



**QUOTATION** 

NO.

: 48395

MS FIRST CAPITAL INSURANCE LTD

ATTN: MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877

DATE

: 28/11/2024

CLAIM NO.

: 12665

POLICY NO. : PNMC2024-00002887

**FROM** 

: STEPHANIE

VEHICLE NO.

Customer:

: FBM3943S

MAKE/MODEL

: YAM / XABRE TFX150

(Page 1 of 3)

| <u>S/N</u> | Description   | <u>Action</u> | <u>Qty</u> | <b>Unit Price</b> | <u>Amount</u> |
|------------|---|---------------|------------|-------------------|---------------|
| 1          | BEARING STEERING CONE LOWER P/N: 56456 - (REPORTED BY MECHANIC)       | REPLACE       | 1.00       | \$14.00           | 14.00         |
| 2          | BEARING STEERING CONE UPPER<br>P/N: 56209<br>- (REPORTED BY MECHANIC) | REPLACE       | 1.00       | \$23.00           | 23.00         |
| 3          | BEARING SWING ARM<br>P/N: 74736<br>- (REPORTED BY MECHANIC)           | REPLACE       | 2.00       | \$20.00           | 40.00         |
| 4          | BOX REAR (KAPPA) K39N<br>P/N: 82709<br>- (REPORTED BY MECHANIC)       | REPLACE       | 1.00       | \$279.00          | 279.00        |
| 5          | BUSH - (REPORTED BY MECHANIC)   | REPLACE       | 1.00       | \$22.00           | 22.00         |
| 6          | CAP SWING ARM<br>P/N: 74738<br>- (REPORTED BY MECHANIC)               | REPLACE       | 2.00       | \$8.00            | 16.00         |
| 7          | COVER SIDE 1 - (REPORTED BY MECHANIC)                                 | REPLACE       | 1.00       | \$51.00           | 51.00         |
| 3          | COVER SIDE LH<br>- (REPORTED BY MECHANIC)                             | REPLACE       | 1.00       | \$39.00           | 39.00         |
| 9          | COVER UNDER<br>- (REPORTED BY MECHANIC)                               | REPLACE       | 1.00       | \$59.00           | 59.00         |







Quotation Nos.: 48395 (Page 2 of 3)

|                  |   | A . #                    | O+ -               | Maid Daine                   | Amount                 |
|------------------|---|--------------------------|--------------------|------------------------------|------------------------|
| <u>S/N</u><br>10 | <u>Description</u> EMBLEM (YAMAHA) LOGO                                     | <u>Action</u><br>REPLACE | <u>Qty</u><br>1.00 | <u>Unit Price</u><br>\$16.00 | <u>Amount</u><br>16.00 |
| 10               | P/N: 57069<br>- (REPORTED BY MECHANIC)                                      | KEI E KOE                | 1.00               | Ψ10.00                       | 10.00                  |
| 11               | FOOTREST FRONT LEFT P/N: 80461 - (REPORTED BY MECHANIC)                     | REPLACE                  | 1.00               | \$23.00                      | 23.00                  |
| 12               | FOOTREST REAR LH P/N: 80532 - (REPORTED BY MECHANIC)                        | REPLACE                  | 1.00               | \$23.00                      | 23.00                  |
| 13               | HANDLE GUARD CARBON - (REPORTED BY MECHANIC)                                | REPLACE                  | 1.00               | \$124.00                     | 124.00                 |
| 14               | LABOUR<br>P/N: 06766  | Supply/Install           | 8.00               | \$85.00                      | 680.00                 |
| 15               | LEVER SET RCB (GOLD) - (REPORTED BY MECHANIC)                               | REPLACE                  | 1.00               | \$124.00                     | 124.00                 |
| 16               | MID RACE BALL<br>P/N: 18585<br>- (REPORTED BY MECHANIC)                     | REPLACE                  | 1.00               | \$12.00                      | 12.00                  |
| 17               | MID RACE BALL P/N: 18576 - (REPORTED BY MECHANIC)                           | REPLACE                  | 1.00               | \$12.00                      | 12.00                  |
| 18               | MIRROR LH P/N: 55793 - (REPORTED BY MECHANIC)                               | REPLACE                  | 1.00               | \$26.00                      | 26.00                  |
| 19               | MUDGUARD REAR P/N: 77237 - (REPORTED BY MECHANIC)                           | REPLACE                  | 1.00               | \$20.00                      | 20.00                  |
| 20               | PEDAL GEAR - (REPORTED BY MECHANIC)   | REPLACE                  | 1.00               | \$39.00                      | 39.00                  |
| 21               | PLATE NUMBER REAR (6.5 INCH X 9 INCH) P/N: 26951 - (REPORTED BY MECHANIC)   | REPLACE                  | 1.00               | \$29.00                      | 29.00                  |
| 22               | PLATE REAR MUDGUARD P/N: 77241 - (REPORTED BY MECHANIC)                     | REPLACE                  | 1.00               | \$85.00                      | 85.00                  |
| 23               | RETAINER BALL BEARING<br>P/N: 55218   | REPLACE                  | 1.00               | \$12.00                      | 12.00                  |
| 24               | - (REPORTED BY MECHANIC) SEAL DUST STEERING CONE P/N: 59783                 | REPLACE                  | 1.00               | \$8.00                       | 8.00                   |
| 25               | - (REPORTED BY MECHANIC)<br>SIGNAL REAR LH ASSY<br>- (REPORTED BY MECHANIC) | REPLACE                  | 1.00               | \$28.00                      | 28.00                  |







