Surveyor:	Rasul	ASSIG	NMENT (Office)	
From (Person)	Sithera	of	rei	Date/Time: 12/12/18 5.24pm
Estimated Cos			Bill to:	
OD /TP WS	TP RES / OD RE	S/EVA/INV/M	TV 7 CS	
To Inspect Ve	ricle No:	FZ130	Α	Insured: SHB 2311
at Workshop r	o/s	Universal	Motors	Tel: 9642 3147
of	1006 BK	+ Merch te	ine 2 # 01-0	04
Policy No:		*	Claim No:	D18008665MF8H
Sum Insured:			Excess;	
Make of Veh: (Client's Record	)			D.O.A 4/12/2018
CA / REV /	REP. / REV 24 H	irs (up)		H.O.D. Endorsement:
Date/Time:	3/12/18 0937a	M Person Conta	cted: Micha	Vehicle OUT
Data (Pi	Action/Instruction		nate	
Date/Time		6		
Date/Time	FZ130A-X		71-1	1 / / / / /
Date/Time		CCB TM118	010902/14/1	bn2 Dua: 12/06/18
Date/Time		CC8 TM118	010902/14/1	bn2 Ava: 12/06/18



MS First Capital Insurance Limited Ge Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hoter Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

# MOTOR SURVEY ASSIGNMENT

Date

06-12-2018

Our Ref No. D18008665MFSH

Accident Date

04-12-2018

Claim Type. Third Party

Insured Vehicle

SHB2311J

Third Party Vehicle. FZ130A

Survey Location

1006 BUKIT MERAH LANE 2 #01-04

Contact Person.

MICHAEL TAN

Contact No.

96483147/ 96423147

Fax No. 0

Survey Type

WITHOUT PREJUDICE:

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

Contact Person

NA

Fax No. 68416315

Contact Number.

NA

### FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

## THIRD PARTY SURVEY REQUEST

Cc: Workshop

UNIVERSAL MOTORS

Attention, NIL

Cc : TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

SITHARA

PTE LTD

### IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Pigase 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The saue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Anyfalse 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.

<b>国建筑设施,2017年</b>	ACCIDENT STATEMENT
Date Of Report	05/12/2018 14:23
Date Of Accident	04/12/2018 15:45
Exact Location Of Accident	VICTORIA STREET OUTSIDE BUGIS + SHOPPING MALL
Country/State of Loss	SINGAPORE
ESTREET OF THE LONG OF	DETAILS OF OWN VEHICLE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FZ130A

Insured/Policyholder

Name Of Registered Owner

SYAZRUL HAKIM BIN ZULKIFLI

NRIC No S9344704B

 Email Address
 SYAZZ93@GMAIL,COM

 Mobile Phone No
 (LOCAL) +65-97580044

 Alternative Phone No
 OFFICE-NOPHONE

Vehicle Particulars

Manufacturer BAJAJ

Model PULSAR-200CC DTS-I (M)

Exact Purpose for which vehicle was being used at

time of accident

NORMAL USAGE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken Vehicle Category THIRD PARTY MOTORCYCLE

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number P1752678

Cover Note Number

Driver

Name of Driver SYAZRUL HAKIM BIN ZULKIFLI

 NRIC No
 S9344704B

 Date Of Birth
 03/12/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 06/03/2015

Driving Experience 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97580044

Fax Number

Contact Number OFFICE-NOPHONE
EMail Address SYAZZ93@GMAIL.COM

Address

BLK 115 HO CHING RD #02-108 SINGAPORE 610115

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle.

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

YES

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SHAH EFFAH EZZATEE

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

WHAMPOA NEIGHBOURHOOD POLICE POST Police Station Name

Police Station Address

ROAD: BLK 29 JALAN BAHAGIA, POSTCODE: 320029, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2507999 - FAX NO: 63554314

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REFER TO OWNER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

SHB2311J

**Details Of Properties** 

DENTED FRONT BUMPER

Vehicle Category

TAXI

Name of Driver

TEO KIM HUAT

NRIC/Passport Number

Contact Number

S0064199E 96339781

Address

Postcode

Insurance Company Name

Nature Of Damage

No. 0f Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

SYAZRUL HAKIM BIN ZULKIFLI Name

Approximate Age 25

ABRASIONS, BRUISES Injuries Sustain

Injured person in which vehicle? FZ130A Were seat belts worn? NO

Was this injured conveyed to hospital by YES

ambulance?

BLK 115 HO CHING ROAD #02-108 SINGAPORE 610115 Address

Postcode

### **DETAILS OF INJURED PERSON 2**

Name SHAH EFFAH EZZATEE

Approximate Age

ABRASIONS, BRUISES Injuries Sustain

Injured person in which vehicle? FZ130A NO Were seat belts worn?

Was this injured conveyed to hospital by YES

ambulance?

