

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

DATE: 18 April 2016

Invoice No: SG-PD-98-055

India International Insurance Pte Ltd
64 Cecil Street
#04/#05/#06-02
IOB Building
SINGAPORE 049711

PD - Direct Settlement

Your Insured: SH 6922H

Date of Accident: 15-Mar-16

Location: Havelock Road / New Market Road

FINAL REPAIR COSTS

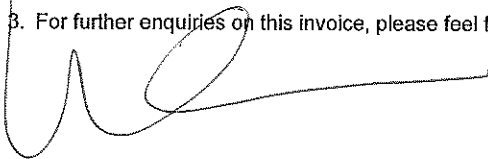
VEHICLE NO. FD 8432S

Cost of Repair for Vehicle No.:	FD 8432S	\$2,200.00
Loss of Use:	\$30 x 4 days	\$120.00
Total:		\$2,320.00

SINGAPORE DOLLARS: TWO THOUSAND THREE HUNDRED TWENTY ONLY.

Notes:

1. All cheque payment should be "Crossed" and made payable to SG 98 MOTOR PTE LTD
2. All cheque should have our "Invoice No" written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



SG 98 Motor Pte Ltd

:LG

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 ability.
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 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 Report	22/03/2016 16:04
Date Of Accident	15/03/2016 08:50
Exact Location Of Accident	HAVELOCK ROAD / NEW MARKET ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FD8432S
Insured/Policyholder	
Name Of Registered Owner	NIEMANN JULIAN ALEXANDER MARC
NRIC No	S8738386E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97109411
Alternative Phone No	Others-97109411

Vehicle Particulars

Manufacturer	VESPA
Model	PX15
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
If No, Please state action to be taken	Third Party
Vehicle Category	Motorcycle

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	5078214860
Cover Note Number	

Driver

Name of Driver	NIEMANN JULIAN ALEXANDER MARC
NRIC No	S8738386E
Date Of Birth	26/11/1987
Occupation	Indoor
Date Of Driving Pass	13/11/2006
Driving Experience	9 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-97109411
Fax Number	
Contact Number	Others-97109411
Email Address	NOEMAIL

Address	39 TREVOSE CRESCENT
Postcode	298051
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Address	ROAD: 1 Duke Road , POSTCODE: 268914 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6922H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KWOK WAI LOK
NRIC/Passport Number	S0147264Z
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	NIEMANN JULIAN ALEXANDER MARC
Approximate Age	28
Injuries Sustain	REFER REPORT

Injured person in which vehicle?	FD8432S
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	Yes
Address	39 TREVOSE CRESCENT
Postcode	298051

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

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/suit 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

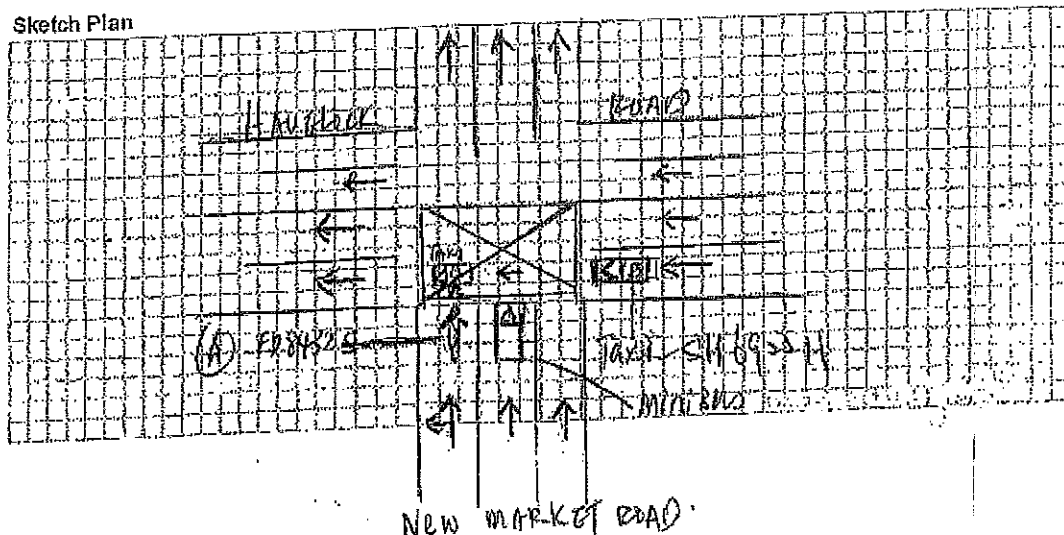
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

John Minamun 14-3-16
Policyholder's Signature / Date & Time

John Minamun 14-3-16
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police Report No: T	20160315	2090
attached		

Declaration

We declare the foregoing particulars are true in every respect

John Memon 10-3-16
Policyholder's Signature / Date &
Title

John Hancock 19-3-16
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20160315/2090

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20160315/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2016 14:22		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: NIEMANN JULIAN ALEXANDER MARC			Address: 39 TREVOSE CRESCENT SINGAPORE 298051		
ID Type / ID No.: NRIC NO / S8738386E			Contact No.: Home/Office: Mobile: 97109411		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 26/11/1987	Type of Informant: Rider		
Race: Caucasian			Language:		Institution / School Name:
Occupation: MARKETING EXECUTIVE			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/03/2016 08:50	Type of Location:
Location: Junction of Road 1 and Road 2 HAVELOCK ROAD NEW MARKET ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FD8432S	Motorcycle	VESPA	PX15	Grey	Seriously Damaged	0
SH6922H	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FD8432S	NTUC Income Insurance Co-Operative Limited	5078214860	08/03/2016	28/02/2017



**SINGAPORE
POLICE FORCE**



T/20160315/2090

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20160315/2090

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NIEMANN JULIAN ALEXANDER MARC	ID No.	S8738386E
Related Vehicle	FD8432S (Motorcycle)	Contact No.	97109411
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/03/2016	Date Discharge	15/03/2016
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	KWOK WAI LOK	ID No.	S0147264Z
Related Vehicle	SH6922H (Car)	Contact No.	NIL
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 15/03/2015 about 8:50am, I was riding along Havelock Road approaching the junction of New Market Road. As the traffic light was green in my favour, I continued to ride straight. Suddenly a comfort taxi SH6922H appeared from the front right where New Market Road is and continued to go straight in front of me. I tried to stop my motorcycle to avoid collision however I wasn't able to in time and crashed into the right side of the taxi. Both my motorcycle and myself fell down onto the road thereafter.

I was pinned under my motorcycle and I managed to lift up my motorcycle. I then called for police for assistance. The taxi driver alighted from his taxi and checked on me. We then moved to the side of the road leaving our vehicles in its original position. Soon after, the ambulance came and I was conveyed to SGH. I was given outpatient treatment by the doctor and was discharged on the same day. I was given 4 days of medical leaves.

My motorcycle oil tank was leaking and the front and side panel of my motorcycle was damaged.



SINGAPORE
POLICE FORCE



T/20160315/2090

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Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20160315/2090

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:
E /
CHUA KIM HUAT

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
15/03/2016 14:22

Officer In Charge Of Case:
TP / GIT /
MUHAMMAD HANAFI BIN AZLAN
Contact No: 65476437

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force