

# SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg\_motor\_enterprise@yahoo.com.sg

DATE: 2 May 2019

Invoice No: SG98-PD-19-035

Lonpac Insurance Bhd (S'pore Branch)  
100 Beach Road  
#19-00 Shaw Tower  
SINGAPORE 189702

PD - Direct Settlement

Attn: Motor Claim Dept  
Claim No.: 18/18/19/VC05/021275  
Your Insured: YN 6794H  
Date of Accident: 28-Dec-18

Location: Inside 127 Pasir Ris Grove

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## FINAL REPAIR COSTS

VEHICLE NO. FBK 7212C (H/Revo S4)

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Cost of Repair for Vehicle No.:	FBK 7212C (lump sum)	\$1,050.00
Loss of Use:	2 days x \$30	\$60.00
	Total:	\$1,110.00

SINGAPORE DOLLARS: ONE THOUSAND ONE HUNDRED TEN ONLY

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### Notes:

1. All cheque payment should be "Crossed" and made payable to SG 98 MOTOR PTE LTD
2. All cheque should have our "Invoice No" written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us

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SG 98 Motor Pte Ltd

:LG



## 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 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. 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	31/12/2018 11:42
Date Of Accident	28/12/2018 16:10
Exact Location Of Accident	INSIDE 127 PASIR RIS GROVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7212C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HAIKEL BIN JUREMI
NRIC No	S9013907Z
Email Address	HAIKELJUREMI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88582966
Alternative Phone No	OFFICE-88582966

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF MANUAL

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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AN3170249
Cover Note Number	28/11/2018-27/11/2019

### Driver

Name of Driver	MUHAMMAD HAIKEL BIN JUREMI
NRIC No	S9013907Z
Date Of Birth	20/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88582966
Fax Number	
Contact Number	OFFICE-88582966
EEmail Address	HAIKELJUREMI@GMAIL.COM

Address 519 BEDOK NORTH AVE 1  
07-384

Postcode 460519

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? NO

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 BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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 Witness 1

Name CHUA YEOW GUAN

Phone Number 86538068

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN6794H

Vehicle Make/Model/Colour MITSUBISHI

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver YUAN RUIPENG

NRIC/Passport Number G2992443R

Contact Number 96382674

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD HAIKEL BIN JUREMI

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBK7212C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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 reputate 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:

31 DEC 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan Pg. 2

SKETCH PLAN

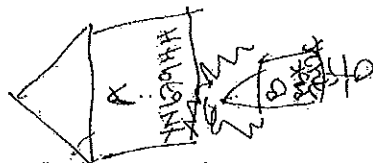
SECURITY OFFICER WITNESS

OPEND  
CONTAINER

OPEND  
BOX

reverse

CHAND  
NORM



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT AS ATTACHED

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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







# SINGAPORE POLICE FORCE



T/20181231/2054

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Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No. T/20181231/2054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/12/2018 12:39		Vide Report No.:		Station Diary No.: 17	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD HAIKEL BIN JUREMI			Address: APT BLK 519 BEDOK NORTH AVENUE 1 #07-384 SINGAPORE 460519		
ID Type / ID No.: NRIC NO / S9013907Z			Contact No.: Home/Office: Mobile: 88582966		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 20/04/1990	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Helmsman/Steersman			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/12/2018 16:10	Type of Location: Entrance of the condominium
Location: Along Road 1 PASIR RIS DRIVE 8  Inside D'Nest condominium located at 127 Pasir Ris Grove				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7212C	Motorcycle	HONDA	CB400SF MANUAL	Blue	Slightly Damaged	0
YN6794H	Lorry				No Damage	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7212C	AXA INSURANCE SINGAPORE PTE LTD	AN3170249	28/11/2018	27/11/2019



Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD HAIKEL BIN JUREMI	ID No.	S9013907Z
Related Vehicle	FBK7212C (Motorcycle)	Contact No.	88582966
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	29/12/2018	Date Discharge	29/12/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Vehicle Owner</b>			
Name	YVONNE	ID No.	NIL
Related Vehicle	YN6794H (Lorry)	Contact No.	96382674
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
<b>Driver</b>			
Name	YUAN RUIFENG	ID No.	G2992443R
Related Vehicle	YN6794H (Lorry)	Contact No.	94236620
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 28/12/2018 at about 1610 hrs, I was checking my motorcycle (FBK7212C) box at the waiting area of D'Nest condominium when suddenly, a lorry (YN6794H) reversed towards my direction. I shouted to the lorry to get the attention of the driver however, the lorry did not stopped in time and collided to the front portion of my motorcycle and then hit my chest area. Subsequently, the lorry drove off without stopping. I gave chased and managed to stop the lorry at the bus stop along Pasir Ris Dr 1 to obtain the driver details.

I wished to state that my motorcycle sustained scratches to the front mudguard, faulty front suspension



**SINGAPORE  
POLICE FORCE**



T/20181231/2054

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20 Chai Chee Drive SINGAPORE 469045  
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Report No. T/20181231/2054

**CONTINUATION OF REPORT**

and misalignment of the handle bar. I also sustained mild pain on my right elbow and chest area. I am unable to concentrate at home as I was in shock currently and scared to ride motorcycle again. I went to Central 24-HR clinic in Bedok and I was given 2 days of medical leave and the doctor advised me to seek for psychiatric treatment at any hospital or clinic. I made a check at one of the clinic for the treatment however, they advised me to made another round of check at the normal clinic as such, I went to YSL Bedok clinic & surgery again and I was given another 2 days of medical leave.



**SINGAPORE  
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T/20181231/2054

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Report No. T/20181231/2054

**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:  
G /  
Staff Sgt MUHAMMAD KAMARULARIFIN BIN  
MOHAMED YUSOFF

Signature Of Informant:

Date/Time:  
31/12/2018 12:39

Signature Of Interpreter:  
Not applicable

Classification Of Case:

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE