

Date: 11th October 2019

Southern Motor
Blk 1006 Bukit Merah Lane 2
#01-10
Singapore 159762

Motor Claims Department
AXA Insurance Singapore Pte Ltd
8 Shenton Way #24-01
Singapore 068811

Dear Sirs,


RE: ACCIDENT INVOLING FBP802U AND GBE1615U ALONG
Hougang Avenue 3 ON 30-09-2019 AT 09.00AM

Please be informed that the above-said motorcycle bearing registration no: FBP802U was seriously damaged during the above-said accident and was beyond economic repair.

Kindly arrange for your surveyor to survey the above-mentioned motorcycle at Blk 1006, Bukit Merah Lane 2 #01-10 Singapore 159762. (Tel:62730369)

Thanking you in advance,

Yours Faithfully,


A horizontal line is drawn across the page, with the signature written over it.

Enc.



南方摩哆 SOUTHERN MOTOR

Business Reg. No: 234147/00L
Block 1006, Bukit Merah Lane 2. #01-10, Singapore 159762
Tel: 6273-0369 (3 Lines) Fax: 6274-6614

11th October 2019

AXA Insurance Singapore Pte Ltd
8 Shenton Way #24-01
AXA Tower
SINGAPORE (068811)

Dear Sirs,

RE: Cost of repair for Yamaha MT-09 – FBP802U

1pcs pf Handle bar	S\$ 220.00
1pcs of Hand Guard (LH,RH)	380.00
2pc of Signal Light	240.00
1pc of Windscreen	320.00
1pc of Tank	1,400.00
1pc of Tank Cover (LH)	180.00
1pc of Tank Cover (RH)	180.00
1pc of Radiator	950.00
1pcs of Box	850.00
1pcs of Crash Bar	450.00
1pcs of Sport Light	250.00
2pcs of Mirror	190.00
1pcs of Brake Lever & Clutch Lever	180.00
1pcs of Mudguard	240.00
1pcs of Helmet	350.00
1pcs of Side Stand	180.00
1pcs of Front Footrest	58.00
1pcs of Side Fairing (LH)	180.00
1pcs of Side Fairing (RH)	180.00
1pcs of Coolant Water	50.00
1pcs of Exhaust Pipe	1,900.00
1pcs of Master Pump	380.00
	<u>9,308.00</u>
Less 10%	<u>930.80</u>
	8,377.20
	<u>Nett</u>
Alignment Fork	150.00
Front Number Plate	12.00
Transport	45.00
Labour	380.00
	<u>S\$ 8,964.20</u>

Yours Faithfully,

Southern Motor

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	30/09/2019 12:05
Date Of Accident	30/09/2019 09:00
Exact Location Of Accident	HOUGANG AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP802U
Insured/Policyholder	
Name Of Registered Owner	LIM ZHENG HAO, DANIEL
NRIC No	S9119050H
Email Address	DLZHDAN91@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93225576
Alternative Phone No	OFFICE-93225576

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-09-847CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MC/00589722
Cover Note Number	

Driver

Name of Driver	LIM ZHENG HAO, DANIEL
NRIC No	S9119050H
Date Of Birth	30/05/1991
Occupation	INDOOR
Date Of Driving Pass	26/05/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93225576
Fax Number	
Contact Number	OFFICE-93225576
EMail Address	DLZHDAN91@GMAIL.COM

Address	NO
Postcode	
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ACCIDENT STATEMENT IN SKETCH PLAN

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	GBE1615U	AAA Insurance Singapore Pte Ltd
Vehicle Make/Model/Colour	TOYOTA	8 Shenton Way #2201
Details Of Properties		
Vehicle Category	GOODS VEHICLE	AAA Tower
Name of Driver		Singapore 068811
NRIC/Passport Number		Tel 68804888
Contact Number		
Address		Email: Motor.Aurvey@AAA.com.sg
Postcode		
Insurance Company Name		
Nature Of Damage		
No. Of Passenger (Including Driver)		

DETAILS OF INJURED PERSON 1

Name	LIM ZHENG HAO, DANIEL
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Approximate Age	28
Injuries Sustain	
Injured person in which vehicle?	FBP802U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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. 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:

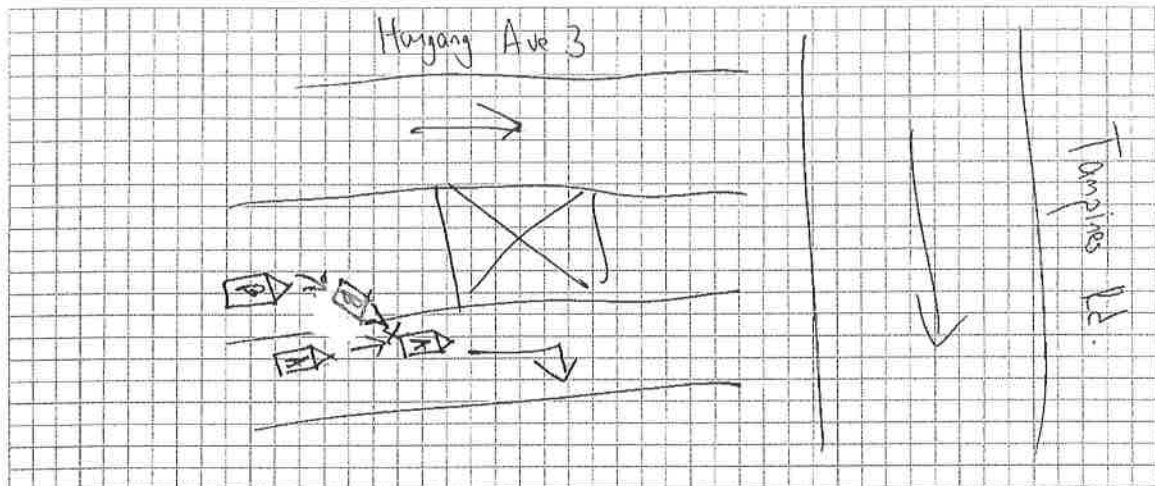
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 20/11/19 09:30am


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


Reporting Centre Personnel's Signature
Name: Tan Chuan Lok
NRIC/FIN No.: 97715252

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight on a right turn lane at Hanyang Ave 3 to turn right onto Tampines Road. A lorry banged me from my rear left side and i flew into the barrier

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 30/11/19 @ 10:00am

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name: Tan Chioe Lok

NRIC/FIN No.: 97715235R



**SINGAPORE
POLICE FORCE**



T/20190930/7030

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

1 of 3

Report No. T/20190930/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2019 20:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM ZHENG HAO, DANIEL			Address: APT BLK 918 HOUGANG AVE 9 #04-42 SINGAPORE 530918		
ID Type / ID No.: NRIC NO / S9119050H			Contact No.: Home/Office:		Mobile: 93225576
Nationality: SINGAPORE CITIZEN			Email: dlzhdan91@gmail.com		
Sex: Male	Age: 28	Date of Birth: 30/05/1991	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and related associate professional nec			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2019 09:00	Type of Location: X-Junction
Location: HOUGANG AVENUE 3				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP802U	Motorcycle	YAMAHA	MT-09 ABS TRACER GT	Blue		0
GBE1615U	Lorry	TOYOTA		Orange	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP802U	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00589722	25/01/2019	24/01/2020



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM ZHENG HAO, DANIEL	ID No.	S9119050H
Related Vehicle	FBP802U (Motorcycle)	Contact No.	93225576
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/09/2019	Date Discharge	30/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAY ENG CHUAN	ID No.	S1381972F
Related Vehicle	GBE1615U (Lorry)	Contact No.	93889667
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling straight on the right turning lane on my motorcycle along hougang Ave 3 and slowing down to turn right onto tampines Road when a goods vehicle hit me on my rear right while changing lane from lane 3. He stopped and offered assistance and we exchanged particulars. I contacted my insurance for accident assistance and he drove off after seeing I did not need an ambulance. I went to see a doctor and they advised me to seek further medical treatment at a hospital.



**SINGAPORE
POLICE FORCE**



T/20190930/7030

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

3 of 3

Report No. T/20190930/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/09/2019 20:33

Classification Of Case: