

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	08/10/2018 13:15
Date Of Accident	08/10/2018 06:40
Exact Location Of Accident	SLE TO CTE NEAR MANDAI AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5433J
Insured/Policyholder	
Name Of Registered Owner	SAIFULBARRI BIN CHE OTHMAN
NRIC No	S9346753A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87993279
Alternative Phone No	OFFICE-82793279

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-09-847CC
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2017-00001720
Cover Note Number	

Driver

Name of Driver	SAIFULBARRI BIN CHE OTHMAN
NRIC No	S9346753A
Date Of Birth	16/12/1993
Occupation	INDOOR
Date Of Driving Pass	27/11/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87993279
Fax Number	
Contact Number	OFFICE-82793279

Address	BLK 329 WOODLANDS STREET 32 #03-87
Postcode	730329
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	FBJ7940P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GR2434R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJN8448Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIDER
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBJ7940P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SAIFULBARRI BIN CHE OTHMAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBM5433J
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.
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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:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
To
Police
Report.

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/PIN No.:



**SINGAPORE
POLICE FORCE**



T/20181008/2103

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20181008/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/10/2018 16:23

Vide Report No.:
J/20181008/0073

Station Diary No.:
47

Informant's Particulars

Name of Informant:
SAIFULBARRI BIN CHE OTHMAN

Address:
APT BLK 329 WOODLANDS STREET 32 #03-87 SINGAPORE
730329

ID Type / ID No.:
NRIC NO / S9346753A

Contact No.:
Home/Office: Mobile: 87993279

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 24 16/12/1993

Type of Informant:
Rider

Race:
Boyanesse

Language: Institution / School Name:

Occupation:
CIVIL SERVANT

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/10/2018 06:40	Type of Location: Straight Road
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Location:
Along Road 1 Traveling Toward Road 2
SELETAR EXPRESSWAY
CENTRAL EXPRESSWAY
Before exit of Mandai Avenue

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow:	Traffic Control:	Traffic Volume:
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Type of Collision:	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7940P	Motorcycle					0
FBM5433J	Motorcycle	YAMAHA	MTN850A	Grey		0
GR2434R	Lorry					0
SJN8448Y	Car					0



**SINGAPORE
POLICE FORCE**



T/20181008/2103

2 of 3

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20181008/2103

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5433J	FWD Singapore Pte. Ltd	PNMC2017-00001720	12/12/2017	11/12/2018

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	SAIFULBARRI BIN CHE OTHMAN	ID No.	S9346753A
Related Vehicle	FBM5433J (Motorcycle)	Contact No.	87993279
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/10/2018	Date Discharge	08/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On above mentioned date, time and location, I was travelling between lane 1 and lane 2 with my Motorbike (FBM5433J) along SLE towards CTE.

Motorbike(FBJ7940P) was travelling in front of me on the 3rd lane at that point of time while a lorry V2(GR2434R) was on the 2nd lane. Motorbike(FBJ7940P) then tried to switch lane from 3rd lane to in-between 2nd lane and 1st lane and over take the lorry(V2). however while doing so, Lorry(V2) brake and Motorbike(FBJ7940P) collided onto the right side of the lorry and fell to the ground. The Motorbike then skidded and hit another car(SJN8448Y)) which was on the first lane. I was the unable to stop in time and collided into motorbike(FBM5433J). I suffered slight injuries to my left leg and both arms. The rider of Motorbike(FBJ7940P) was conveyed to by the ambulance. I was given 3 days of MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999



T/20181008/2103

3 of 3

Report No. T/20181008/2103

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:

J /

Staff Sgt G·H ZHONG SHENG, JOHNSON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS-MASTARI KHAZALI

Contact No: 65476214

Authentication Stamp

SN 127

Singapore Police Force

Signature Of Informant:

Date/Time:

08/10/2018 16:23

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6224 0010 Fax: (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UTM: 566500206 / GST Reg. No.: M400017795

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MYTA1813093 Vehicle Registration No: FBM5433J
Name (as shown in NRIC) : Saiful Bari Bin che Othman NRIC/FIN/Passport No : 89346753A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 87993279
Email Address : _____
Date of Accident : 08/10/2018 Time of Accident : 06:45
Place of Accident : Ø SLE to CTE near mandri are exit
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend the report from reporting only
to third party claim.

