



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: 5th April 2018

Motor Claims Department
AIG Asia Pacific Insurance Pte Ltd
78 Raffles Way #07-10 AIG Building
Singapore 078120

Dear Sirs

Re: Cost of repair to Honda CB400SF4J - 7K9788D

1 pc of meter complete	RM 180.00
" Head lamp complete	240.00
2 pcs of front signal	130.00
1 pc of front spoke rim	560.00
1 set of front brake disc	75.00
1 pc of engine guard	120.00
" handle bar	130.00
" mirror	110.00
" Brake lever	45.00
" Front footrest	45.00
" Lower cowling	90.00
" Handle balancer	25.00
" Rear Yoshimura exhaust pipe	900.00
" Front exhaust manifold	850.00
" Throttle cable	90.00
" Throttle pipe	25.00
" Handle switch	145.00
" Brake pedal	65.00
	<hr/> 4,476.00

Less 10%

447.60

4,028.40

Nett

Transport	30.00
Spray painting	120.00
" "	160.00
Jack fork	75.00
Jack fork bracket	65.00
Rear fender	110.00
Repacked seat	45.00
Labour	250.00
	<hr/> 4,983.40

Yours faithfully,
SOUTHERN MOTOR

Tel 64193000
Fax 64193217

Date: 9th April 2018

Your Ref: _____

Southern Motor
Blk 1006 Bt Merah Lane 2
#01-10
Singapore 159762

Motor Claims Department

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

Dear Sirs,

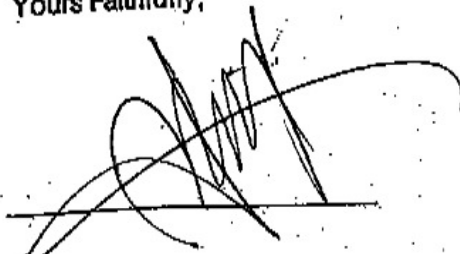
RE: ACCIDENT INVOLVING Fx 9788A AND SF7889.7 ALONG
Braddell Road ON 14-03-2018 AT 18.20

Please be informed that the above-said motorcycle bearing registration no: Fx 9788A
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 16/03/2018 11:27
Date Of Accident 14/03/2018 18:30
Exact Location Of Accident ALONG BRADDELL ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FX9788D
Insured/Policyholder
Name Of Registered Owner MUHAMMAD FAUZI BIN ALIAS
NRIC No S8626571J
Email Address OG_DEGILZ@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-85220785
Alternative Phone No OTHERS-85220785

Vehicle Particulars
Manufacturer HONDA
Model CB400SF4J-399CC
Exact Purpose for which vehicle was being used at time of accident ON THE WAY TO WORK
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 GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number MOMVM000001926-00-000
Cover Note Number

Driver
Name of Driver MUHAMMAD FAUZI BIN ALIAS
NRIC No S8626571J
Date Of Birth 29/08/1986
Occupation INDOOR
Date Of Driving Pass 26/09/2016
Driving Experience 1 YEAR AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-85220785
Fax Number
Contact Number OTHERS-85220785
Email Address OG_DEGILZ@HOTMAIL.COM

Address BLK 202A PUNGGOL FIELD
#05-232
Postcode 821202
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? 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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408665, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180315/2042

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 SFT8839T
Vehicle Make/Model/Colour MERCEDES BENZ CLA180
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

Atk Asia Pacific Insurance Pte Ltd
78 Raffles Way #07-16
112 Building
Singapore 079120
Tel 6493000
Fax 6493727

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FAUZI BIN ALIAS
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX9788D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



**SINGAPORE
POLICE FORCE**

Traffic Police
10 (20) Avenue 3
Singapore 408806
Tel : 65 6547 6904
Fax : 65 6547 6259
www.police.gov.sg

Your Ref :
Our Ref : TP/IP/16987/2018

Date : 3 APRIL 2018

MUHAMMAD FAUZIE BIN ALIAS
APT BLK 202A PUNGGOL FIELD
#05-232
SINGAPORE 621202

Dear Sir/Mdm,

**TRAFFIC ACCIDENT INVOLVING MOTORCYCLE FX9785D AND MOTOR CAR SFT8839T
ALONG BRADDELL ROAD ON 14.03.2018 AT ABOUT 8:30 P.M.**

I refer to the above accident.

- 2 We have completed our investigations. Our investigation shows that an offence of Inconsiderate Driving under Sec 55(b) of the Road Traffic Act Chapter 275 was disclosed against the driver of SFT8839T and action has been taken against the said driver for the said offence.
- 3 You may wish to note that our decision does not preclude future prosecution should new evidence emerge at a later stage.
- 4 Please be informed that our decision does not preclude you from pursuing civil claims.

Yours faithfully,

BHAERUL NIZAM
for HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE

NP 510

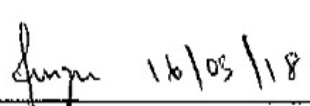
SKETCH PLAN

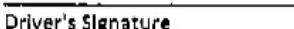
IMPORTANT NOTICE

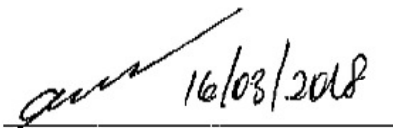
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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: 16/03/18


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Rosli W D
NRIC/FIN No. 16/03/2018



SINGAPORE POLICE FORCE



T/20180315/2042

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180315/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2018 11:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD FAUZIE BIN ALIAS			Address: 202A PUNGGOL FIELD #05-232 HDB-PUNNGOL WEST SINGAPORE 821202		
ID Type / ID No.: NRIC NO / S8626571J			Contact No.: Home/Office: Mobile: 85220785		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 29/08/1986	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Crane operator (port)			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/03/2018 18:30	Type of Location:
Location: Along Road 1 BRADDELL ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX9788D	Motorcycle	HONDA	CB400 SF4J M	Black		0
SFT8839T		MERCEDES BENZ	CLA180 (R18 BI)			0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX9788D	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01543	26/10/2017	25/10/2018



**SINGAPORE
POLICE FORCE**



T/20180315/2042

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180315/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD FAUZIE BIN ALIAS	ID No.	S8626671J
Related Vehicle	FX9788D (Motorcycle)	Contact No.	85220785
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

On the 15/03/2018 at about 1830 hrs, I was travelling along Braddell Road when I met an accident with another vehicle bearing "SFT8839T". I was traveling on the third lane and filtered to the middle lane and as I was trying to change lane to the first lane from the center going to the right. I enter the right lane when another vehicle in front of me just change lane, I was already on the first lane but she just cut in front and I tried to applied brake but then her back right rear wheel rubbed onto my front wheel and that from there I topple to the right side of the road.



**SINGAPORE
POLICE FORCE**



T/20180315/2042

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180315/2042

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:
TP /
SEBASTIAN NG JING PEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MA JUNXIANG
Contact No.: 65476251

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/03/2018 11:39

Classification Of Case: