



南方摩托
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: 6th March 2018

Motor Claims Department
AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way #07-16
AIG Building
Singapore 079120

Dear Sirs

Re: Cost of repair to Yamaha Jupiter M41X-78J2774K

1 pc of Front mudguard	S\$ 45.00
2 pcs of Centre fairing	150.00
1 pc of Lower cowling	50.00
" Brake pedal	45.00
" Footrest	65.00
" Footrest rubber	15.00
" Brake lever	15.00
" Mirror	55.00
" Handle bar	65.00
" Handle bar cover	25.00
	<hr/>
	535.00
	<hr/>
	53.50
	<hr/>
	481.50

Tax 10%

Nett

Transport	40.00
Alignment fork	65.00
Alignment spoke rim	45.00
No plate	15.00
Labour	150.00
	<hr/>
	S\$ 795.00

Yours faithfully,
SOUTHERN MOTOR

Fax: 64153727

Tel 64192000

By email: www.aig.com.sg

Date: 6th March 2018

Your Ref: _____

Southern Motor

Blk 1006 Rt. Merah Lane 2

01-10

Singapore 159762

Motor Claims Department

AG Asia Pacific Insurance Pte Ltd

78 Shenton Way #07-16

AG Building

Singapore 078120

Dear Sirs,

RE: ACCIDENT INVOLVING 7BJ 2774K AND SLR 2231R ALONG
Outran Rd towards Kim Hong Rd ON 26-02-2018 AT 14-00

Please be informed that the above-said motorcycle bearing registration no: 7BJ 2774K
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,



End

Tel 6492000

By email: www.aig.com.sg

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	27/02/2018 17:53
Date Of Accident	26/02/2018 15:40
Exact Location Of Accident	ALONG OUTRAM RD TOWARDS KIM SENG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2774K
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD AZIM BIN ABDUL AZIZ
NRIC No	S8127306E
Email Address	AZIMAILEEN1127@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87527044
Alternative Phone No	OTHERS-87527044

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	5085081648-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD AZIM BIN ABDUL AZIZ
NRIC No	S8127306E
Date Of Birth	11/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87527044
Fax Number	
Contact Number	OTHERS-87527044
Email Address	AZIMAILEEN1127@GMAIL.COM

Address BLK 469 ANG MO KIO AVENUE 10
#07-964
Postcode 560569
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 -
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? YES
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/20180227/2134

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 SLE2232R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE HIRE
Name of Driver RIDWAN
NRIC/Passport Number
Contact Number 98335514
Address
Postcode
Insurance Company Name
Nature Of Damage

AG Asia Pacific Insurance Pte Ltd
78 Raffles Way #07-16
AG Building
Singapore 078120
Tel 64195000
By email: www.ag.com.sg

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD AZIM BIN ABDUL AZIZ
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ2774K
Were seat belts worn?	
Was this Injured conveyed to hospital by ambulance?	YES
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: 27/02/2018

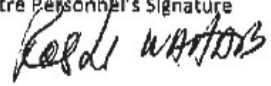
Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

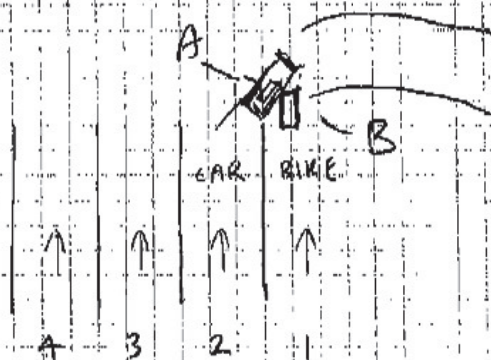
NRIC/FIN No.: 

SKETCH PLAN

Along Durban Road Towards Km 500 Road

A) FB 2774K

B) SL 2232R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO Police Report
7/200227/2134

DECLARATION

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

Policyholder's Signature

Date & Time: 27/02/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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

Report No. T/20180227/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2018 17:07	Vide Report No.:	Station Diary No.: 67
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MOHAMMAD AZIM BIN ABDUL AZIZ			Address: APT BLK 469 ANG MO KIO AVENUE 10 #07-964 SINGAPORE 560469		
ID Type / ID No.: NRIC NO / S8127306E			Contact No.: Home/Office: Mobile: 87527044		
Nationality: SINGAPORE CITIZEN			Email:		
Sex Male	Age: 36	Date of Birth: 11/08/1981	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/02/2018 15:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 OUTRAM ROAD KIM SENG ROAD Along Outram Road towards Kim Seng Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ2774K	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0
SLE2232R	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBJ2774K	NTUC Income Insurance Co-Operative Limited	5085081648-01	31/10/2017	10/09/2018



**SINGAPORE
POLICE FORCE**



T/20180227/2134

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

2 of 3

Report No. T/20180227/2134

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD AZIM BIN ABDUL AZIZ	ID No.	S8127306E
Related Vehicle	FBJ2774K (Motorcycle)	Contact No.	87527044
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/02/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Ridwan	ID No.	NIL
Related Vehicle	SLE2232R (Car)	Contact No.	98335514
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 the 26/02/2018 at about 1540hrs, I was riding along Outram Road towards Kim Seng Road and was on the way to Alexandra View to make a delivery. I was riding on the first lane in my bike registration number FBJ2774K.

Later on a silver car with registration number SLE2232R was on the second lane when he made a sudden right turn which went into my lane and the right side of the car hit me. I lost control and fell. Traffic police came to the scene and I was being conveyed to Singapore General Hospital. I was given 3 days of medical leave. I sustained an injury to my back.

I do not have the particulars of the driver however he is a Male malay man in his 20s to 30s. His contact number is 98335514. There are witnesses during the accident but all details are with the police, I do not have the Incident number as well.



**SINGAPORE
POLICE FORCE**



T/20180227/2134

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

3 of 3

Report No. T/20180227/2134

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 JESSICA JESTAS MIRANDA

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

27/02/2018 17:07

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP166



SINGAPORE
POLICE FORCE

SN 46

SIGNATURE