Policyholder / Driver's Signature
Date:

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

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	18/10/2018 15:12
Date Of Accident	08/10/2018 06:30
Exact Location Of Accident	ALONG SLE (CTE) 8.5KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7940P
Insured/Policyholder	
Name Of Registered Owner	HUANG RUIHENG, RICKSON
NRIC No	S9043639B
Email Address	RICKSONHUANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97479664
Alternative Phone No	OFFICE-97479664

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER-198CC ST 200
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3166835
Cover Note Number	

Driver

Name of Driver	HUANG RUIHENG, RICKSON
NRIC No	S9043639B
Date Of Birth	18/11/1990
Occupation	INDOOR
Date Of Driving Pass	20/08/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97479664
Fax Number	
Contact Number	OFFICE-97479664

Address	BLK 638 WOODLANDS RING ROAD #09-53
Postcode	730638
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20181017/2029. STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (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	FBM5433J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GR2434R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJN8448Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HUANG RUISHENG, RICKSON

Approximate Age

Injuries Sustain

SERIOUS INJURIES

Injured person in which vehicle?

FBJ7940P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/authority/body or the police, for the purposes of:
 - (i) processing, handling and/or dealing with my claims involving the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or any 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, medical reports or notices to me which could involve disclosure of certain personal data should one or being done in favour of the insurer as well as on the removal issue of involvement/loss 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' lawyer/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 to one or all the Insurers and/or GIA to their third party service providers or advisers (including their lawyers/law firms), which may be based 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 of present and all future claims;
- (e) the information so collected and/or stored may be collected, disclosed:
 - (i) to all insurers and/or other third parties that need to evaluate, investigate, administer or manage my claim;
 - (ii) to all insurers and/or other third parties that need to evaluate, investigate, administer or manage my claim;
 - (iii) to all insurers and/or other third parties that need to evaluate, investigate, administer or manage my claim;

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN

Vehicle

A - PLS 7940P
B - PLS 5433J
C - BR 2434R
D - STN 8468Y

Legend

Vehicle
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no T/2018/017/9029.

DECLARATION

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

Please be advised that your insurance may have a fourteen (14) days claim whereby the claim against our policy must be made within this required time frame from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature _____

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Data & Timing:

Reporting Centre Personnel's Signature

Keywords:

NRC/ENR 900



SINGAPORE POLICE FORCE

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

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.



T/20181017/2029

1 of 3

Report No. T/20181017/2029

Suriati Bte Buang (MX)
Traffic Police

Date: 22 AUG 2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
17/10/2018 10:10

Vide Report No.:

Station Diary No.:

Informant's Particulars:

Name of Informant: HUANG RUISHENG, RICKSON			Address: APT BLK 638 WOODLANDS RING ROAD #09-53 SINGAPORE 730638		
ID Type / ID No.: NRIC NO / S9043639B			Contact No.: Home/Office: Mobile: 97479664		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 18/11/1990	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/10/2018 06:30	Type of Location:
Location: Along Road 1 SELETAR EXPRESSWAY SLE(CTE) 8.5KM				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7940P	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Black		0
FBM5433J	Motorcycle	YAMAHA	MTN850A	Grey		0
GR2434R	Lorry	TOYOTA	DYNA 150 D	Silver		0
SJN8448Y	Car	TOYOTA				0



**SINGAPORE
POLICE FORCE**

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



T/20181017/2029

2 of 3

Report No. T/20181017/2029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBJ7940P	AXA INSURANCE SINGAPORE PTE LTD	P2184221	25/07/2018	24/07/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider: N.P. Suresh		Use of Pedestrian Crossing: NA	
Name	HUANG RUIHENG, RICKSON	ID No.	S9043639B
Related Vehicle	FBJ7940P (Motorcycle)	Contact No.	97479664
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 8/10/2018 AT ABOUT 0632HRS AT SLE(CTE).

I WAS RIDING MY MOTORCYCLE AND WAS PROCEEDING TO SENGKANG FROM WOODLANDS. I WAS TRAVELLING ALONG SLE TOWARDS TPE. THAT'S ALL I CAN RECALL. I AM UNABLE TO RECALL MUCH ABOUT THE ACCIDENT.

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

Suriati Bte Buang (MX)
Traffic Police

Date : 22 AUG 2019



**SINGAPORE
POLICE FORCE**



T/20181017/2029

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

3 of 3

Report No. T/20181017/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

.....
Suriati Bte Buang (MX)

Traffic Police

Date : 22 AUG 2019

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:

TP /

LEE KWANG HONG KENDRICK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/10/2018 10:10

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI | KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication Stamp

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181017/2029

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

1 of 3

Report No. T/20181017/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2018 10:10		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: HUANG RUISHENG, RICKSON		Address: APT BLK 638 WOODLANDS RING ROAD #09-53 SINGAPORE 730638	
ID Type / ID No.: NRIC NO / S9043639B		Contact No.: Home/Office: Mobile: 97479664	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 18/11/1990	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/10/2018 06:30	Type of Location:
Location: Along Road 1 SELETAR EXPRESSWAY SLE(CTE) 8.5KM				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7940P	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Black		0
FBM5433J	Motorcycle	YAMAHA	MTN850A	Grey		0
GR2434R	Lorry	TOYOTA	DYNA 150 D	Silver		0
SJN8448Y	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White		0

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181017/2029

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

2 of 3

Report No. T/20181017/2029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7940P	AXA INSURANCE SINGAPORE PTE LTD	P2184221	25/07/2018	24/07/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HUANG RUISHENG, RICKSON	ID No.	S9043639B
Related Vehicle	FBJ7940P (Motorcycle)	Contact No.	97479664
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 8/10/2018 AT ABOUT 0632HRS AT SLE(CTE),

I WAS RIDING MY MOTORCYCLE AND WAS PROCEEDING TO SENGKANG FROM WOODLANDS. I WAS TRAVELLING ALONG SLE TOWARDS TPE. THAT'S ALL I CAN RECALL. I AM UNABLE TO RECALL MUCH ABOUT THE ACCIDENT.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20181017/2029

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

3 of 3

Report No. T/20181017/2029

CONTINUATION OF REPORT


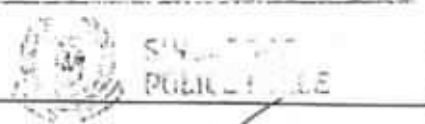
Sketch Plan

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: TP / LEE KWANG HONG KENDRICK
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I KHAZALI Contact No.: 65476214

Authentication Stamp
NP168

Signature Of Informant: 
Date/Time: 17/10/2018 10:10
Classification Of Case: 

SEA INSURANCE PTE LTD

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

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[illegible]

Keywords: child sexual abuse; disclosure; social support

© 2004 Blackwell Publishing Ltd *Journal of Internal Medicine* 255: 109–116

[illegible]

Original

Act. No. **03375**

(*) ≤ 28 No (if any)

New Business

^a χ^2 = 11.91; df = 1; p = .001.

MOTOR COVER NOTE

No. **AN3166855** ()

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 159) Republic of Singapore, sec. 10.

The Royal Government Act 1987 of Malaysia is not

no. 100, would have given the students of the Faculty of Agriculture and the School of Forestry, Uppsala

¹ The cause between the Minister for Transport (Lindsay) and the Motor Insurers' Bureau.

and $\ln(\alpha/\beta) \approx \ln(\alpha) - \ln(\beta)$ for variations in the alpha. Acts and Vigna metrics

(b) *Financial institution*—defined in the Schedule, having proposed for insurance in respect of the activities of which described in (a) (i) to (v) to be licensed as a financial institution.

covered mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in (b) above, is hereby notified that the Motor Vehicle is not covered by the terms of the Company's usual form of Motor Policy, issued in accordance with the provisions of the Motor Vehicle Insurance Act, 1903, and that the Motor Vehicle is not covered by the terms of the Company's usual form of Motor Policy, issued in accordance with the provisions of the Motor Vehicle Insurance Act, 1903, and that the Motor Vehicle is not covered by the terms of the Company's usual form of Motor Policy, issued in accordance with the provisions of the Motor Vehicle Insurance Act, 1903.

is only unless the cover be terminated by the Company, by notice in writing in which is

and, unless the cover be terminated by the Company by notice in writing in which case the insurance will be void, whose and who shall be the annual premium (otherwise payable for such insurance) will be charged by the time the said policy is taken out.