Quotation Nos.: 48395 (Page 3 of 3)

| S/N | <u>Description</u>                                   | <u>Action</u>          | <u>Qty</u> | <u>Unit Price</u> | <u>Amount</u>          |
|-----|--|------------------------|------------|-------------------|------------------------|
| 26  | SLIDER FRONT WHEEL (GOLD) - (REPORTED BY MECHANIC)   | REPLACE                | 1.00       | \$124.00          | 124.00                 |
| 27  | SPEEDOMETER ASSY - (REPORTED BY MECHANIC)            | REPLACE                | 1.00       | \$248.00          | 248.00                 |
| 28  | STAND SIDE<br>P/N: 84959<br>- (REPORTED BY MECHANIC) | REPLACE                | 1.00       | \$23.00           | 23.00                  |
| 29  | STICKER 3<br>- (REPORTED BY MECHANIC)                | REPLACE                | 1.00       | \$16.00           | 16.00                  |
| 30  | STICKER 5 - (REPORTED BY MECHANIC)                   | REPLACE                | 1.00       | \$16.00           | 16.00                  |
|     |  | SUB TOTAL<br>GST @ 9 % |            | _                 | \$2,231.00<br>\$200.79 |
|     |  | GRAND TOTAL (SG        | D)         | _                 | \$2,431.79             |

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

Acknowledge & Accepted By

BAN HOCK HIN CO PTE LTD



**STEPHANIE** 

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.









## **Vehicle Details**

CO2 Emission:

Make / Model Vehicle No. YAMAHA / XABRE TFX150 FBM3943S Vehicle Type: Vehicle Attachment 1: P00 - Passenger Motorcycle/Autocycle No Attachment /Moped Chassis No.: Vehicle Scheme: MH3RG3710HK026728 Normal Engine No.: Propellant: G3G8E0035920 Petrol Engine Capacity: Motor No.: 150 cc Maximum Power Output: Power Rating: Unladen Weight: Maximum Laden Weight: 135 kg 285 kg Original Registration Date: Year Of Manufacture: 31 Oct 2017 2017 COE Category: Lifespan Expiry Date: D - Motorcycle COE Expiry Date: Quota Premium: 30 Oct 2027 \$4,903.00 PARF Eligibility Expiry Date: Road Tax Expiry Date: 30 Apr 2025 Intended Transfer Date: Inspection Due Date: 27 Nov 2024 30 Oct 2025

**CEV/VES Rebate Utilised Amount:** 

#### **INSURER ENQUIRY**

# Find insurer

Vehicle reg. no.

SHC1299M

**Date of Accident** 

26/11/2024

Reset

#### % RESULT & RECEIPT

# TP Insurer Enquiry Insurance MS First Capital Insurance Ltd Period of Insurance 01/01/2024 - 31/12/2024 Requested By Gan Lay Peng (Ban Hock Hin C... Requested Date 27/11/2024 10:20

Payment details

Request Amount: **\$\$2** GST Amount: **\$\$0.18** 

Total Amount Due (GST Inclusive): \$\$2.18

**General Insurance Association** 

Records Management Centre GST Registration No: **M400017735**  SB0F24BRM001 / Ban Hock Hin Co Pte Ltd ENTRY DATE & TIME: 27/11/2024 10:19 (SGT) SUBMITTED BY: Gan Lay Peng VERSION: 1 (27/11/2024 10:19 (SGT))



# 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 Actual 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.

- 4. The issue and acceptance of this 1 of the 1 of 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 First Submission 27/11/2024 10:19 (SGT) Both Policyholder and Actual Driver Reported by Date of Accident 26/11/2024 18:00 (SGT) Exact Location of Accident Singapore Additional Location Information Mccallum Street Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBM3943S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SAEED HASHIM AJMAL NRIC No SXXXX414D AJMALSAEEDHASHIM@GMAIL.COM Email Address ..... Mobile Phone No (Phone) +65-90353842 Alternative Phone No

#### VEHICLE PARTICULARS

Yamaha XABRE TFX150 Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? avantaanna aantaan aan aan aan aan aan aa aa aa Motorcycle Vehicle Category ..... Transmission ...... Manual 150 Vehicle Fuel Petrol First Regisration Date 31/10/2017

MH3RG3710HK026728 Chassis no Effective Date/Time of Ownership 28/06/2024 11:06 (SGT)

INSURANCE COMPANY

FWD Singapore Pte. Ltd. Name of Insurance Company PNMC2024-00002887 Policy Number / Cover Note Number

DRIVER

| Name of Driver   | SAEED HASHIM AJMAL                        |
|--|---|
| NRIC No  | SXXXX414D                                 |
| Date Of Birth  | 03/07/1997                                |
| Occupation   | Indoor                                    |
| Driving Pass Date  | 05/06/2024                                |
| Driving License Pass Class                                   | 2B  |
| Driving License Validity                                     | Valid                                     |
| Driving experience   | 5 MONTHS                                  |
| Gender   | Male                                      |
| Mobile Number  | (Phone) +65-90353842                      |
| Alt. Phone Number  | -   |
| Email Address  | AJMALSAEEDHASHIM@GMAIL.COM                |
| Address  | BLK 6 BEACH ROAD 11-4885 SINGAPORE 190006 |
|  | BEIT O'BEITTONIE IT TO EAST               |
| Address complement   | -<br>-                                    |
| Postcode   |   |
| Is the driver the policyholder?                              | Yes                                       |
| If No, Relationship of the Driver with the Insured           | #<br>N1                                   |
| Does Driver Own Other Vehicles?                              | No  |
| Vehicle Registration Number of Other Vehicle Owned by Driver |   |
| (annual property of the Control of the Delices               | -   |
| Insurance Company of Other Vehicle Owned by Driver           | -   |
|  |   |
| GENERAL INFORMATION OF THE ACCIDENT                          |   |
|  |   |
| Type of Accident   | Collision - Head to Rear                  |
| Weather Conditions   | Raining                                   |
| Road Surface   | Wet                                       |
| Road Surface   | Wet                                       |
|  |   |
| 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  |
| Translator's name  | ~   |
| Translator's ID  | _   |
| Translator's phone number                                    | _   |
| Translator's email   |   |
| I ranslator's email  | -   |
| Original language used in the statement                      | -   |
|  |   |
| DETAILS OF POLICE ACTION                                     |   |
|  |   |
| Was the accident reported to the police?                     | Yes                                       |
| Police Station Name  | Traffic Police                            |
| Police Station Phone No                                      | (Phone) +65-65470000                      |
| Alt, Police Station Phone No                                 | (Fax) +65-65474900                        |
| Police Station Address                                       | 10 Ubi Avenue 3 Singapore 408865          |
| Police Station Address                                       | No  |
| Was notice of intended Prosecution given?                    |   |
| If yes, against whom?  | -   |
|  |   |
| CIRCUMSTANCES OF ACCIDENT                                    |   |
|  |   |
| Refer to sketch plan.  |   |
|  |   |
| ATTACHMENT(S)  |   |
| WITMOUNIFIAT(A)  |   |
| Are accident photos available for attachment?                | Yes                                       |
| Was there any video captured by Car Camera?                  | No  |
| was there any video captured by Car Camera:                  |   |
|  |   |

