

Date In: 09/01/2008 14:34	Job description	Date & Time Completed	Done by
Ref No: NA/1180000643/Y	SAS e-Milling		
Veh No: FBK 6452H	E-mail (Vehicle Reg, AIC 2111)		
D.O.A: 05/01/2008 17:45	Motor Claim Form		
OD: (TP) Reporting Only	Motor W/O (Vehicle Reg, TP 2111)		
	Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yell No: SKG 66937	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: BSL Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: INC outline 6788 6616	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time	Actions

NA/1800307

Document Particulars	Invoice Preparation Checklist	Unit (\$)	AM/AR	Adm Bill
Driver/Owner:	1) AR: Accident Reporting (330)			
Contact No:	2) DA: Damage Assessment (3100)	INC (330)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$40		
	4) FT: Follow-Through Survey	\$120		
	5) PT: Follow-Through Survey (Resurvey)	\$30		
	For claimant against INC Only (wef 10 Jan 2008)			
	6) TR: Re-inspection	\$75		
	7) NI: Late DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	OD:			
	*NI: Courtesy Car / Tpl Allowance	\$5		
	*NI: Repair Coordination	\$10		
	*NI: Post Repair Inspection	\$15		
	*NI: DY / Collision Unsett Coordination	\$5		
	TP (NI) / TP (NI) against INC	\$20		
	9) NI: Late Mobile			
	Invoice dated			
	Invoice dated			
	Not Charged			
	Not Charged			

1/1

1/2/2

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	09/01/2018 14:34
Date Of Accident	05/01/2018 17:45
Exact Location Of Accident	ALONG BISHAN STREET 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6452H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN PAIJAN
NRIC No	S8905957G
Email Address	FAJZALPAIJAN@GMAIL.COM
Mobile Phone No.	(LOCAL) +65-90712622
Alternative Phone No	OTHERS-90712622

Vehicle Particulars

Manufacturer	KAWASAKI
Model	Z1000SX-1.0
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V16405/VMS/R02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAIZAL BIN PAIJAN
NRIC No	S8905957G
Date Of Birth	04/02/1989
Occupation	INDOOR
Date Of Driving Pass	02/10/2015
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90712622
Fax Number	
Contact Number	OTHERS-90712622
EMail Address	FAJZALPAIJAN@GMAIL.COM

Address	BLK 209 BISHAN STREET 23 #02-369
Postcode	570209
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180108/2097(TYPE OF COLLISION IS HEAD TO SIDE)

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	SKG6693T
Vehicle Make/Model/Colour	PORSCHE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA EE JOO FLORENCE (CAI YIRU, FLORENCE)
NRIC/Passport Number	S7917070D
Contact Number	81888956
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FAIZAL BIN PAIJAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK6452H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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. 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: 08/01/2018

