



南方摩哆
SOUTHERN MOTOR

Block 1006, Bukit Merah Lane 2, #01-10
Singapore 159762 Tel: 62730369 Fax: 62746614

Repair & Dealing in New & Second-hand Motor-cycles, Scooters & Insurance Agent

Date: 29th January 2018

Motor Claims Department

116 Asia Pacific Insurance Pte Ltd

78, Shenon Way #07-16.

116 Building

Singapore 078120

Dear Sirs

Re: Cost of repair to Honda CB400X - 78M5706Y

| | | |
|-------------------------|----|---------------|
| 1 pc of Windscreen | RM | 210.00 |
| " Front signal | | 90.00 |
| " Top engine guard | | 350.00 |
| " Lower engine guard | | 300.00 |
| " Front mudguard | | 250.00 |
| " Front fairing | | 240.00 |
| " Centre fairing | | 250.00 |
| " Exhaust pipe | | 250.00 |
| " Front footrest | | 65.00 |
| " Rear footrest | | 45.00 |
| " Fuel tank plate RH | | 195.00 |
| " Brake lever | | 45.00 |
| " Handle bar | | 150.00 |
| " Mirror | | 180.00 |
| " Handle balancer | | 25.00 |
| " Front fairing bracket | | 215.00 |
| | | <hr/> 3473.00 |
| | | Less 10% |
| | | <hr/> 3125.70 |

Nett

| | |
|-----------|--------|
| Transport | 20.00 |
| Jack fork | 25.00 |
| GIVI Box | 250.00 |
| Labour | 300.00 |

RM 3780.70

Yours faithfully,
SOUTHERN MOTOR

Tel 64193000
Fax 64153727

Date: 29th January 2018

Your Ref: _____

Southern Motor

Blk 1006 Bt. Merah Lane 2

#01-10

Singapore 159762

Motor Claims Department

AG Asia Pacific Insurance Pte Ltd

78 Raffles Way #07-16

AG Building

Singapore 079120

Dear Sirs,

RE: ACCIDENT INVOLVING FAM 5706Y AND SLK 9787D ALONG
P/E towards Changi Airport near exit 11, Paya ON 21-01-2018 AT 14:00
Lebar

Please be informed that the above-said motorcycle bearing registration no: FAM 5706Y
was seriously damaged during the above-said accident and was beyond economic repair.

Kindly arrange for your surveyor to survey the above-mentioned motorcycle at Blk
1006, Bt. Merah Lane 2, #01-10, Singapore 159762. (Tel. 62730369)

Thanking you in advance,

Yours Faithfully,



Enc.

Tel 64193000
Fax 64153727

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 | 22/01/2018 12:33 |
| Date Of Accident | 21/01/2018 14:00 |
| Exact Location Of Accident | PIE TOWARDS CHANGI AIRPORT NEAR EXIT 11 PAYA LEBAR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBM5706Y |
| Insured/Policyholder | |
| Name Of Registered Owner | ZHANG JUNWEI |
| NRIC No | G6885214N |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81111217 |
| Alternative Phone No | OTHERS-81111217 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | HONDA |
| Model | CB 400X-399CC |
| 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 | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMMPHQ17-000944 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ZHANG JUNWEI |
| NRIC No | G6885214N |
| Date Of Birth | 28/02/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/08/2017 |
| Driving Experience | 0 YEAR AND 4 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81111217 |
| Fax Number | |
| Contact Number | OTHERS-81111217 |
| Email Address | NOEMAIL |

Address BLK 872A KLANG LANE
 #19-109
 Postcode 211672
 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 SIDE SWIPE
 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 SKETCH PLAN

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 SLK9787D
 Vehicle Make/Model/Colour TOYOTA COROLLA AXIO
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SIVAPATHAM SUNDRALINGAM
 NRIC/Passport Number S1222605E
 Contact Number 98323259
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

AIG Asia Pacific Insurance Pte Ltd
 78 Raffles Way #07-16
 AIG Building
 Singapore 078120
 Tel 64198000
 Fax 64153727