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

| Vehicle Registration Number             | SHC1299M             |
|---|----------------------|
| Vehicle Manufacturer                    | Hyundai              |
| Vehicle Model                           | loniq                |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | Blue                 |
| Vehicle Category                        | Taxi                 |
| Name of Driver                          | Cheng Hian Kwang     |
| NRIC No                                 | SXXXX608C            |
| Contact Number                          | (Phone) +65-97229339 |
| 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                              | Saeed Hashim Ajmal   |
|---|----------------------|
| Gender  | Male                 |
| Phone No  | (Phone) +65-90353842 |
| Address   | ~                    |
| Address Complement                                  | -                    |
| Post Code   | -                    |
| Approximate Age Years Old                           | -                    |
| Injuries Sustained                                  | Lower back pain.     |
| Injured person in which vehicle?                    | FBM3943S             |
| Were seat belts worn?                               | No                   |
| Was this injured conveyed to hospital by ambulance? | No                   |

| Describe Cir   | rmetano  | o of the | Accident   |  | 300 State St |
|--|--|----------|--|--|--|
|  |  |          |  |  | A. V. 10. 10. 20.  |
| All controls of the control of the c | Reter  | ło       | Police.  | Report   | 7/20241127/7012  |
|  | and the second second second second  |          |  |  |  |
|  |  |          |  |  |  |
|  |  |          |  |  |  |
|  | 14/15  |          |  |  |  |
| and the state of t |  |          |  | and the second distribution of the second distri |  |
|  |  |          |  |  |  |
|  |  |          |  |  | AATOM AND  |
|  |  |          |  | the said formation in the said of the said |  |
| and the second second  | grant and the state of the stat |          |  |  |  |
|  |  |          |  |  | 200000000000000000000000000000000000000  |
|  |  |          |  | allengalenterische Stein gestallt zu einem der   | 433-2397   |
|  |  |          |  |  |  |
|  |  |          |  |  |  |
|  |  |          |  | Long Colonia C | and the second s |
|  |  |          | de la companya del companya de la companya del companya de la comp |  |  |
|  |  |          |  |  |  |
|  |  |          |  |  |  |
|  |  |          |  |  | and the second s |
| ·  |  |          |  |  |  |
| terinologie od 100 september 1 |  |          |  |  |  |
| Marian and a second  |  |          |  | And the second state of th |  |
|  |  |          |  | and the second second second second second second  | 2.37.20  |
|  |  |          |  |  |  |
|  |  |          |  |  |  |
|  |  |          |  |  |  |
|  |  |          |  | 19 de 19   |  |
| anana arentena Greece C  |  |          |  |  |  |
|  |  |          |  |  |  |
| -carrier of the state of the state of  |  |          |  |  |  |

Declaration

IMMe declare the foregoing particulars are true in every respect.

12001705

-608 27/u/24
Policyholder's Signature / Date & Tinte

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

Gan Lay Pung
Wineshed by Reporting Centra Personnel
(Name no in NRICAD care)

2

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver.</u>
- Information provided must be as <u>fruthful 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.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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' 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' lavyers/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 fhird-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.

(عهمالاه

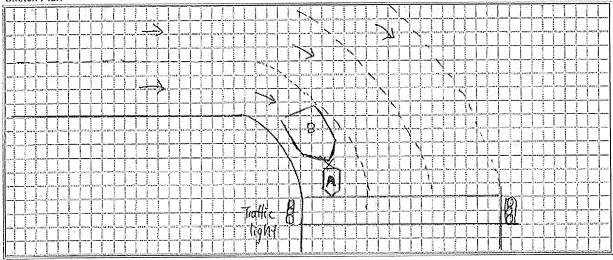
Pelicyholder's Signature / Date & Time

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

& Tim

Vitressed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan



1



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



ILVETTIETTO IS

3 of 3 Report No. T/20241127/7012

CONTINUATION OF REPORT

| Signature Of Officer Recording The Report:<br>Not applicable                        | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|---|---|
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>27/11/2024 02:52  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>LOW MENG FATT<br>Contact No.: 97577566 | Classification Of Case:   |
| NP168   |   |



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20241127/7012

#### CONTINUATION OF REPORT

| Any Pedestrian Im  | volved: No                 | DATA CONT. THE AMERICA PARENTERS AND A SECOND CONTRACT OF THE PARENTERS AND A SECOND CONTRACT OF |   |                           |                                    |
|--------------------|----------------------------|--|---|---------------------------|------------------------------------|
| No. of Pedestrians | : Injured: NIL             | Use of Peds  | estrian (                                       | Crossin                   | g: NA                              |
| Rider              |                            |  |   |                           |                                    |
| Nante              | Saeed Hashim Ajmal         |  |   |                           | S9775414D                          |
| Related Vehicle    | FBM3943S (Metorcycle)      |  |   | ct No.                    | 90353842                           |
| Hospita//Clinic    | THOMSON MEDICAL CENTRE     | on the second second   | Class of<br>Driving<br>Licence &<br>Expiry Date |                           | Class: 28,3<br>Date of Expiry: NIL |
| Date Treatment     | 26/11/2024                 | Date Disch   |   | NIL                       |                                    |
| No. of Days grante | ed Medical Leave (MC)   03 | Degree of I  | njury   | Slight                    |                                    |
| Driver             |                            |  |   |                           |                                    |
| Name               | CHENG HIAN KWANG           |  | ID No   | ,                         | S1572608C                          |
| Related Vehicle    | SHC1299M (Taxi)            | iniciale con tradesis est est est de la  | Contact No.                                     |                           | 97229339                           |
| Hospital/Clinic    | NIL                        |  |   | of<br>9<br>ce &<br>/ Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment     | NIL                        | Date Disch   | arge  | NIL                       |                                    |
| No. of Days grant  | ed Medical Leave (MC) NIL  | Degree of I  | Injury  | NIL                       |                                    |