1320 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

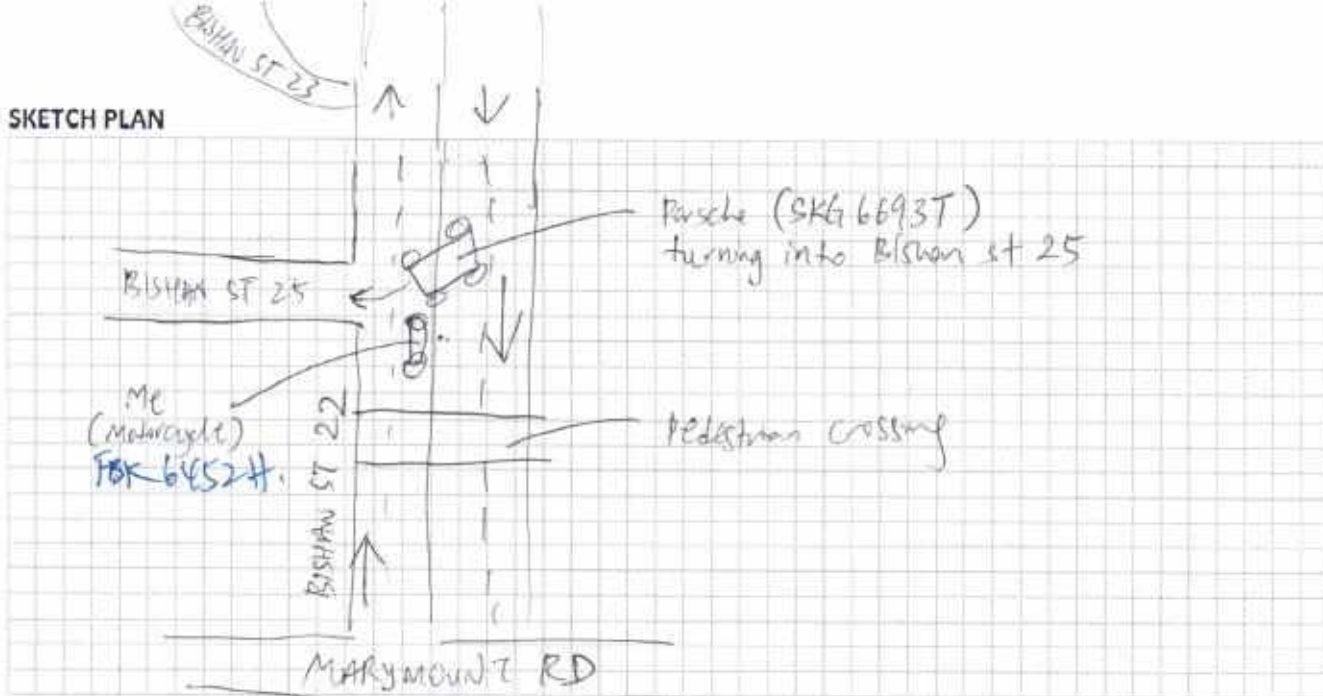
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Resh WABAB

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS refer to police report
7/20180108/2097

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 08/01/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] Koshi Watanabe



SINGAPORE POLICE FORCE



T/20180108/2097

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180108/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2018 15:02	Vide Report No.: E/20180105/0140	Station Diary No.: 57
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Informant's Particulars

Name of Informant: MUHAMMAD FAIZAL BIN PAIJAN			Address: APT BLK 209 BISHAN STREET 23 #02-369 SINGAPORE 570209	
ID Type / ID No.: NRIC NO / S8905957G			Contact No.: Home/Office:	Mobile: 90712622
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 28	Date of Birth: 04/02/1989	Type of Informant: Rider	
Race: Javanese			Language: English	Institution / School Name:
Occupation: SUPPLY CHAIN EXECUTIVE			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2018 17:45	Type of Location: T-Junction
Location: Along Road 1 BISHAN STREET 22 Bishan Street 22 before Bishan Street 25 after the traffic light junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK6452H	Motorcycle	KAWASAKI	Z1000SX	Black	Seriously Damaged	0
SKG6693T	Car	PORSCHE		Brown	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6452H	LIBERTY INSURANCE PTE LTD	SI17V16405/VMS/R 02	27/11/2017	26/11/2018



SINGAPORE POLICE FORCE



T/20180108/2097

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20180108/2097

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FAIZAL BIN PAIJAN	ID No.	S8905957G
Related Vehicle	FBK6452H (Motorcycle)	Contact No.	90712622
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/01/2018	Date Discharge	06/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Name			
CHUA EE JOO FLORENCE	ID No.	S7917070D	
Related Vehicle	NIL	Contact No.	81888956
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 05.01.2018 at about 1745hrs, I riding my motorcycle FBK6452H alone along Bishan Street 22 and I was on the right lane. As the traffic light was green, I continued to move. As I was approaching the junction of Bishan Street 25, a brown Porsche SKG6693T, which was travelling opposite my direction, made a quick right turn towards Bishan Street 25. I unable to stop in time and the car's right front bonnet collided against the right side of my motorcycle. I landed on my left side and I got up. The Porsche female Chinese driver turned into Bishan Street 25 and stopped her car. Some passer-by who saw the accident had assisted me to call for police and the ambulance. I managed to push my motorcycle to the road side of Bishan Street 25 with the help of the passer-by. The driver and I exchanged our particulars. Traffic police officers and the ambulance came. I was conveyed by ambulance to Tan Tock Seng Hospital and was given an outpatient treatment. I was granted seven days medical leaves from 05.01.2018 to 11.01.2018. I had sustained pain on my right leg area and on my lower back.

