

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 24 Jan 2018 / 12:34:22

Receipt Date/Time : 24 Jan 2018 / 12:34:22

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180124-000831

Previous Receipt No. :

S/N Item Description/

Business Transaction Reference
No.

| Amount Before GST (\$\$) | GST Amount (\$\$) | Amount After GST (\$\$) |
|--------------------------------|-------------------------|-------------------------------|
|--------------------------------|-------------------------|-------------------------------|

Result of Insurance Enquiry - SHA4822T

As at 11 Jan 2018/11:20:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SHA4822T

Enquiry Fee

20180124123255941092

7.00 0.49 7.49

Sub-Total

7.00 0.49 7.49

Total Before Rounding

7.00 0.49 7.49

Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

20180124123323657

Direct Debit: eNETS Debit
(Internet Banking)

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

ATTN: Officer Incharge,

Pls arrange survey to inspect my FBE2639U, 7hke

Irene

24/1/18





**SINGAPORE
POLICE FORCE**



T/20180112/2109

1 of 3

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20180112/2109

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|-----------------------------|--------------------------|
| Date/Time Report Made: 12/01/2018 16:12 | | Vide Report No.: | | Station Diary No.: 31 |
| Informant's Particulars | | | | |
| Name of Informant: MOHAMMAD SHARIN BIN HANIFF | | Address: APT BLK 426 BEDOK NORTH ROAD #04-509 SINGAPORE 460426 | | |
| ID Type / ID No.: NRIC NO / S8114430C | | Contact No.: Home/Office: Mobile: 83238035 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 36 | Date of Birth: 29/05/1981 | Type of Informant: Rider | |
| Race: Malay | | Language: English | Institution / School Name: | |
| Occupation: DELIVERY COURIER | | Driving Licence Information: Class: 2B,2A,2 Date of Expiry: | | |

| | | | | |
|---|---|-----------------------------|--|---------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 11/01/2018 11:20 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 MARINA BOULEVARD BAYFRONT AVENUE | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: One Way | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | | |
| 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 |
| FBE2639U | Motorcycle | HONDA | CBF150 | Black | Seriously Damaged | 0 |
| SHA4822T | Car | | | | Slightly Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



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526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20180112/2109

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------|--|---------------------------------------|
| Rider | | | |
| Name | MOHAMMAD SHARIN BIN HANIFF | ID No. | S8114430C |
| Related Vehicle | FBE2639U (Motorcycle) | Contact No. | 83238035 |
| Hospital/Clinic | RAFFLES HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2 Date of Expiry: NIL |
| Date Treatment | 11/01/2018 | Date Discharge | 11/01/2018 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Serious |
| Driver | | | |
| Name | LAW TIO CHUAN | ID No. | S1651444F |
| Related Vehicle | SHA4822T (Car) | Contact No. | 96746243 |
| 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 11/01/2018 at about 11.20am, I was riding my company motorcycle (FBE2639U) along Marina Boulevard and was approaching the junction of Marina Boulevard and Bayfront Avenue. I was one the second lane from the left and I intended to make a left turn. As my motorcycle was heavy, I took a slightly wider turn to the left towards Bayfront Avenue. Subsequently, I checked my right side mirror and observed that there was a taxi (SHA4822T) from my right which was making a swift left turn towards my lane. As such, the front left rim of the taxi had collided onto my front rim. Hence, it caused my motorcycle to skid and I fell off quite a distance away from it. Subsequently, someone had called for an ambulance and upon ambulance arrival, I was then conveyed to Raffles Hospital. I managed to get the particulars of the said taxi driver. I am not sure if the in-car camera of the said taxi was recording.



SINGAPORE
POLICE FORCE



T/20180112/2109

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

3 of 3

Report No. T/20180112/2109

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:

G7

Sgt 3 KHAIRI YAHYA BIN MOHD SANI

Signature Of Interpreter:
Not applicableOfficer In Charge Of Case:
TP / GIT /

Sgt 3 LIM ENG KUAN, CLARENCE

SINGAPORE 65476195
POLICE FORCEAuthentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
12/01/2018 16:12

Classification Of Case:

MJHK10009453 / Joo Hak Koo Auto Pte Ltd - HQ
ENTRY DATE & TIME: 19/01/2018 11:21
SUBMITTED BY: Teo Soh Heong

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 23/01/2018 11:28

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 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 19/01/2018 11:21
Date Of Accident 11/01/2018 11:20
Exact Location Of Accident MARINA BOULEVARD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE2639U
Insured/Policyholder
Name Of Registered Owner S. F. EXPRESS (SINGAPORE) PRIVATE LIMITED
Co Reg No 200715259N
Email Address SQTSHASME@GMAIL.COM
Mobile Phone No
Alternative Phone No OFFICE-83238035
Vehicle Particulars
Manufacturer HONDA
Model CBF150
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE WORK PURPOSE
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 5052889803-05
Cover Note Number
Driver
Name of Driver MOHAMMAD SHARIN BIN HANIFF
NRIC No S8114430C
Date Of Birth 29/05/1981
Occupation OUTDOOR
Date Of Driving Pass 13/12/2005
Driving Experience 12 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83238035
Fax Number
Contact Number
Email Address SQTSHASME@GMAIL.COM

Address BLK 426 BEDOK NORTH ROAD #04-509
 Postcode 460426
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLIDED INTO MOTORCYCLIST
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 Was any other material or property damaged? NO
 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 KAKI BUKIT NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4429999 - FAX NO: 62444377
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO REPORT NO T/20180112/2109.

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 INJURED PERSON 1

Name MOHAMMAD SHARIN BIN HANIFF
 Approximate Age
 Injuries Sustain
 Injured person in which vehicle?
 Were seat belts worn?
 Was this injured conveyed to hospital by ambulance?
 Address
 Postcode

Sketch Plan #2

SKETCH PLANIMPORTANT 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. 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.

B. 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.:

Sketch Plan

SKETCH PLAN

Handwritten sketch plan on a grid background. The sketch shows a road layout with labels: "MAYAP" and "SANTHANA" on the left, "BAYFIRM" and "IBVO" below them. A central vertical line is labeled "Waring" and "Boulton". To the right, there are labels "A" and "B" with corresponding numbers: "A - FCE 2029U" and "B - SHA 4022T". A small diagram shows a car with a driver's side marked "A" and a passenger side marked "B".

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref To Police Report NO: T/20180112/2109

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.:

2018-01-18 14:35