Address BLK 33 JALAN BAHAGIA #06-256 SINGAPORE 320033

Postcode

# Sketch Plan #2

ate & Time:	(If driver is not the policyholder) Date & Time:	Name: firms a NRIC/FIN No.:
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
PACTOR STATE OF THE PACTOR		
lived thele is	stn	
1 1 1		
	described to executive spect	
	ticulars are true in every respect.	
DECLARATION		
NAME OF STREET		
	The second secon	
The same and the same and		
		7.7
		1.40
	018 1204/2147	
* Cetter to	Police report *	
DESCRIBE CIRCUMSTANC	CES OF THE ACCIDENT	
	. b	B S46 23113
		Q 200 2711
		17 A-+3 180A
-1	+ + + + + + + + + + + + + + + + + + +	
		Acception suggests
4		
4		
Fe   1	ids t	
I'd had a said.	Large III. v. 1	
SKETCH PLAN .		

GIANAC statemburrace, V.1





1 of 3

Report No. 1/2 O181204/2147

Police Station Of Origin. Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2507999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.
04/12/2018 19:36	A/20181204/0105	36

· · · · · · · · · · · · · · · · · · ·	7.0 10.00		The second secon	N. 200 C.	
Informa	nt's Partic	ulars	AND THE PARTY OF T	<b>经验上的信息</b> 在1990年	
Name of Informant: SYAZRUL HAKIM BIN ZULKIFLI			Address: APT BLK 115 HO CHING ROAD #02-108 SINGAPORE 610115		
ID Type / ID No.: NRIC NO / S9344704B			Contact No.: Home/Office:	Mobile: 97580044	
Nationality: SINGAPORE CITIZEN		EN.	Email:		
Sex: Male	Age: 25	Date of Birth: 03/12/1993	Type of Informant: Rider	d	
Race: Malay			Language: English	Institution / School Name:	
Occupation: TRAIN SERVICE CONTROLLER		ONTROLLER	Driving Licence Information: Class: 2B	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambuland	Drink Drive: No	Date/Time of Accident: 04/12/2018 15:45	Type of Location Straight Road
Location: Along Road 1 VICTORIA ST Along Victoria				
Weather: Clear		oad Surface: ry		Road Speed Limit:
Traffic Flow:	Ti	raffic Control:		Traffic Volume: Light
Type of Collision Between Movin	on: ng Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ130A	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Black	Slightly Damaged	1
SHB2311J	Car				Slightly Damaged	0

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ130A	AXA INSURANCE SINGAPORE PTE	P1752678	14/08/2018	13/08/2019





Report No. T/20181204/2147

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 Tel No: 1800-2507999

### CONTINUATION OF REPORT

THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	nvolved: No					
No. of Pedestrian	MINISTER OF THE PARTY OF THE PA		Use of Ped	destrian	CONTRACTOR DESCRIPTION	THE RESIDENCE OF THE PARTY OF T
Rider	The second secon	多 19 4 1 医3 1 4 3 6 3 6 3 6 3 6 3 6 3 6 3 6 3 6 3 6 3	的企學生的社	<b>小学</b>	the statement of the last	4号/30位30号四部分4个7节。
Name	SYAZRUL HAKIM BIN ZULKIFLI			ID No.		S9344704B
Related Vehicle	FZ130A (Motorcycle)			Contact No.		97580044
Hospital/Clinic	RAFFLES HOSPITAL			Class Driving Licent Expiry	g ce &	Class: 2B Date of Expiry: NIL
Date Treatment	04/12/2018		Date Disch	narge	04/12	/2018
No. of Days gran	ted Medical Leave	07	Degree of	Injury	Serio	us
		<b>第一次</b>			1	
Name	SHAH EFFAH EZZA SHAH	TEE BINTE	AZMI	ID No		S9432724E
Related Vehicle	FZ130A (Motorcycle)	)		Contact No.		90286951
Hospital/Clinic	RAFFLES HOSPITA	L		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2018		Date Disc	harge	04/12	2/2018
No. of Days gran	ted Medical Leave	07	Degree of	Injury	Serio	us

### Brief Details.

On the above mentioned date and time, I was travelling along lane 3 of Victoria street towards kallang Road with a pillion. Out of a sudden another vehicle collided into my motorbike. The head of the other vehicle collided to the rear of my motorbike. The other vehicle sustained damages at the front left bumper and my motorbike sustained dents and scratch on Handlebar, Rear body and exhaust. Both me and my pillion sustained abrasions on our right arm and right leg and we were sent to raffles hospital. The driver sustained no injury.

I wish to state that police and ambulance were at scene. Case reference A/20181204/0105.

