

Date: 10th January 2020

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

Motor Claims Department
AIG Asia Pacific Insurance Pte Ltd
78 Shanton Way #07-16
AIG Building
Singapore 079120

Dear Sirs,

RE: ACCIDENT INVOLVING FBH677G AND SMN2537C ALONG
Junction of Jurong Wst St 91/Jurong West St 92 ON 24-12-2019 AT 7.35AM

Please be informed that the above-said motorcycle bearing registration no: FBH677G 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,



Enc.



南方摩哆

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

10th January 2020
AIG Asia Pacific Insurance Pte Ltd
78 Shanton Way #07-16
AIG Building
Singapore (079120)

Dear Sirs,

RE: Cost of repair to Honda CBR150 – FBH677G

1pc of Clutch Lever	S\$	38.00
1pc of Clutch Lever		145.00
1pc of Handle Grip		35.00
1pc of Brake Lever		38.00
1pc of Gear Lever		95.00
1pc of Lower Cowing		385.00
1pc of Megneto Cover		165.00
1pc of Centre Fairing		430.00
1pc of Tail Cover		285.00
1pc of Body Slider		120.00
1pc of Front Signal		58.00
1pc of Exhaust Pipe Cover		165.00
		<hr/>
		1,959.00
	Less 10%	195.90
		<hr/>
	Nett	1,763.10
	Transport	40.00
	Jack Fork	85.00
	Engine Oil	20.00
	Gasket	15.00
	Alignment Front Sport Rim	60.00
	Labor	250.00
		<hr/>
		<u>\$2,233.10</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	30/12/2019 12:15
Date Of Accident	24/12/2019 07:35
Exact Location Of Accident	JUNCTION OF JURONG WEST ST 91/JURONG WEST ST 92
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH677G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RUSYDI BIN ROSLAN
NRIC No	SXXXX833D
Email Address	MUHAMMAD_ADZIZUL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92487629
Alternative Phone No	OTHERS-94596453
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR150R-150CC
Exact Purpose for which vehicle was being used at time of accident	COMMUTE TO WORK
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096001807-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ADZIZUL BIN HUSSIEN
NRIC No	SXXXX027B
Date Of Birth	20/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94596453
Fax Number	
Contact Number	OTHERS-92487629
Email Address	MUHAMMAD_ADZIZUL@HOTMAIL.COM

Address BLK 942 JURONG WEST STREET 91
#06-451

Postcode 640942

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? 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 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

PLEASE REFER TO POLICE REPORT T/20191224/2047

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

Details of Witness 1

Name FATHIR

Phone Number 91558222

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMN2537C

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	MUHAMMAD ADZIZUL BIN HUSSIEN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBH677G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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)**

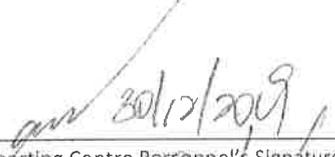
I understand, acknowledge, agree and consent that:

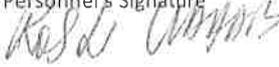
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



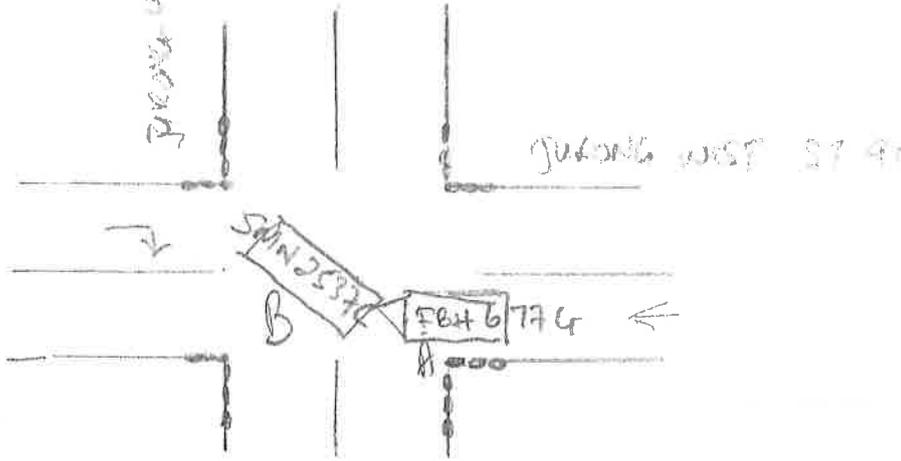
Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/12/2019 @ 11:17RS



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

SKETCH PLAN

TOWARDS
PIONEER RD NORTH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/2019/224/2047*

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: 30/12/2019 @ 11:31 HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*30/12/2019
Ravi Chatterjee*



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20191224/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2019 11:53	Vide Report No.: J/20191224/0061	Station Diary No.: 99
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Informant's Particulars

Name of Informant: MUHAMMAD ADZIZUL BIN HUSSEIN		Address: APT BLK 942 JURONG WEST STREET 91 #06-451 SINGAPORE 640942	
ID Type / ID No.: NRIC NO / S9518027B		Contact No.: Home/Office: Mobile: 94596453	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 20/05/1995	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Police officer		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/12/2019 07:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JURONG WEST STREET 91 JURONG WEST STREET 92				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH677G	Motorcycle					0
SMN2537C	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191224/2047

2 of 3

Report No. T/20191224/2047

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ADZIZUL BIN HUSSEIN	ID No.	S9518027B
Related Vehicle	FBH677G (Motorcycle)	Contact No.	94596453
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/12/2019	Date Discharge	24/12/2019
No. of Days granted Medical Leave	08	Degree of Injury	Serious
WITNESS			
Name	FATHIR	ID No.	NIL
Related Vehicle	NIL	Contact No.	91558222
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 24/12/2019 at about 7.30am, I was riding my motorcycle bearing plate number FBH677G along Jurong West St 91. I was approaching a junction of Jurong West St 92 and the light was green in my favor. I observed ahead that there was a car who managed to turn right into the carpark. As I got nearer to the junction, suddenly, another car bearing plate number SMN2537C started turning right and into the carpark. I managed to slow down my motorcycle however I still could not stop in time and collided onto the front of the car. I then fell off from my motorcycle and subsequently was conveyed to the hospital. I received 8 days of MC. I have a witness who came forward to me and mentioned that he has an in car vehicle camera.



**SINGAPORE
POLICE FORCE**



T/20191224/2047

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20191224/2047

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 / Sgt 2 NURAQILAH BINTE ABDUL HAMID	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	

Signature Of Informant:
Date/Time: 24/12/2019 11:53
Classification Of Case:

Authentication Stamp. NP168	
Signature : _____	
Singapore Police Force	