. . 07-02-19;11:49

82244174

Enquire Vehicle & Owner Information (Vehicle No. SH9075H As At 15 Jan 2019 / 10:06:00)

# Law Firm Search Dotails

Search Reason:

Law Firm Case No.:

# 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:

575**717** 

# Current Vehicle Details

Vehicle No.:

5H9075H

Make Description/Model:

TOYOTA / PRIUS HYBRID 1.8 CVT

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

MPA219018994 / Prograssive Car Care Pte Ltd • HQ ENTRY DATE & TIME: 11/02/2019 16:57 SUBMITTED BY: Ng Pel Wen

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 11/02/2019 17:10

#### 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 witholding of material facts may allow insurance companies to repudiate policy flability.
- 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

|--|

 Date Of Report
 11/02/2019 16:57

 Date Of Accident
 15/01/2019 10:05

Exact Location Of Accident EU TONG SEN STREET

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBN7488H

Insured/Policyholder

Name Of Registered Owner LEE HAN KOON (LI HANKUN)

NRIC No S7438472B
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97588126
Alternative Phone No OTHERS-97588126

Vehicle Particulars

Manufacturer HONDA

Model CB400-399CC

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 COMPREHENSIVE

Fleet Policy NO

Policy Number AN3170402

Cover Note Number

Driver

Name of Driver LEE HAN KOON (LI HANKUN)

 NRIC No
 \$7438472B

 Date Of Birth
 01/09/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 20/05/1997

Driving Experience 21 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97588126

Fax Number

Contact Number OTHERS-97588126

EMail Address NOEMAIL

12-02-19;12:32

;67528669

# 3/11

Address

BLK 511 JURONG WEST STREET 52 #06-82

SINGAPORE

Postcode

640511

OWNER

1 0310000

Was driver an employee of the Insured's Company NO

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

COLLISION - U-TURN

Weather Conditions

CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

NO

Was any injured conveyed to hospital by

ambulance?

YES YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (including Driver)

NO 1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes,Please state which Police Station

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of Intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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

SH9075H

Vehicle Make/Model/Colour

Details Of Properties

Ocialis Of Lipheliles

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Insurance Company Name

Page 2 of 18

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

LEE HAN KOON (LI HANKUN)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBN7488H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

**Address** 

Postcode

#### Sketch Plan

#### 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 occurate 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
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
  - (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 may
  - (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 daims.(collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/taw 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 daims.
- (c) 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.

Policytiolder's Signatur

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

KRIC/I'M No.:

# Sketch Plan #2

| SKETCH PLAN EC   | Tong Sen St   |               | Vehicle No<br>A-F<br>B-SH90754 |
|--|---|---------------|--------------------------------|
| DESCRIBE CIRCUMSTANCES   | OF THE ACCIDENT   | 5 9 0<br>7 H  | Legend A Vehicle Bike          |
|  | rafar to p  | olice report. |                                |
| DECLARATION  I/We declare the foregoing part  I/We declare the for | culars are true in every respect.  Urer may have a 14 day clause who date of occurrence. Kindly check y  Oriver's Signature  Uf driver is not the policyhold Date & Time: | Reporter Cent | ry must be made within the     |

1/ 7

6752-8669





1 of 3

Report No. T/20190128/2075

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 28/01/2019 14:36  |                      | lade:                     | Vide Report No.:                                       | Station Diary No.;<br>114   |  |
|--|----------------------|---------------------------|--|-----------------------------|--|
| informa                                  | nt's Partici         | liars                     |  |                             |  |
| Name of<br>LEE HAI                       | Informant:<br>N KOON |                           | Address:<br>APT BLK 511 JURONG WES<br>SINGAPORE 640511 | T STREET 52 #06-82          |  |
| ID Type / ID No.:<br>NRIC NO / S7438472B |                      | 728                       | Contact No.: Home/Office: Mobile: 97588126             |                             |  |
| National<br>SINGAP                       | ity:<br>ORE CITIZ    | EN                        | Email:   |                             |  |
| Sex:<br>Male                             | Age:<br>44           | Date of Birth: 01/09/1974 | Type of Informant:                                     |                             |  |
| Race:<br>Chinese                         |                      |                           | Language:  | Institution / School (sume: |  |
| Occupation:<br>HOOKLIFT DRIVER           |                      | ₹                         | Driving Licence Information;<br>Class: 2B,2A,3,4,5     | Date of Expiry:             |  |

| General Informat                     | ion of the Accident           |                                      |   |                                    |
|--------------------------------------|-------------------------------|--------------------------------------|---|------------------------------------|
| Type of<br>Accident:                 | Injury<br>Conveyed By Ambulan | Drink<br>Drive:<br>No                | Date/Time of<br>Accident;<br>15/01/2019 10:05 | Type of Location:<br>Straight Road |
| Location: Along Road 1 EU TONG SEN S |                               | 70                                   |   |                                    |
| Weather: Road Clear Dry              |                               | Road Surface:<br>Ory                 |   | Road Speed Limit:                  |
|                                      |                               | raffic Control;<br>raffic Light - Wo | rking   | Traffic Volume:<br>Light           |
| Type of Collision:<br>Between Moving | :<br>Vehicles - Head To Side  | )                                    |   | Anyone conveyed by ambulance.      |

| Vehicle No | Туре       | Make  | Model  | Color | Condition No of Passenger |
|------------|------------|-------|--------|-------|---------------------------|
| FBN7488H   | Motorcycle | HONDA | CB400A | Blue  | 0                         |
| SH9075H    |            | ***   |        |       | 0                         |

| Dotalls of Vo | phicle insurance            | 27:570.11.6752525.2 | Carrier States |             |
|---------------|-----------------------------|---------------------|----------------|-------------|
| Vehicle No.   | Insurance Company           | Insurance No.       | Effective      | Expiry Date |
| FBN7488H      | AXA INSURANCE SINGAPORE PTE | AN3170402           | 03/12/2018     | 02/12/2019  |

·, 07-02-19;11:49

SINGAPORE POLICE FORCE



Police Station Of Origin; Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No. 1300-2689999 2 of 3 Report No. 1720190128/2075

CONTINUATION OF REPORT

| Any Pedestrian Ir |                            |               |                                     |          |   |           |
|-------------------|----------------------------|---------------|-------------------------------------|----------|---|-----------|
| No. of Pedestrian | s Injured: NIL             |               | Use of Pec                          | lestrian | Cross                                     | ing: NA   |
| Rider             |                            | APPENDING THE | 50000000000                         | STATE OF |   |           |
| Name              | LEE HAN KOON               |               |                                     | ID No    | •   | S7438472B |
| Related Vehicle   | FBN7488H (Motorcycle)      |               | Conta                               | ct No.   | 97588126                                  |           |
| Hospital/Clinic   | SINGAPORE GENERAL HOSPITAL |               | Class<br>Drivin<br>Licens<br>Expiry | g        | Class: 2B,2A,3,4,5<br>Date of Expiry: NIL |           |
| Date Treatment    | 15/01/2019 Date Di         |               | Date Disc                           |          | 26/01                                     | /2019     |
| No. of Days gran  | ted Medical Leave          | 26            | Degree of                           |          |   |           |

#### Brief Details.

On 15/1.172019 at about 1006hrs, I was riding my motorcycle; FBN7488H along Eu Tong Sen Street towards City when another taxi; SH9075H suddenly did a U-turn without stopping from the opposite direction. Subsequently, as I was unable to stop in time, I collided into the left side of his taxi,

I wish to state at this point in time that I was travelling at approximately 60km/h. After the accident, I was still conscious but in shock and pain. The taxi driver and 02 passengers called for ambulance. I was then conveyed via ambulance to Singapore General Hospital where I was hospitalized from 15/01/2019 to 26/01/2019 for 11 days and a period of MC for 26 days effective from 15/01/2019 to 09/02/2019.

I wish to state that I did not consume any intoxicating substances prior to the accident. I also wish to state that I have never met the taxi driver prior to the accident.

· . 07-02-19;11:49 ;

SINGAPORE POLICE FORCE



Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 3 of 3 Report No. T/20190128/2075

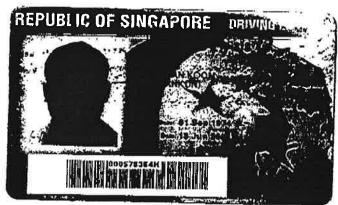
CONTINUATION OF REPORT

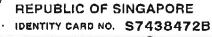
# Sketch Plan

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 <u>report number</u> as reference.

| Signature Of Officer Recording The Report: J / Sgt 2 CHIANG WEI TONG         | Signature Of Informant:        |
|--|--------------------------------|
| Signature Of Interpreter:<br>Not applicable                                  | Date/Time:<br>28/01/2019 14:36 |
| Officer In Charge Of Case; TP / GIT / SI-ONG CHEE HIEN Contact No.: 65476437 | Classification Of Case:        |
| Authentication Stamp  Notice Signature:  Signature:  Police Force            |                                |









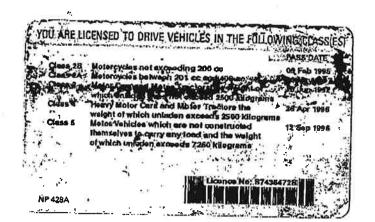
LEE HAN KOON (LI HANKUN) 李 漢 坤

CHINESE

Date of birth

01-09-1974

Country of birth SINGAPORE





## > Back to OneMotoring

# **Enquire Transfer Fee**

**Vehicle Details** 

Vehicle No.:

FBN7488H

Vehicle Type:

P00 - Passenger Motorcycle/Autocycle/Moped

Vehicle Attachment 1:

No Attachment

Vehicle Scheme:

Normal

Vehicle Make:

HONDA

Vehicle Model:

**CB400A** 

Chassis No.: Propellant:

NC421901705 Petrol

Engine No.:

NC42E1401693

Engine Capacity:

Maximum Power Output:

399 cc

Maximum Laden Weight:

380 kg

Unladen Weight: Year Of Manufacture: 201 kg

Original Registration Date:

2018

Lifespan Expiry Date:

30 Nov 2018

COE Category:

D-Motorcycle

Quota Premium:

\$2,989.00

COE Explry Date:

29 Nov 2028

Road Tax Expiry Date:

29 May 2019

Inspection Due Date: Intended Transfer Date: 29 Nov 2021

CO2 Emission:

18 Feb 2019

CO Emission:

HC Emission:

NOx Emission:

PM Emission:

Late renewal fee(s) will be imposed if road tax / lay up has expired, Please use Enquire Road Tax Payable for fee(s) payable,

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

**Amount Payable** 

**Amount Before GST GST Amount** Amount After GST (5\$) (5\$)(\$\$)

Transfer Fee:

25.00

Total Amount Payable:

25.00

25,00

You may print this page for reference.

OK

Print