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: /ehicle Details	4704B	
/ehicle No.:	FZ130A	
ehicle to be Exported:	No	
ntended Deregistration Date:	18 Dec 2018	
/ehicle Make:	BAJAJ	
/ehicle Model:	PULSAR 200 DTS-I	
Primary Colour:	Black	
Manufacturing Year;	2009	
Engine No.:	JCGBSC72782	
Chassis No.:	MD2DHJCZZSCC44255	
Maximum Power Output:	*	
Open Market Value:	\$1,652.00	
Original Registration Date:	14 Aug 2009	
First Registration Date:	14 Aug 2009	
Fransfer Count:	6	
Actual ARF Paid: ntended PARF Rebate Details	\$248.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	13 Aug 2019	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$902.00	
COE Rebate Amount:	\$58.00	
Total Rebate Amount:	\$58.00	

The information contained herein is correct as at 18 Dec 2018

OK

AXA INSURANCE PTE LTD

8 Sheriton Way, #24-01 AXA Tover, Singapore 068811 Customer Service Centre #B1-01 Tel (65)63387288 Fax (65)63382522 Websitewww.axa.com.sq

CERTIFICATE OF INSURANCE

GST Registration Number: 199903512M customer service@axa.com.sg

> ■Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) • Motor Vehicles (Third-Party Bisks and Compensation) Rules. 1960 • Road Transport Act. 1987 (Malaysia) • Motor Vehicles (Third-Farty Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.

: VMO/P1752678

Account No.: 03375

Coverage

: Third Party Only

Sum Insured

: NIL

Name of Policy Holder

SYAZRUL HAKIM BIN ZULKIFLI

Vehicle Registration No. : FZ130A

Period of Insurance

From 14/08/2018 To 13/08/2019 (Both Dates Inclusive)

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder

1. SYAZRUL HAKIM BIN ZULKIFLI

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 the Motor Vehicle.

#### LIMITATIONS AS TO USE\*

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession The Policy does not cover:

a) Use for hire and reward

b) Use for racing, pace-making, reliability trial or speed-testingc) Use for the carriage of goods (other than samples) in connection with any trade or business

d) Use for any purpose in connection with the Motor Trade

\* 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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN09

on 30/07/2018

IMPORTANT:
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statubory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap.

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

ANDA INSURANCE AGENCIES PTE LTD (MOTOR DEPARTMENT) 1 King George's Avenue #06-00 Rehau Building, Singapore 208557 Tel: 6554 2288 Fax: 6453 4466 Email: thomson@anda.com.sg



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9344704B



SYAZRUL HAKIM BIN ZULKIFLI



شزرول حكيم بن نوالكفل Race

MALAY Date of birth 03-12-1993

Name

Sex

Country/Place of birth SINGAPORE



FOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

06 Mar 2015 22 Nov 2017 23 Jul 2013

Class 2B Class 2A Chart 5

Motorcycles =< 200 CC Motorcycles between 201 CC and 400 CC Motor curs =< 3000 kg with =< 7 passengers, exclusing of the driver; and motor tractors/vehicles =< 2500 kg

59344704B

NP 428A

S / No.9000311357



NRIC No. S9344704B

Date of Issue 04-12-2015

APT BLK 115 HO CHING ROAD #02-108 SINGAPORE 610115

5542780



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

			Ref CS3/FCI18022422	(Ditad2a2
		SURANCE LTD		
	6 ROBINSON ROAD 16-01 CITY HOUSESINGAPORE 068877		Date: 27-12-2018	
			Code: FCI2	5 000 5 700 700 700 700 700 700 700 700
1.		Policy Particular	s :- (THIRD PARTY CLAIM	
Ins	sured Veh.	SHB 2311J	Veh. Inspected	FZ 130A
Po	olicy No.		Coverage (\$)	0,00
CI	aim No.	D18008665MFSH	Excess (\$)	0.00
As	sign From	SITHARA	Assign Date	12/12/2018
2.	Market In	Vehicle Pa	rticulars & Condition	
Ma	ake & Model	BAJAJ PULSAR 200 DTS-I	c.c	199
Er	ngine No.	HIDDEN	Year of Reg.	2009
CH	nassis No.	MD2DHJCZZSCC44255	Colour	BLACK
00	dometer		Steering	IN ORDER
Br	akes	IN ORDER	Modification	SPORTS RIM
Ge	eneral	FAIR		
3.		Cone	ditions of Tyres	SALES OF PARCE OF
		Size	Make	Balance
R/	H Front Tyre	90/80-17	PIRELLI	3 mm
L	H Front Tyre			mm
R/	H Rear Tyre	130/70-17	PIRELLI	3 mm
L	H Rear Tyre			mm
4.		Descri	ption of Damages	THE STATE OF THE S
TH	HE VEHICLE SU	STAINED DAMAGES AT THE F	REAR PORTION AND O/S BOD	Y. C. T. T.
5.		Gen	eral Information	
A	ccident Date	04/12/2018	Inspect Date / Time	13/12/2018 ( 11:59 AM )
Si	urvey held at	UNIVERSAL MOTORS PTE L	TD	
		BLK 1006 BUKIT MERAH LAN #01-04 SINGAPORE 159762	NE 2	
5a.			Remarks	
B) TH C)	THE REPAIR E	ON WAS CONDUCTED ON A " STIMATE WAS NOT PRESENT VAS TOLD TO PREPARE THE LEASE FIND DAMAGED VEHIC E:\$1,000.00	ED AT THE TIME OF INSPEC ESTIMATE.	S. TION.

Report Ref No. CS3/FCI18022422/R1cd3s2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

h

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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