

# 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 ..... 13/06/2022 16:27 (SGT)  
Date of Accident ..... 11/06/2022 14:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MEGA@WOODLANDS OUTSIDE #07-19  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBN6148X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... DANA ABERNATHY  
NRIC No ..... SXXXX901H  
Email Address ..... DANAABERISME@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-85683345  
Alternative Phone No ..... +65-85683345

### VEHICLE PARTICULARS

Manufacturer ..... Kawasaki  
Model ..... NINJA 400 MANUAL  
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 ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTMC01006727  
Cover Note Number ..... 13/11/2021 - 12/11/2022

### DRIVER

Name of Driver ..... DANA ABERNATHY  
NRIC No ..... SXXXX901H

Date Of Birth .....	23/08/1997
Occupation .....	Indoor
Date Of Driving Pass .....	05/03/2021
Driving experience .....	1 YEAR AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85683345
Alt. Phone Number .....	+65-85683345
Email Address .....	DANAABERISME@GMAIL.COM
Address .....	BLK 636 ANG MO KIO AVE 6 #05-5177
Address complement .....	-
Postcode .....	560636
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Collided into Property
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004849999
Alt. Police Station Phone No .....	(Fax) +65-62181399
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### 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 .....	GBF702C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	CHONG YIN SENG
NRIC No .....	SXXXX443F
Contact Number .....	(Phone) +65-94551818
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

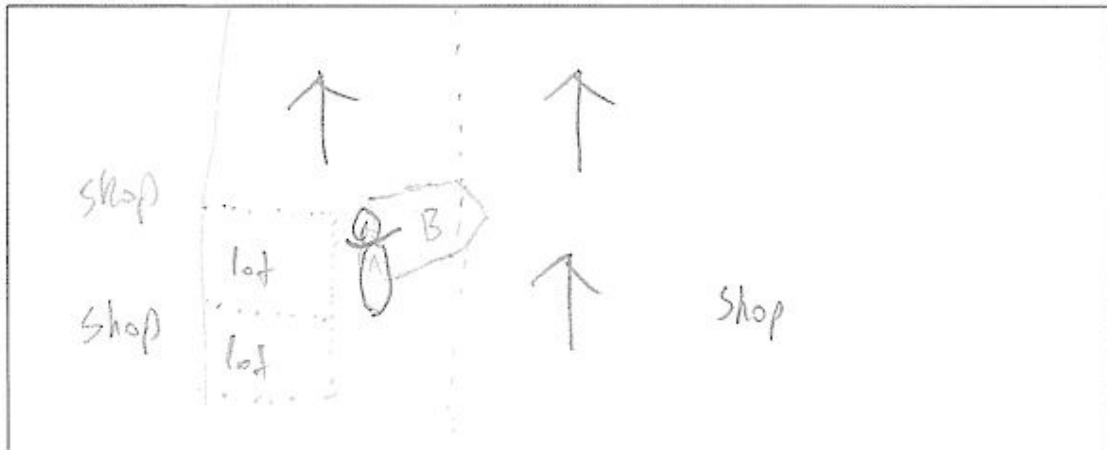
## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	DANA ABERNATHY
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK PAIN
Injured person in which vehicle? .....	FBN6148X
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

Date of accident: 11/06/2022 Time: 14:00 Location: MELA@WOODLANDS outside #0719  
 My Vehicle A: FBV6148X Vehicle B: 6BF702C Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No. 1/20220611/2022

\* Traffic flow to be changed from two way to one way

\* May update police report with sketch plan as well.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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



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

## SKETCH PLAN

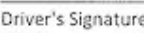
## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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/FIN No.:











































**SINGAPORE  
POLICE FORCE**



T/20220611/2077

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20220611/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/06/2022 17:22		Vide Report No.:		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: DANA ABERNATHY			Address: APT BLK 636 ANG MO KIO AVENUE 6 #05-5177 SINGAPORE 560636		
ID Type / ID No.: NRIC NO / S9728901H			Contact No.: Home/Office: Mobile: 85683345		
Nationality: SINGAPORE CITIZEN			Email: danaaberisme@gmail.com		
Sex: Male	Age: 24	Date of Birth: 23/08/1997	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2022 14:00	Type of Location: Carpark Road outside #07-19
Location:  WOODLANDS CLOSE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN6148X	Motorcycle	KAWASAKI	NINJA 400 MANUAL	Black	Slightly Damaged	0
GBF702C	Van	TOYOTA	REGIUS ACE SUPER GL DARK PRIME 3.0 A	White		1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220611/2077

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20220611/2077

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN6148X	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100672 7	13/11/2021	12/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	DANA ABERNATHY		ID No.	S9728901H
Related Vehicle	FBN6148X (Motorcycle)		Contact No.	85683345
Hospital/Clinic	DA CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	11/06/2022		Date Discharge	11/06/2022
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	CHONG YIN SENG		ID No.	S6829443F
Related Vehicle	GBF702C (Van)		Contact No.	94551818
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 11/06/2022 at about 2pm, I was on my motorcycle (Reg Plate: FBN6148X and henceforth known as V1) at level 7 of Mega @ Woodlands. I was intending to ride to my workshop to service my motorcycle. At that point in time, I was alone and had no pillion on me. Driving ahead of me was a van (Reg Plate: GBF702C and henceforth known as V2). I kept a safety distance of about 1 car away from V2 and everything appeared to be in order.

As we were moving forward, V2 made an abrupt turn to the right without turning on his signal lights. When I saw this, I immediately came to a stop as I was trying to see what the driver of V2 was attempting to do. The latter went on to reverse park into a parking lot outside #07-19 and ended up colliding onto my right. It caused V1 to fall onto its left but I managed to throw myself off. Upon collision, V2 came to a stop.

Seeing this, I immediately went to the driver seat and confronted the driver and asked him what he was doing. Mechanics from a nearby shop also rendered assistance to me. Before the driver alighted from V2, he drove slightly forward away from my motorcycle before I managed to take a photo. He then alighted





SINGAPORE  
POLICE FORCE



T/20220611/2077

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
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Report No. T/20220611/2077

CONTINUATION OF REPORT

from V2. As we could not come to a conclusion on private settlement, we decided to proceed with insurance claims. We went on to exchange our particulars before going our separate ways.

40 minutes after the accident, I felt pain on my back and had trouble sitting down. Thus, I sought outpatient medical treatment at DA Clinic where I was issued with 3 days MC from 11/06/2022 to 13/06/2022.

I wish to state that V1 sustained known damages at the point of the incident on the side mirrors, handle-bars levers, brake-guard, fairings, exhaust and exhaust cover, foot pegs, transmission lever and rear brake lever. I also state that I do not have any cameras installed on my motorcycle. I further state that I will be using the police report in my insurance claims process as well.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
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T/20220611/2077

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Report No. T/20220611/2077

**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:  
F /  
Other MUHAMMAD FAHMY BIN  
RAZALI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:

Date/Time:  
11/06/2022 17:22

Classification Of Case:

NP168



**Sompo Insurance Singapore Pte. Ltd.**  
 50 Raffles Place, #03-03  
 Singapore Land Tower, Singapore 048623  
 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg  
 Co. Reg. No.: 198905490E | GST Reg. No.: M200003196

### 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. : D21MTMC01006727  
 Insured : DANA ABERNATHY  
 Motor Vehicle (Regn No.) : FBN6148X  
 Cover : Comprehensive  
 Policy Commencement Date : 13 NOVEMBER 2021 00:00  
 Policy Expiry Date : 12 NOVEMBER 2022 23:59  
 Maximum Liability (Section I) : Market value at time of loss  
 Excess\* : \$800 - Section I  
 Named Driver 1 : FOONG ZI LIANG (FENG ZILIANG)  
 Named Driver 2 : DANA ABERNATHY  
 HIRE PURCHASE OWNER : SIN HENG CREDIT PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
 FOONG ZI LIANG (FENG ZILIANG), DANA ABERNATHY

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 : 09 NOVEMBER 2021 12:33

#### 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 FKDZH2N4\_DMMYAJ