;67528669

Enquire Vehicle & Owner Information (Vehicle No. SHC3431J As At 17 Apr 2018 / 19:30:00)

Law Firm Search Details

Search Reason:

Insurance ciaim in relation to traffic accident

Law Firm Case No.:

EUROFIA FZ 313H Y

Current Owner Details

Owner ID Type:

Company

Owner ID:

199303821R

Owner Name:

COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

Registered Building Name: GAS BUILDING

Registered Postal Code:

575717

Current Vehicle Details

Vehicle No.:

SHC3431J

Make Description/Model: HYUNDAI / SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO

Insurance Company Name: INDIA INT'L INS PTE LTD



EROFIA MOTOR TRADING PTE LTD

1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883

E-Mail: erofia@singnet.com.sg / erofia2@gmail.com

Tel: 67527740 Fax: 67528669

TO ARRANGE PRE-REPAIR SURVEY **BIKE IS IN / NOT IN WORKSHOP** TEL: 90696165 - MR TEO

MVA318054558 / VAC - Kaki Bukit ENTRY DATE & TIME: 25/04/2018 16;36 SUBMITTED BY: Norhalni Bte Abdul Majid

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time; 25/04/2018 15:47

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 Drivor.
- 3. information provided must be as truthful and accurate as possible. Any wilful misrapresentation or witholding 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.

DIGIGODIC,	
	ACCIDENT STATEMENT
Date Of Report	25/04/2018 15:35
Date Of Accident	17/04/2018 19:30
Exact Location Of Accident	AIRPORT ROAD / UBI ROAD 2 / TAI SENG AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FZ3134U
Insured/Policyholder	
Name Of Registered Owner	S. H. CYCLE PTE LTD
Co Reg No	<u>*</u>
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88083468
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125R A
Exact Purpose for which vehicle was being used at time of accident	
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V00320/VMC/R10 (TPFT)
Cover Note Number	
Driver	
Name of Driver	MOHAMED ALFIAN BIN NOORDIN
NRIC No	S8005791A
Date Of Birth	01/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	16/11/2000
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88083468
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 8718 TAMPINES ST 86 #16-30 Postcode 522871 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 SIDE SWIPE Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? 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 ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 65470000 - FAX NO: Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT ATTACHED 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 SHC3431J

Vehicle Make/Model/Colour

HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1	
Name	MOHAMED ALFIAN BIN NOORDIN	
Approximate Age	38	
Injuries Sustain	30	
Injured person in which vehicle?	FZ3134U	
Were seat belts worn?	7231340	
Was this injured conveyed to hospital by ambulance?	YES	
Address	DI V 0740 YALIDIN	
Postcode	BLK 871B TAMPINES ST 86 #16-30 522871	

Sketch Plan Pg. 1



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 Oriver.
- 3 Information provided must be as <u>truthful and occurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- G. The report will be forwarded by the insurers of the GIA Records Management Centro 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.
- 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 whicle(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)
 - (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 wall 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 furposes; 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.
- (c) the information so collected under (d) above may be shared / disclosed:

TFI:

Date & Yu

52998762

(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.

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 Singapore 415933 : 67416697 Fav: 4740

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

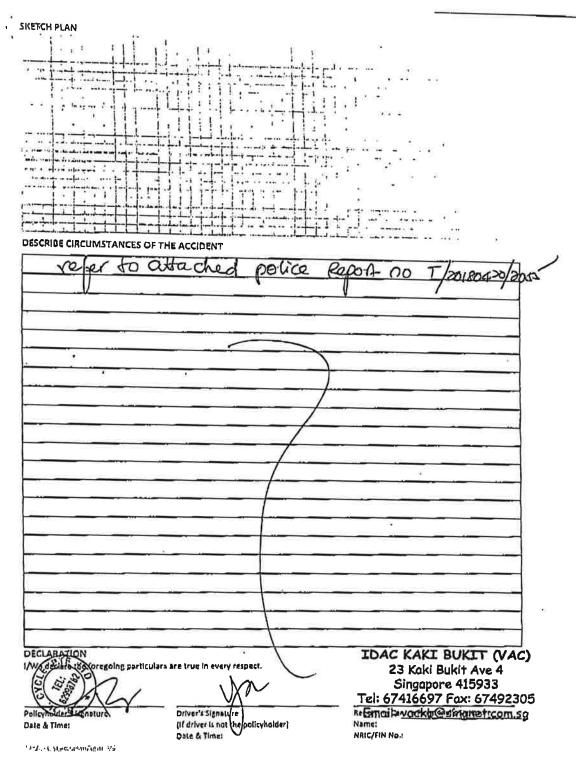
Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

(If driver is not the (QL syholder)
Date & Time:

Driver's Signature

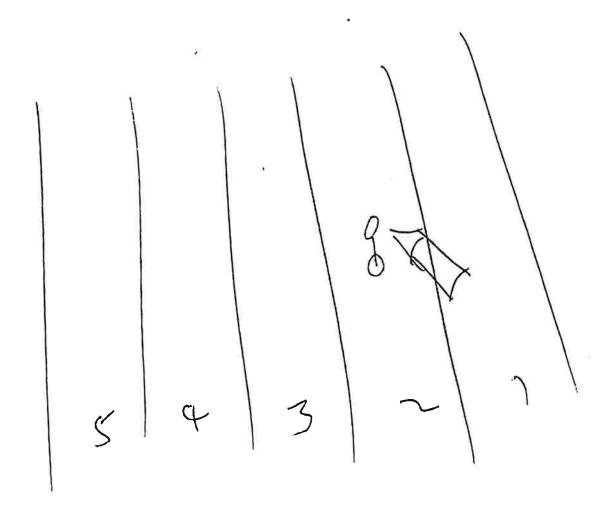
2 5 APR 2018

Sketch Plan #2 Pg. 1



2 5 APR 2018

Individual Statement Pg. 1







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

1 of 3 Report No. T/20180420/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 20/04/20	ne Report 018 12:54	Made:	Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars		
Name of	Informant	: N BIN NOORDIN	Address: APT BLK 871B TAMPI	NES STREET 86 #16-30 HDB-
) / S80057	91A	TAMPINES SINGAPOR Contact No.: Home/Office:	RE 522871
Nationality: SINGAPORE CITIZEN		Email:	Mobile: 88083468	
Sex: Male	Age: 38	Date of Birth: 01/03/1980	Type of Informant:	528924
Race: Malay		Language:	Institution / School Name:	
Occupation: DISPATCH RIDER		Driving Licence Informatical Class:	tion; Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance		Date/Time of Accident:	Type of Location
Location; Along Road 1 AIRPORT ROA JUNCTION OF Weather:	UBI ROAD 2 AND TAI SENO	No AVENUE d Surface:	17/04/2018 19:30	
		d Sunace:	R	oad Speed Limit:
Traffic Flow:	Traff	ic Control		
Traffic Flow: Type of Collision		ic Control:	Tı	raffic Volume:

Vehicle No.	Туре	Make	Madel	T		
FZ3134U	Motorcycle		Model	Color	Condition	No of Passenger
SHC3431J		HONDA	WAVE 125R A		Seriously	0
	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO		Damaged Slightly Damaged	0





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

2 of 3 Report No. T/20180420/2055

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No	***************************************			- Heading
No. of Pedestriar Rider	ns Injured: NIL	Use of Po	edestria	n Cross	sing: NA
Name	MOHAMED ALFIAN BIN NOO!	_	ID No		S8005791A
Related Vehicle	FZ3134U (Motorcycle)		Conta	ict No.	88083468
Hospital/Clinic Date Treatment	TAN TOCK SENG HOSPITAL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
	17/04/2018	Date Disc	- Abii y	Date	

Brief Details.

While I was riding across the traffic light junction of Airport Road / Ubi Road 2 / Tai Seng Ave on 17-04-

Suddenly a taxi cut into my lane from the "Right-Turn" lane

I was unable to stop on time and I collided the front left side fender

I was convey to Tan Tock Seng Hospital by ambulance with serious injury My bike was badly damaged



Police Station Of Origin:



3 of 3 Report No. T/20180420/2055

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

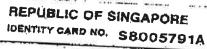
CONTINUATION OF REPORT

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.

	The do reference.
Signature Of Officer Recording The Report: TP / WONG ZI WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/04/2018 12:54
Officer In Charge Of Case; TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 65470000	Classification Of Case:
Authentication Stamp	Signeture:







MOHAMED ALFIAN BIN

يعب اللين بن توريين

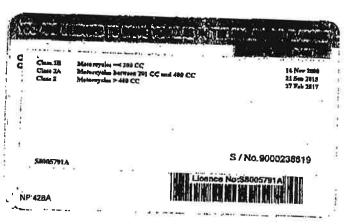
MALAY Date of birth

On-D3-1980 M SINGAPORE









:





Liberty Insurance Pte Ltd Registration no 199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Wabsite: 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)

Certificate No	PARTY RISKS) RULES, 1959 (MALAYSIA) SD18V00320 NMC /R10			
Form	MY100A			
Date of Issue	03-JAN-2018			
1.Index Mark and Registration No. of Vehicle: 2.Chassis number of Vehicle:	FZ3134U			
3.Name of Policyholder:	NF125MP0050636			
	S. H. CYCLE PTE LTD 01-JAN-2018 00:00 AM			
4.Effective date of Commencement of Insurance for the purposes of the Act:				
5.Date of Expiry of Insurance:				

31-DEC-2018 23:59 PM

5.Date of Expiry of Insurance: 6.Persons or Classes of Persons

entitled to drive*:

Any person provided he is in the Policyholder's order or with their permission or to whom the vehicle is hired.

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 by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving

And provided further that 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 loss or damage. 7.Limitations as to use":

A) Use only for the Policyholder's business or profession.

B) Use for social, domestic and pleasure purposes by any person provided he is in the Policyholder's employ and is driving 8. The Policy does not cover:

A) Use for the carriage of passengers for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.
 C) Use outside the Geographical Limit of the Republic of Singapore.

"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.

I/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).

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only: COVERAGE:

SUM INSURED:

Third Party Fire & Theft

EXCESS:

MARKET VALUE AT THE TIME OF LOSS All Claims S\$1500

FINANCE COMPANY:

PRODUCER NAME:

ANDA INSURANCE AGENCIES PTE LTD

PLFM/-/19-JAN-18

S1_CI_T1_T3_OE_Template2-Ver1.

19-JAN-18

IDENTITY CARD NO. SO057302G



Name

HO AH CHYE

Rane
CHINESE
Date of birth
12-01-1954
Gountry of birth
SINGAPORE

Sen M

4317361

;67528669

Duner



NRIC No. S0057302G



Date of lanue 04-12-2008

Address
APT BLK 101 BISHAN STREET 12
#23-286
SINGAPORE 570101