SCHEDULE

INSURED	AXA INSURANCE PTE LTD
NAME AND DESCRIPTION OF VEHICLE	HUANG RUI SHENG, RICKSON
VEHICLE REGISTRATION NO.	PIAGGIO GILERA RUNNER ST200
YEAR OF MANUFACTURE	FBJ7940P
ENGINE NO.	2014
CHASSIS NO.	M164M0010915
ENGINE CAPACITY, TONNAGE	ZAPPHH40100007952
COVER TYPE	196
THIRD PARTY	THIRD PARTY, FIRE & THEFT
VALUE PURCHASE	SOON HIN MOTORS PTE LTD
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 25-Jul-2018 TO: 24-Jul-2019
EXCESS (\$)	300
AXA PREMIUM WORKSHOP?	Yes

THIS CERTIFICATE IS VALID FOR THE PURPOSES TO WHICH THIS CERTIFICATE RELATES IN ACCORDANCE WITH THE PROVISIONS OF THE ACT OF 1993 (PUBLIC LAW 103-224) AND IS VALID FOR THE PURPOSES OF THE ACT OF 1993 (PUBLIC LAW 103-224) AND IS VALID FOR THE PURPOSES OF THE ACT OF 1993 (PUBLIC LAW 103-224).

AXA INSURANCE PLC LTD

Issued by: ANDA INSURANCE AGENCIES INC. on: 25-Jul-2018 11:26:45 AM

Authorized Signature _____

ns. This coverage is only valid for 60 days from the date of issue unless

Policy cover shall remain valid for 90 days from the date of issue replaced by the Certificate of Insurance issued by the Company.

(%) premium for time on risk will be charged subject to minimum \$553.50 (inclusive of GST)

if the policy is cancelled after the inception of the

(iv) administrative fee of \$26.75 (inclusive of GST) will be charged

(1941 note posted and cancelled before inception)

Explain the old registration number for a new vehicle insuring with AXA

PREMIUM IS ARGENT

Common Statement

C) ER 243UR

D) SJNR4V8Y

ACCIDENT STATEMENT (Part 1)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

To be signed by BOTH drivers

1 Date of accident 8/10/18 0630	2 Exact location of accident Along SLE (CTE) 8-5km	3 Injuries were it slight? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicle A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To property other than vehicle: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be undefined if neither a passenger in vehicle A or vehicle B) Vehicle video Camera available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) **FRJ 7940P**

6 Insured (policyholder (not insurance co.))
Name: **Harry Krishnan**
(capital letters) **RICKSON**
Address:
MRC / Passport no: **590434396**
Tel no. (home / mobile / fax):
HP: **98479664**

7 Vehicle
Make, type:
8 Insurance company
AVA ☒ ☐ ☐ ☐ ☐ ☐
Does the policy cover damage to vehicles?
No ☐ Yes ☒
Policy no.: **AN 3166835**

9 Driver ☐ Insured at Accident
Name:
(capital letters)
MRC / Passport no:
Class of licence: **2**
P7:
Driver: ☒ Male ☐ Female

12 CIRCUMSTANCES
Full details of the accident must be given in the reverse of this form.
Please refer to the reverse of this form for details of the accident.