#### Brief Details.

- -Accident occurred 26 Nov 2024 around 6pm. I was in my motorcycle stopped at the first traffic light after turning right from Shenton Way to McCallum Street as traffic light was red, I was in McCallum Street. Then a Blue ComfortDelgro text hit me from behind and my bike dropped. I am not sure how many passengers were inside the taxi but one lady came out of the Taxi to talk to the taxi driver.

  I am unsure of how seriously my motorcycle is damaged.

  As I had work stuff at CapitaSky / 79 Robinson Road I did not attend clinic immediately. After work I went to
- Thomson 24-HR urgent care centre and I was given 3 days MC 27 Nov 2024 to 29 Nov 2024.
- -The taxi details, Hyundai Ionic Hybrid SHC1299M, Taxi driver name Cheng Hian Kwang, S1572608C, -My details, Yamaha Xabre FBM3943S. My name is Saeed Hashim Ajmal, S9775414D.
- -Was only able to upload 3 attachment if need more photos I can provide / email



T/20241127/7012

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20241127/7012

# REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made:<br>27/11/2024 02:52 |                           |                           | Vide Report No.:                            | Station Diary No.: |
|--|---------------------------|---------------------------|---|--------------------|
| Informan                                   | 's Particular             | s                         |   |                    |
|  | Informant:<br>ashim Ajmal |                           | Address:<br>6 Seach Road #11-4885 SING      | APORE 190006       |
| ID Type /<br>NRIC NC                       | ID No.:<br>7/89775414     | D                         | Contact No.:<br>Home/Office:                | Mobile: 90353842   |
| Nationalit<br>SINGAPO                      | iy:<br>DRE CITIZE         | N                         | Email:<br>ajmalsaeedhashim@gmail.con        | n                  |
| Sex:<br>Male                               | Age:<br>27                | Date of Birth: 03/07/1997 | Type of Informant:<br>Rider                 |                    |
| Race:<br>Indian                            |                           |                           | Language:<br>English                        |                    |
| Occupati<br>Data cen                       | on:<br>tre engineer       |                           | Driving Licence Information:<br>Class: 2B,3 | Date of Expiry:    |

| Type of Accident:                     | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident: 26/11/2024 18:00  | Type of Location<br>X-Junction |
|---------------------------------------|------------------|---|--|--------------------------------|
| Location:                             |                  |   |  |                                |
| SHENTON WAY                           |                  |   |  |                                |
|                                       |                  |   |  |                                |
|                                       |                  |   | and the second s |                                |
| Wealher:                              |                  | Road Surface:<br>Wet                        |  |                                |
| Drizzlino                             |                  |   |  |                                |
| ***                                   |                  | Traffic Control:                            | Tr   | affic Volume:                  |
| Drizzling<br>Traffic Flow:<br>One Way |                  | Traffic Control:<br>Traffic Light - Working | 1  |                                |

| Vehicle No. | Туре       | Make    | Model        | Color | Condition           | No of Passenger |
|-------------|------------|---------|--------------|-------|---------------------|-----------------|
| FBM3943S    | Motorcycle | YAMAHA  | Xabre TFX150 | Green | Slightly<br>Damaged | 0               |
| SHC1299M    | Taxi       | HYUNDAI | loniq Hybrid | Blue  |                     | 1               |

| Details of Vehicle Insurance |                         |                       |                |             |
|------------------------------|-------------------------|-----------------------|----------------|-------------|
| Vehicle No.                  | Insurance Company       | Insurance No          | Effective Date | Expiry Date |
| FBM3943S                     | FWD SINGAPORE PTE. LTD. | PNMC2024-<br>00002887 | 28/06/2024     | 27/06/2025  |