Handwritten signature



**SINGAPORE
POLICE FORCE**



T/20180108/2097

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20180108/2097

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:
D /
Sr Staff Sgt HAZLIN SURAYA BINTE RAMLEY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/01/2018 15:02

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 05/01/2018 (DD/MM/YYYY), TIME: 17:45 (HH:MM)

LOCATION: BISHAN STREET 222

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 6452H
 b) INSURANCE COMPANY: LIBERTY INSURANCE
 c) POLICY NUMBER: SI17V16405/VMS/R02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KAWASAKI Z1000SX
 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/NOT
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: MUHAMMAD FAIZAL BIN PAIJAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SR9059576 CONTACT: 90712622
 c) ADDRESS: 209 BISHAN ST 23, #02-369, SINGAPORE 570209

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 02/10/2015

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

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

6. WAS ANYBODY INJURED YES/NOT

7. a) REPORTED TO POLICE YES/NOT
 IF YES, PLEASE STATE WHICH POLICE STATION: QUEENSTOWN

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(3)

- a) VEHICLE NUMBER: SKG 6693T MODEL: PORSCHE
 b) DRIVER'S NAME: CHUA EE JOO, FLORENCE (CAI YIRU, FLORENCE)
 c) NRIC/FIN/PASSPORT: ST917070D CONTACT: 81888956

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

email = faizalpaijan@gmail.com

fax = _____

V1080

eye witness: Micael (96560557)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8905957G



Name
MUHAMMAD FAIZAL BIN
PAIJAN

Race
JAVANESE

Date of birth
04-02-1989

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

58905957G



Name
MUHAMMAD FAIZAL BIN
PAIJAN

Birth Date 04 Feb 1989

Issue Date 29 May 2008

001607862

348032



NRIC No. S8905957G



Date of issue
10-02-2004

Address
APT BLK 209 BISHAN STREET 23
#02-369
SINGAPORE 570209

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

CLASS DATE

Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC	29 May 2008
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	02 Nov 2009
Class 2	MOTORCYCLES EXCEEDING 400 CC	01 Oct 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	09 Sep 2015

S / No. 9000240802

NP 428A

00005957G

00005957G



Liberty
Insurance



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8811 Fax: (65) 6225 8890
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.	SI17V16405 /MS /R02
Form	MY3
Date of Issue:	08-Nov-2017
1. Index Mark and Registration No. of Vehicle:	FBK6452H
2. Chassis number of Vehicle:	JKAZXT00LMA011225
3. Name of Policyholder:	MUHAMMAD FAIZAL BIN PAIJAN
4. Effective date of Commencement of Insurance for the purposes of the Act:	27-NOV-2017 00:00
5. Date of Expiry of Insurance:	26-NOV-2018 23:59
6. Persons / Classes of Persons entitled to drive 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 or for any reason of Law or by reason of any enactment or regulation is not fit to be allowed from driving the Motor Vehicle. At the time of the accident the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident.	MUHAMMAD FAIZAL BIN PAIJAN, IYLIA BIN ISMAIL
7. Limitations as to use:	<p>A) Use only for the Policyholder's business or profession.</p> <p>B) Use only for social, domestic and pleasure purposes by:</p> <p>IYLIA BIN ISMAIL, MUHAMMAD FAIZAL BIN PAIJAN</p>
8. The Policy does not cover:	<p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.</p> <p>We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> Authorised Signature</p>	
<p>For Information only:</p> <p>COVERAGE: Comprehensive</p> <p>SUM INSURED (S\$): MARKET VALUE AT THE TIME OF LOSS</p> <p>EXCESS (S\$): Section I - Singapore S\$1000 / Outside Singapore S\$2,500.00</p> <p>FINANCE COMPANY: SPEEDWAY MOTOR PTE. LTD</p> <p>PRODUCER NAME: AXIS LINK PTE LTD</p>	