10 State TOTAL number of lanes worked with a cross

Registration No. (VEHICLE B) **FRJ 5433J**

6 Insured (policyholder (not insurance co.))
Name:
(capital letters)
Address:
MRC / Passport no:
Tel no. (home / mobile / fax):
HP:

7 Vehicle
Make, type:
8 Insurance company
☐ ☐ ☐ ☐ ☐ ☐
Does the policy cover damage to vehicles?
No ☐ Yes ☐
Policy no. (if available):

9 Driver (See driving licence)
(if different from Insurance 8 details)
Name:
(capital letters)
MRC / Passport no:
Class of licence:
P7:
Driver: ☐ Male ☐ Female

13 Indicate the point of impact (see diagram 1A) (see diagram 1B)

14 Indicate the point of impact (see diagram 1A) (see diagram 1B)

15 Indicate the point of impact (see diagram 1A) (see diagram 1B)

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REFER TO ATTACHED

Individual Statement

erofia2@gmail.com

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all)		email: ricksonhuang@gmail.com		
	2 Vehicle registration no: CC		If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state name(s) of driver with email		State the vehicle number and name of owner of driver's own vehicle (where appropriate)		
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Drive & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present Tel no				
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
Driver's personal details (if driver is not the insured)	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>				
	8 Give details of any pre-existing impairment of sight or hearing, and of any other disability				
Driver's personal details (if driver is not the insured)	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
	Date	Offence	Penalty		
Driver's personal details (if driver is not the insured)	10 Name(s), address(es) and approximate age(s)	Vehicle sustained	If vehicle occupied, state as with previous	Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Huang Po-Shun, Rickson (Student Injury) 8946P			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurer's property & vehicle (attach Own Declaration A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no or details of property	Nature of damage		Insurer's name and address (if known)
Police station	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If yes, please state which Police station		
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If yes, against whom?		
Accident details	14 Weather conditions		Rain <input type="checkbox"/> Others <input type="checkbox"/>		
	15 Road surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
	16 Speed of vehicle		A <input type="checkbox"/> km/h B <input type="checkbox"/> km/h		
	17 What damage was done by driver or other party?				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)?				
	20 If your vehicle is commercial, state weight as read (stated at time of accident)				
21 State how accident happened, width of roads, speed limits, etc. (if this is attached)					
22 State number of passengers (including Driver) <input type="checkbox"/> <input type="checkbox"/>					
Declaration	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____ Date _____				
	Driver's signature (if driver is not the policyholder) _____ Date _____				

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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	08/10/2018 15:26
Date Of Accident	08/10/2018 06:25
Exact Location Of Accident	SLE TOWARDS TAMPINES (LAMP POST: 484)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GR2434R
Insured/Policyholder	
Name Of Registered Owner	PENG CHUAN ENGINEERING CONSTRUCTION PTE LTD
Co Reg No	200304394R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68583477

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A 28796177 TMV (TP)
Cover Note Number	

Driver

Name of Driver	ISMAIL MOHAMMAD
Passport No/FIN	G8153672X
Date Of Birth	10/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83050104
Fax Number	
Contact Number	

Address	421 TAGORE INDSUTRIAL AVENUE #04-06/07 TAGORE 8
Postcode	787805
Was driver an employee of the Insured's Company	YES
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	12
Passenger 1	NAME: : KARUPPIAH MARIMUTHU GENDER: : MALE
Passenger 2	NAME: : MUTHIAH PRAKASH GENDER: : MALE
Passenger 3	NAME: : CINNATAMBI GENDER: : MALE
Passenger 4	NAME: : DHAS NAGAR GENDER: : MALE
Passenger 5	NAME: : AHMAMMAD MOHAMMAD KOWSER GENDER: : MALE
Passenger 6	NAME: : BALA SUPANKAR GENDER: : MALE
Passenger 7	NAME: : ALI MOHAMMAD MISTER GENDER: : MALE
Passenger 8	NAME: : ALAM MOHAMMAD MUSHA GENDER: : MALE
Passenger 9	NAME: : FARUK GENDER: : MALE
Passenger 10	NAME: : ROHMAN ANISUR GENDER: : MALE

Passenger 11
NAME: : SUMEN
GENDER: : MALE

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 ATTACHED

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 FBJ7940P
Vehicle Make/Model/Colour PIAGGIO GILERA RUNNER ST 200
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBM5433J
Vehicle Make/Model/Colour YAMAHA MTN850A
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name 1 OF THE RIDER
Approximate Age
Injuries Sustain
Injured person in which vehicle?

Was this injured conveyed to hospital by
ambulance?

