



# 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

19<sup>th</sup> February 2020

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

Dear Sirs,

**RE: Cost of repair to Yamaha X-1R 200 – FBD7658L**

1pc of Front Spork Rim	S\$	250.00
1pc of Front Fork Complete		225.00
1pc of Meter Complete		290.00
1pc of Handle Bar		65.00
1pc of Brake Lever		20.00
1pc of Handle Grip		20.00
1pc of Mirror		45.00
1pc of Exhaust Pipe		850.00
1pc of Rear Footrest Bracket RH		75.00
1pc of Body Cover Complete		580.00
1pc of Front Footrest		48.00
1pc of Gear Lever		35.00
1pc of Brake Lever		20.00
1pc of Magento Cover		145.00
1pc of Front Side Light LH		55.00
1pc of Head Lamp Complete		225.00
1pc of Rear Footrest		45.00
1pc of Throttle Cable		55.00
1pc of Steering Corn		75.00
		<hr/>
		3,123.00
	Less 10%	312.30
		<hr/>
	Nett	2,810.70
	Transport	30.00
	Magneto Gasket	12.00
	Engine Oil	20.00
	IU	165.00
	GIVI E33 Box	140.00
	Number Plate	15.00
	Alignment Front Body	250.00
	Labor	250.00
		<hr/>
		<u>\$3,692.70</u>

Yours Faithfully,  
Southern Motor

Date: 19<sup>th</sup> November 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 FBD7658L AND SLZ5822H ALONG  
PIE towards Tuas ON 06-02-2020 AT 4.25PM

Please be informed that the above-said motorcycle bearing registration no: FBD7658L 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 handwritten signature in blue ink, consisting of several loops and a long horizontal stroke, positioned above a solid horizontal line.

Enc.

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	13/02/2020 11:16
Date Of Accident	06/02/2020 16:25
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD7658L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	5XXXXX0207
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82449104
Alternative Phone No	OFFICE-82449104

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
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	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	5109280207
Cover Note Number	

Driver

Name of Driver	MUHAMMAD DAHRI BIN MOHD SABRI
NRIC No	SXXXX238D
Date Of Birth	10/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82449104
Fax Number	
Contact Number	OTHERS-82449104
Email Address	NOEMAIL

Address	BLK 468 JURONG WEST STREET 41 #05-457
Postcode	640468
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) 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)	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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200208/2058

#### 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	SLZ5822H	AAA
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGR929T

Vehicle Make/Model/Colour

TOYOTA COROLLA AXIO

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 DAHRI BIN MOHD SABRI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBD7658L

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:

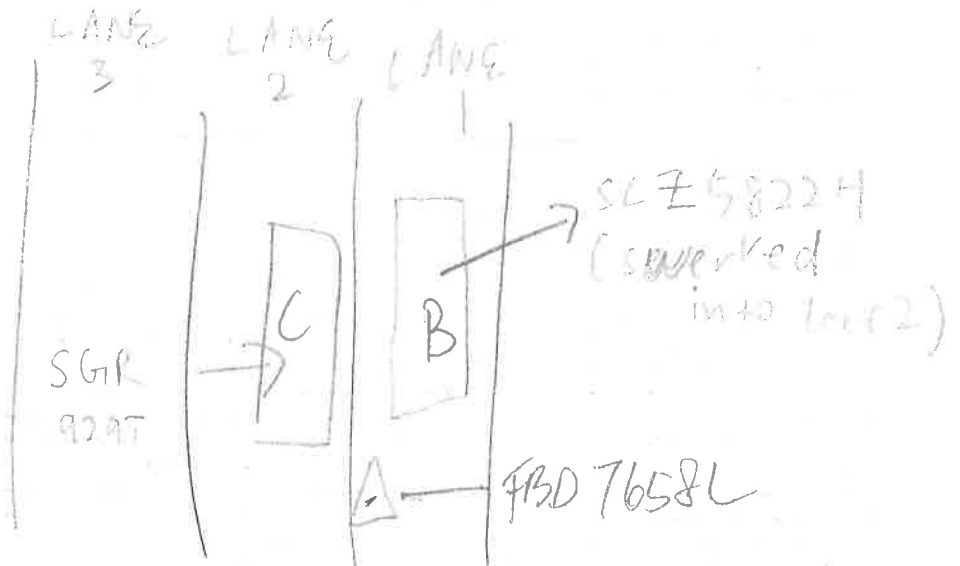
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/12/20

13/01/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

1300 hours

SKETCH PLAN

Along DIR TOWARDS 24AS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/202000208/2058

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: 10/2/20

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

1300 hours

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408365  
Tel No: 65470000

Report No. T/20200208/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2020 11:34 Vide Report No: Station Diary No:

Informant's Particulars

Name of Informant: MUHAMMAD DAHRI BIN MOHD SABRI	Address: APT BLK 468 JURONG WEST STREET 41 #05-457 SINGAPORE 640468
ID Type / ID No.: NRIC NO / S9640238D	Contact No.: Home/Office: Mobile: 82449104
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 23 Date of Birth: 0/11/1996	Type of Informant: Rider
Race: Malay	Language: Institution / School Name:
Occupation: CONSTRUCTION SUPERVISOR	Driving Licence Information: Class: 2B Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/02/2020 16:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD7658L	Motorcycle	YAMAHA	X-1R	Blue		0
SGR929T	Car	TOYOTA	COROLLA	Gold		0
SLZ5822H	Car	TOYOTA	AXIO 1.5X A COROLLA ALTIS LE RAV4	Silver		0





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408365  
Tel No: 65470000

2 of 1

Report No. T/20200208/2058

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD DAHRI BIN MOHD SABRI	ID No.	S9640238D
Related Vehicle	FBD7658L (Motorcycle)	Contact No.	82449104
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	06/02/2020	Date Discharge	06/02/2020
No. of Days granted Medical Leave	07	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME &amp; LOCATION

I WAS TRAVELLING ALONG PIE AND I WAS TRAVELLING AT ABOUT 70KM/H. I WAS ON THE FIRST LANE, THE VEHICLE SLZ5822H SUDDENLY SWERVED INTO MY LANE FROM THE RIGHT AND HIT ME AS I HAVE NO TIME TO REACT AND AVOID THE COLLISION. AFTER I WAS HIT I COLLIDED WITH ANOTHER VEHICLE SGR929T AND WAS SANDWICHED AND THEN I FELL FROM MY BIKE. I WAS ON THE GROUND, WAITING FOR THE AMBULANCE. THERE WAS SOMEONE ATTENDING TO ME AND COMFORTING ME UNTIL AMBULANCE ARRIVED BUT I DO NOT KNOW WHO WAS IT THAT WAS COMFORTING ME. I WAS INJURED AND WAS CONVEYED TO TAN TOCK SENG GENERAL HOSPITAL.

THAT IS ALL.

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

Report No. T/20200208/2068

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

9

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 65474386 stating the report number as reference.

Signature Of Officer Recording The Report:

TP  
WINSTON KOH WEN ZHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/02/2020 11:34

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt NUR ADELINA BINTE MOHAMMAD  
PUAT

Classification Of Case:

Contact No.: 65476066

Authentication Stamp

AP/100

SUFIAN KHALIL

6547637200