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

ZHANG JUNWEI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM5706Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

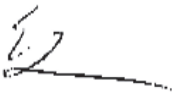
SKETCH PLAN

IMPORTANT NOTICE

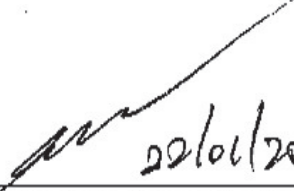
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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: Rosli Wajid
NRIC/FIN No. 22/01/2018

SKETCH PLAN

P1H TOWARDS CEMENT AIRPORT NEAR TO EXIT 11 PAYA LAROK



A) EBM 5706 Y
B) SLK 9787 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/2018/2018

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.:

22/01/2018
KESLI WATSON



SINGAPORE POLICE FORCE



T/20180122/2044

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

1 of 4

Report No. T/20180122/2044

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 22/01/2018 11:36 | | Vide Report No.: | | Station Diary No.: 39 | |
| Informant's Particulars | | | | | |
| Name of Informant: ZHANG JUNWEI | | | Address: APT BLK 672A KLANG LANE #19-109 SINGAPORE 211672 | | |
| ID Type / ID No.: FIN NO / G6885214N | | | Contact No.: Home/Office: Mobile: 81111217 | | |
| Nationality: CHINESE | | | Email: | | |
| Sex: Male | Age: 30 | Date of Birth: 28/02/1987 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: SALES DIRECTOR | | | 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: 21/01/2018 14:00 | Type of Location: Straight Road |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Changi Airport near to exit 11 Paya Lebar | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Slide Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|--------|------------------------------|--------|------------------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| FBM5706Y | Motorcycle | HONDA | CB400X | Silver | Slightly Damaged | 0 |
| SLK9787D | Car | TOYOTA | COROLLA AXIO HYBRID 1.5G CVT | White | Slightly Damaged | 1. |

| | | | |
|-------------------------------------|-------------------|---------------|-----------------------|
| Details of Vehicle Insurance | | | |
| Vehicle No. | Insurance Company | Insurance No. | Effective Expiry Date |



SINGAPORE POLICE FORCE



T/20180122/2044

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

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Report No. T/20180122/2044

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------|-----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
| FBM5706Y | EQ INSURANCE COMPANY LTD. | DMMPHQ17-000944 | 16/12/2017 | 16/12/2018 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | ZHANG JUNWEI | ID No. | G6685214N |
| Related Vehicle | FBM5706Y (Motorcycle) | Contact No. | 81111217 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A Date of Expiry: NIL |
| Date Treatment | 21/01/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | Sivapatham Sundralingam | ID No. | S1222605E |
| Related Vehicle | SLK9787D (Car) | Contact No. | 98323259 |
| 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 21/01/2018 at about 1400 hrs, I was riding my motorcycle FBM5706Y along PIE towards Changi Airport near to exit 11 Paya Lebar. I was travelling straight in the middle of lane 1 and 2 of 4 lanes from the right. As I was approaching vehicle SLK 9787D who was travelling on the most right lane, suddenly, the said vehicle filtered left. I noticed that the said vehicle did not signal prior to filtering left. The said vehicle left side mirror collided onto the right side of my motorcycle. Subsequently, I fell onto the ground. I tried to avoid collision however was unable to.

The damages to my bike are scratches and dents on the handle bar, body and box. The mirror of my motorcycle was also broken. I am not sure of the damage to the other vehicle. Subsequently, we exchanged particulars and left. I then went to Changi General Hospital for medical attention. I was given 3 days of MC from 21/01/2018 to 23/01/2018.

No government property damaged. Traffic Police and Ambulance were not at scene. I am lodging this report for claiming of insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180122/2044

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 4

Report No. T/20180122/2044

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180122/2044

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

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Report No. T/20180122/2044

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 /

Sgt: 2 HIDAYAT BIN SELAMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI GOH GEOK LYE

Contact No.: 65476148

Signature Of Informant:

Date/Time:

22/01/2018 11:36

Classification Of Case:

Authentication Stamp
NP168