06-09-18:11:34

62244174

Enquire Vehicle & Owner Information (Vehicle No. SHC1782J As At 04 Sep 2018 / 09:00:00)

Law Firm Search Details

**Current Owner Details** 

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

MKR/103/8211/2018

BK 8H215

Owner ID Type:

Owner ID:

199303821R

Owner Name:

COMFORT TRANSPORTATION PTELTD

Registered Address Type:

Private Residential (Condo Apt or House)/Shopping/Office Complexas

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.:

SHC1782J

Make Description/Model: MERCEDES BENZ / E 220 CDI BLUEEFFICIENC

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





Police Station Of Origin; Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 11, of 4 Report No. T/20180904/2039

# 2/11

Tel No: 1800-7929999

REPORT	OF A	TRAFFIC	<b>ACCIDENT</b>
--------	------	---------	-----------------

Date/Time 04/09/2018		ade:	Vide Report No.:	Station Diary No.: 70		
Informant	s Particul	ars 1				
Name of In	formant:		Address:			
MUHAMAD HARIZ BIN ABD TALIB APT BLK 455 TAMPINES STRE 520455				REET 42 #10-190 SINGAPORE		
ID Type / II	O No.:		Contact No.:			
NRIC NO / S9109954C			Home/Office:	Mobile: 82992347		
Nationality: SINGAPOR		N	Email:			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	27	17/03/1991	Rider			
Race:	*	×	Language:	Institution / School Name:		
Malay						
Occupation	1;		Driving Licence Information:	30,		
MICRO BIG	DLOGIST		Class:	Date of Expiry:		

General Informat	ion of the Accident	er englyggegen at		e continue de la cont
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST towards Jurong V				Sol made to a constitution of the constitution
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving	Vehicles - Side Swipe	e - Same Direction		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of I	Passenger
FBK8421J	Motorcycle	PIAGGIO	VESPA GTS 300 SUPER	Red		0	
SHC1782J	Car					0	

Details of Ve	hicle insurance	day to the day of the second o		90 3335
Vehicle No.	Insurance Company, 1984			
FBK8421J	NTUC Income Insurance Co-Operative Limited	5077958256-02	27/02/2018	26/02/2019





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

06-09-18;11:58

2 of 4 Report No. T/20180904/2039

#### CONTINUATION OF REPORT

Details of Perso	ninvolved a like in the little in the		NAME OF	為羅袋	
Any Pedestrian II		***************************************			
No. of Pedestrian	ns Injured: NIL	Use of Peo	destrian	Cross	sing: NA
Rider	<b>和大型和国际的</b> ,和自然的制度和产品。12.10位在17世纪中的位置	<b>以同的NEED 的</b> 证例	機能發展的	<b>建物的基本</b>	<b>机设定的数字形式的图像设定的图像数字形</b>
Name	MUHAMAD HARIZ BIN ABD TAL	IB	ID No.		S9109954C
Related Vehicle	FBK8421J (Motorcycle)		Contact No.		82992347
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discl	narge	NIL	
	ted Medical Leave   01	Degree of			
White the same the same that t	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	的研究。但如何	潮知识规则	<b>。</b> 然而是	於。此一方。不言即是他自己的問題的
Name	Unknown Driver		ID No.		NIL
Related Vehicle	SHC1782J (Car)	117.34	Conta	ct No.	96160067
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc			100000000000000000000000000000000000000
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

### **Brief Details.**

On 04/09/2018 at 0900hrs, I was riding along Jurong West St 74 towards Jurong West Ave 5 on a speed of 40kmph. I was behind a taxi; SHC1782J, on the single lane road. I was keeping a car length distance behind the taxi driver. Then suddenly, the taxi driver made a abrupt turn into the carpark of Blk 769 and signaled while turning. As such, I quickly turned right to avoid any collision. Yet I skidded and collided onto the right rear section of the taxi. I fell down together with my bike injuring my left elbow. The taxi Takiver went into the carpark and U-turn out to help me to pick up my bike. I told him to put the bike back at the exact location to take pictures. I observed dents and scratched on the left side of my bike.

The taxi driver, a male Chinese, then gave me his handphone number and left scene as he was rushing to pick up a passenger.

We did not exchange other particulars.

On the same day at 1200hrs, the taxi driver contacted me and informed that he will be lodging a report and thus asked me to lodge a report as well.

I am lodging the report for insurance purposes.



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999



3 of 4

Report No. T/20180904/2039

**CONTINUATION OF REPORT** 

259 49338

4 of 4





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20180904/2039

Tel No: 1800-7929999

**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:	Signature Of Informant:
SIUI / SIE Staff Sgt R VIKNESH	Floriz
Signature Of Interpreter:	Date/Time:
≟Ñot applicable	04/09/2018 12:59
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	Classification of Sass.
SSI 2 SITIMARSITA BINTE BOHARI	
Contact No.: 65476219	SN 127
Authentication Stamp NP168 Signature: Sitte above Police	Force

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$910954C



Name

MUHAMAD HARIZ BIN ABD TALIB

MALAY
Date of birth
17-03-1991
Country of birth
SINGAPORE

89 **109 95**4 0

REPUBLIC OF SINCABORE DRIVING LICENCE
SCOTLOWD SIZE
SCOTLO



Date of lance

19-04-2011

APT BLK 455 TAMPINES STREET 42 #10-190 BINGAPORE \$20455 Clear 21 MOTORCY CILEN NOT EXCEPTION 2 500 CC

Clear 21 MOTORCY CILEN NOT EXCEPTION 2 500 CC

Clear 2 MOTORCY CILEN NOT EXCEPTION 2 500 CC

29 May 10 MOTORCY CILEN NOT EXCEPTION 2 500 CC

29 May 2015

20 MOTOR CARE ARTH MOTOR TRACTORS THE WIGHTH GV

WITHCH ENLARSY MAY 2 NOT EXCEPT 2 2400 CHILDHIRAM

8 / No. 9000223045

MVA318114586 / VAC - Keki Bukit ENTRY DATE & TIME: 04/09/2018 13:48 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 misroprosontation 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 erchiving and that copies of this report will, for a fee, be made available upon application by interested parties.

  7. By the judgment of this report to the insurers, you harshy consent to the exhibiting of this report to the control.

	ACCIDENT STATEMENT
Date Of Report	04/09/2018 13:48
Date Of Accident	04/09/2018 09:00
Exact Location Of Accident	JURONG WEST ST 74
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	FBK8421J
nsured/Policyholder	EDNOTALIA  The second of the second content of the second
Name Of Registered Owner	MUHAMAD HARIZ BIN ABD TALIB
NRIC No	S9109954C
Email Address	NOEMAIL
Nobile Phone No	(LOCAL) +65-82992347
Alternative Phone No	OTHERS-82992347
/ehicle Particulars	CONTRACTOR
Nanufacturer	PIAGGIO
Model	VESPA GTS 300 SUPER
ixact Purpose for which vehicle was being used at time of accident	PRIVATE USE
are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
/ehicle Category	MOTORCYCLE
nsurance Company	
lame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	THIRD PARTY
Teet Policy	NO
Policy Number	5091127164-01
Cover Note Number	

Name of Driver MUHAMAD HARIZ BIN ABD TALIB

NRIC No S9109954C Date Of Birth 17/03/1991 Occupation INDOOR Date Of Driving Pass 05/05/2011

**Driving Experience** 7 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82992347

Fax Number

Contact Number OTHERS-82992347

EMail Address NOEMAIL

Address Postcode

Insurance Company Name

Nature Of Damage

Address **BLK 455 #10-190 TAMPINES STREET 42** Postcode 520455 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 RAINING Road Surface WET erter emerce une en mer reservante menore a rije i montre par a rije og i sag og i sag og i sag menore Other Information Constitution from a series of the contract of 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 NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) . The contract of the contract contract contract contract contract of the contract of the contract contract of the contract of Details of Police Action ment was transfer and the second community of the second and an absence of the second and the se Was the accident reported to the police? YES If Yes, Please state which Police Station Police Station Name NANYANG N.P.C ROAD; 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 1800-7929999 - FAX NO: Was notice of Intended Prosecution given? NO If Yes, against whom? Circumstances of Accident الأراب والمتأول والرواري والمسترات والمتابع والمتابع والمتابع والأراب أناه ومهاري والمشيرة بساله والمساوية والمساوية AS PER POLICE REPORT No.T/20180904/2039 and the state of t Attachment(s) The second second in the case of the contract 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 SHC1782J Vehicle Make/Model/Colour MERCEDES BENZ E 220 CDI BLUEEFFICIENCY **Details Of Properties** Vehicle Category TAXI Name of Driver NRIC/Passport Number Contact Number

No. Of Passenger (Including Driver)

3 (111011)		
	DETAILS OF INJURED PERSON 1	
Name	MUHAMAD HARIZ BIN ABD TALIB	
Approximate Age	27	
Injuries Sustain		
Injured person in which vehicle?	FBK8421J	
Were seat belts worm?	NO	
Was this injured conveyed to hospital by ambulance?	NO	
Address	BLK 455 #10-190 TAMPINES STREET 42	
Postcode	520455	

#### 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 Driver.
- 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.
- 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.
- 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 (irms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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.

0 4 SEP 2018

Policyholder's Signature
Date & Time:

्राच्याः 🕏

n ng tra shika dharat mg 5,85

CTONS 04 Sep

(If driver is not the policyholder)

Date & Time:

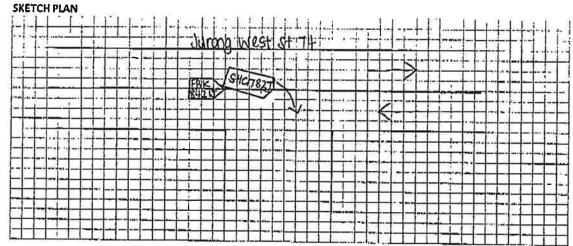
IDAC KAKI BUKIT (VAC)

Reporting Certify PAGE BUSINAME 4
Name: Singapore 415933

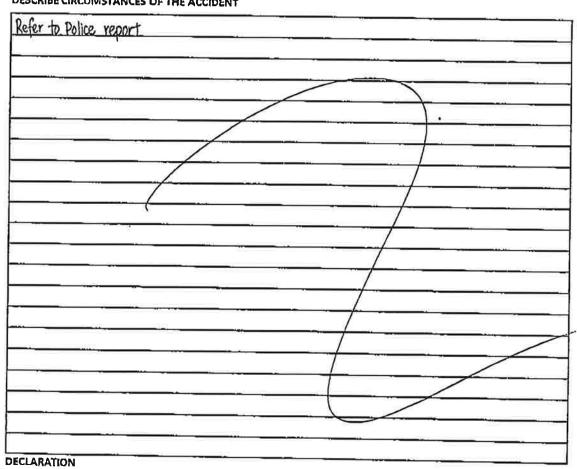
Name: Singapore 415933 NRIC/TEN-67416697 Fax: 67492305

Email: vackb@singnet.com.sq

# Sketch Plan #2 Pg. 1



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



0 4 SEP 2018

//We declare the loregoing particulars are true in every respect. The Page Buttimeri Will 4 years to get in

and the state of t

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

IDAC KAKI BUKIT (VAC)

Reporting Control Persons Perso