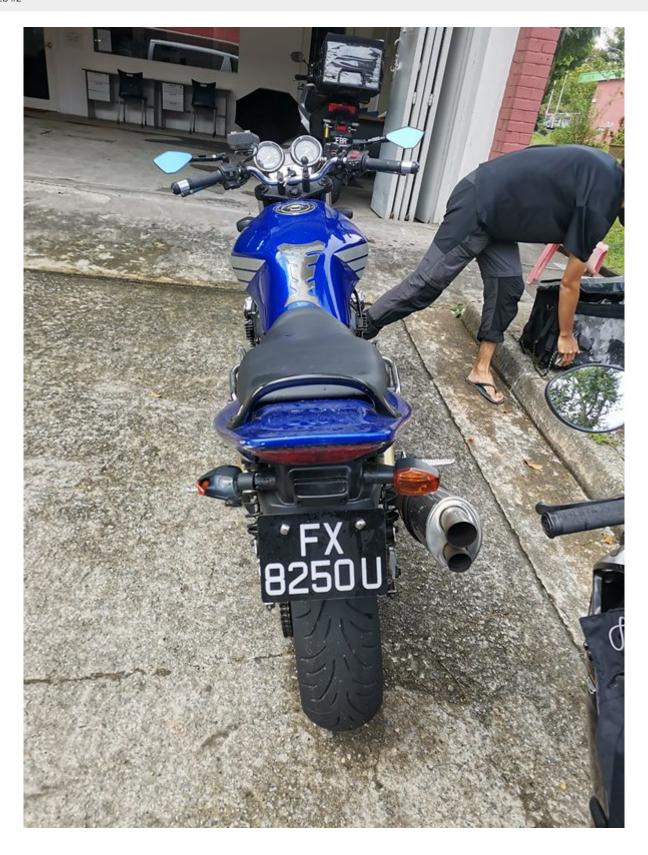
& Time

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel

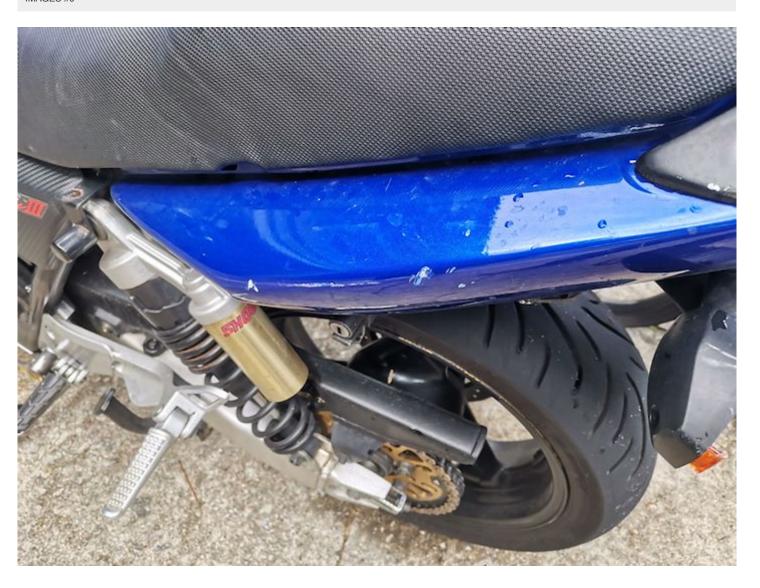


























Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

1 of 4 Report No. T/20210811/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 11/08/2	me Report I 021 00:00	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of DANISH	f Informant: I BASHAH	BIN ZAINUDIN	Address: APT BLK 3A HOLLAND CLO	SE #04-61 SINGAPORE 272003		
NRIC N	ID Type / ID No.: NRIC NO / T0028982A		Contact No.: Home/Office:	Mobile: 90084352		
Nationality: SINGAPORE CITIZEN		EN	Email:	. Mobile, 90084352		
Sex: Male	Age: 20	Date of Birth: 12/08/2000	Type of Informant:			
Race: Malay Occupation: PRE-ENLISTEE			Language: English	Institution / School Name:		
			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location
Location:		No	10/08/2021 18:30	our rank
Weather: Clear		Road Surface:		
				Road Speed Limit:
		Dry Traffic Control:		
Clear Traffic Flow: Type of Collis	ion:	Dry		Road Speed Limit: Traffic Volume:

Vehicle No.	Туре	Make	Model	Color	10	A CONTRACTOR OF THE PARTY OF TH
FX8250U Motorcycle		HONDA CB400 M		Slightly	No of Passenger	
	HONDA		Black		0	
SMQ1960D Car				Damaged		
				Slightly	0	
					Damaged	865

Vehicle No.	Insurance Company			
	TENET COMPO WILLIAM	Insurance No	Effective	Expiry Date 25/03/2022
		D21MTMC0100203	26/03/2021	



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

2 of 4 Report No. T/20210811/2001

CONTINUATION OF REPORT

Any Pedestrian	nvolved: No	1	SHARM STAND	45		
No. of Pedestria	ns Injured: NII					
SUB RIDER	STATE OF THE PARTY	AL ACAMORP	Use of	Pedestria	n Cros	sing: NA
Name	YOGA PRIANTONO BIN JOHARI			ID No).	T0011842C
Related Vehicle	FX8250U (Motorcycle)			Conta	act No.	89494875
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Data Bi					
	ted Medical Leave	scharge NIL				
Rider		NIL	Degree	of Injury	NIL	
Name	DANISH BASHAH BIN ZAINUDIN			ID No		T0028982A
Related Vehicle	FX8250U (Motorcycle)			Conta	ct No.	90084352
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	chargo	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree	e of Injury NIL		
是 100 mg 100		设施 。加加	13.30	- mjury	INIL	
Vame	PENNY			ID No.		NIL
Related Vehicle	SMQ1960D (Car)			Contac	t No.	96200608
Hospital/Clinic	NIL				e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Dot- Di	Expiry		
	ed Medical Leave	NIL	Date Dis	charge 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.



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.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 4 of 4 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 Rep J / Sgt 3 MUHAMMAD SHA'ARI BIN ABDU RASHID	
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2021 00:00
Officer In Charge Of Case: TP / GIA / SINSAPORE POLICE FORCE Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 SIGNATUR	(E