YES

Address

Postcode

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.
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:

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: kb@idac.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

- 8 OCT 2018

Sketch Plan #2 Pg. 1

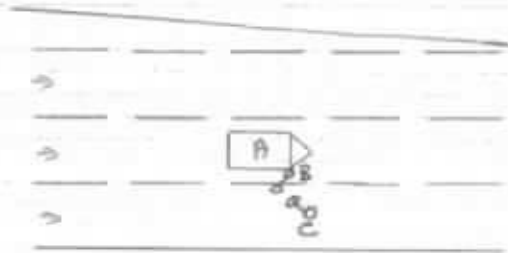
SKETCH PLAN

A) GR 2434R

SLE TOWARDS TAMPINES (LIMPOPOST NO 484)

B) FBJ 7940P

C) FBM 5433J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: T/2018 008 / 2028.

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181008/2028

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

1 of 4

Report No. T/20181008/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2018 11:23			Vide Report No.: J/20181008/0073		Station Diary No.: 23
Informant's Particulars					
Name of Informant: ISMAIL MOHAMMAD			Address:		
ID Type / ID No.: FIN NO / G8153672X			Contact No.: Home/Office:		Mobile: 8305 0104
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 32	Date of Birth: 10/04/1986	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 3 Date of Expiry: 19/07/2020		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/10/2018 06:25	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY LAMPOST NO. 484, towards Tampines.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBJ7940P	Motorcycle			Black	Seriously Damaged	0
FBM5433J	Motorcycle			Black	Seriously Damaged	0
GR2434R	Lorry	TOYOTA		White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181008/2028

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

2 of 4

Report No: T/20181008/2028

CONTINUATION OF REPORT

Rider			
Name	SAIFUL	ID No.	NIL
Related Vehicle	FBM5433J (Motorcycle)	Contact No.	8799 3279
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	Slight
Driver			
Name	ISMAIL MOHAMMAD	ID No.	G8153672X
Related Vehicle	GR2434R (Lorry)	Contact No.	8305 0104
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 19/07/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/10/2018 at about 0630 hrs, I was driving my lorry, GR 2434 R along SLE towards Tampines area on the second lane from the right.

While at the lamppost no. 484, a lorry cut into my lane from the right side. Hence, I did an emergency brake till my vehicle is stationary.

Almost immediately, I felt an impact at the rear right area and saw a motorcyclist flew from the right forward. I came out my vehicle and realised that a motorcycle bearing FBJ 7940 P had collided onto the right rear side of my vehicle. Following behind, there is another motorcycle bearing FBM 5433 J that had collided onto his. Both motorcyclists were the floor and I went to check on them.

There is an in-car camera in my vehicle. I am not aware of the plate number of lorry that cut into my lane.

I am not sure of the injuries of both motorcyclists.

My vehicle sustained a small dent at the right rear area on the vehicle body.

One of them was conveyed to hospital by ambulance. Traffic police was also at scene and handed me a case card to lodge a Police report.

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181008/2028

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

3 of 4

Report No. T/20181008/2028

CONTINUATION OF REPORT

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181008/2028

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

4 of 4

Report No. T/20181008/2028

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 /
Sgt 2 CHONG WENG KIAT, TERENCE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/10/2018 11:23

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Classification Of Case:

Authentication Stamp
NP188



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Your Ref: 19.27415 S.CK.xy

Date: 04th Feb 2020

Our Ref : CS3/ASM18018485/Gsf3e2-1

M/s AXA Insurance Pte Ltd
C/O: Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877
(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: FBM 5433J
INSURED VEHICLE: FBJ 7940P
ACCIDENT DATE: 08/10/2018

We thank you for your instruction on 15/11/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of FBM 5433J from M/s Y B Lim Appraisal Services.
- b) Singapore Accident Statement and Police Report of Vehicles FBM 5433J, FBJ 7940P, GR 2434R and SJN 8448Y.
- c) Final Repair Bill of FBM 5433J from M/s Asia Motorsports Solution Pte Ltd.
- d) Colour damaged vehicle photographs of FBM 5433J.

