

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

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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 / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

yey 11/08/21 15:24

11/08/2021

CHIA CHU KONG CAMROZ

MOTOR W1.

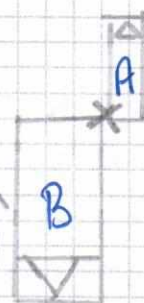
A) FX8250U

B) SMQ1960D

BK 208

101 102 103

PHOTOGRAPH



Describe Circumstances of the Accident

REFER TO POLICE REPORT. 7/2021 OF 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

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 1 / 2021) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)

LOCATION: 208 Choa Chu Kang Central 680208

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX8290V
b) INSURANCE COMPANY: Sampo Insurance
c) POLICY NUMBER: D21MTM C01002039
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda CB400
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Danish Bishah Bin Zainuddin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T0028982A CONTACT: 9008 4352
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yoga Priantono Bin Johari (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T0011842 CONTACT: 89474875
c) ADDRESS:

* d) DATE OF BIRTH: (14 / 04 / 2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01 October 2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: Choa Chu Kang NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMQ1960D MODEL:
b) DRIVER'S NAME: Penny
c) NRIC/FIN/PASSPORT: CONTACT: 96200608

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email: yoga-123123@hotmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20210811/2001

1 of 4

Report No. 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

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: No	Date/Time of Accident: 10/08/2021 18:30	Type of Location: 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.	D21MTMC0100203 9	26/03/2021	25/03/2022



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

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
Name			
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

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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 Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/08/2021 00:00

Classification Of Case:

SIGNATURE

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. : D21MTMC01002039
Insured : DANISH BASHAH BIN ZAINUDIN
Motor Vehicle (Regn No.) : FX8250U
Cover : Third Party
Policy Commencement Date : 26 MARCH 2021 17:27
Policy Expiry Date : 25 MARCH 2022 23:59
Maximum Liability (Section I) : Third Party
Excess* : NIL
Named Driver 1 : DANISH BASHAH BIN ZAINUDIN
Named Driver 2 : YOGA PRIANTONO BIN JOHARI
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
DANISH BASHAH BIN ZAINUDIN, YOGA PRIANTONO BIN JOHARI

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 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.03)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 26 MARCH 2021 17:27

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 4ADHO64_41BLMPAJ