Pre-Repair Inspection Date : 11/10/2018 at M/s Asia Motorsports Solution Pte Ltd, No. 568, Geylang Road, Singapore 389514.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -
Registration Number : FBM 5433J
Make & Model : Yamaha MTN850A
Year of Registration : 2017
Chassis Number : JYARN435000010363
Engine Capacity : 847 cc
2. We recommend that the repairs of the entire damage require about 4 (Four) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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: 199607196R GST Reg. No. 19-9607196-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBM 5433J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	WINDSHIELD SMALL	BROKEN	48.00	48.00
1	WINDSHIELD BIG	BROKEN	60.00	60.00
2	WINDSHIELD STAY @\$58.00	DISTORTED	116.00	116.00
1	HANDLE BAR	BENT	195.00	195.00
1	SET HANDLE BAR END	N/S SERVICEABLE / O/S CUT	88.00	44.00
1	BRAKE LEVER	BENT	94.00	94.00
1	CLUTCH LEVER	SERVICEABLE	82.00	-
1	HEAD LAMP ASSY	SERVICEABLE	947.50	-
1	HEAD LAMP COVER	CRACKED	148.00	148.00
2	HEAD LAMP LOWER GARNISH @\$58.00	N/S SERVICEABLE / O/S CUT	116.00	58.00
1	COVER FRONT	SERVICEABLE	82.50	-
1	SET MIRROR ASSY @\$95.00	N/S SERVICEABLE / O/S CUT	190.00	95.00
2	FRONT SIGNAL @\$80.00	GRAZED / CUT	160.00	160.00
1	FRONT BRAKE DISC LH	SERVICEABLE	440.00	-
1	FRONT FENDER	SERVICEABLE	194.50	-
1	FORK UNDER BRACKET	SERVICEABLE	470.00	-
2	SCOOP AIR @\$124.90	N/S SERVICEABLE / O/S CUT	249.80	124.90
1	FUEL TANK COVER	GRAZED	120.00	120.00
1	RADIATOR ASSY	DENTED	675.20	675.20
2	COVER OUTER RADIATOR @\$96.00	N/S CUT / O/S SERVICEABLE	192.00	96.00
2	COVER INNER RADIATOR @\$60.00	SERVICEABLE	120.00	-
1	FRONT FOOTREST RH	SERVICEABLE	72.30	-
1	BRAKE PEDAL	SERVICEABLE	92.60	-
1	REAR FOOTREST RH	SERVICEABLE	66.70	-
1	REAR SIGNAL RH	SERVICEABLE	80.00	-
	LESS 10% DISCOUNT		-510.01	-203.41
			4,590.09	1,830.69
1	FRONT SPORT RIM (SN)	CUT	850.00	300.00
2	FRONT FORK ASSY @\$1560.00 (SN) (LOCAL REPAIR)	N/S CUT	3,120.00	200.00

Report Ref No. CS3/ASM18018485/Gsf3e2-1



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 10% DISCOUNT		-397.00	-
			3,573.00	500.00
	SPECIAL NETT ITEMS			
1	FRONT NUMBER PLATE (SN)	SERVICEABLE	15.00	-
1	SET STEERING CONE / BEARING (SN)	NECESSARY	125.00	125.00
2	BOTS COOLANT (SN)	NECESSARY	40.00	40.00
2	FRONT CRASH BAR @\$150.00 (SN)	N/S TO REPAIR SEE LABOUR / O/S BENT	300.00	150.00
1	REAR BOX (SN)	GRAZED	280.00	200.00
1	REAR RACK (SN)	TO REPAIR SEE LABOUR	120.00	-
			880.00	515.00
	LABOUR			
	TRANSPORTATION X2.		70.00	30.00
	FUEL TANK REPAIR.		250.00	150.00
	EXHAUST REPAIR.	NOT NECESSARY	120.00	-
	WORKMANSHIP, INCLUSIVE OF THE REPAIR OF N/S FRONT CRASH BAR AND REAR RACK.		300.00	150.00
			740.00	330.00
GRAND TOTAL			9,783.09	3,175.69
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,550.00

Report Ref No. CS3/ASM18018485/Gsf3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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