



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

20th February 2020

MS First Capital Insurance Limited

36 Robinson Road #16-01

City House

Singapore (068877)

Dear Sirs,

RE: Cost of repair to Yamaha T135 – FBC295B

1pc of Front Fork	S\$	180.00
1pc of Steering Cone Stand		280.00
1pc of Body Set Cover Complete		560.00
1pc of Handle Bar		75.00
1pc of Handle Bar Bracket		65.00
1pc of Front Signal		65.00
1pc of Kappa Centre Box		110.00
1pc of Sport Rim Complete		280.00
1pc of Front Rim Shaft		25.00
1pc of Gear Lever		45.00
1pc of Front Footrest		48.00
1pc of Front Cover Bracket		90.00
1pc of Handle Balancer		20.00
1pc of Head Lamp		80.00
1pc of Steering Cone		75.00
		<hr/>
		1,998.00
	Less 10%	199.80
		<hr/>
	Nett	1,798.20
	Transport	30.00
	Alignment Body	250.00
	GIVI E450 Box	160.00
	IU	165.00
	Labor	250.00
		<hr/>
		<u>\$2,653.20</u>

Yours Faithfully,

Southern Motor

Date: 20th February 2020

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

Motor Claims Department
MS First Capital Insurance Limited
36 Robinson Road #16-01
City House
Singapore 068877

Dear Sirs,

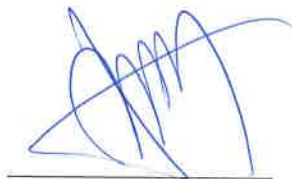
RE: ACCIDENT INVOLVING FBC295B AND SHB6670X ALONG
South Bridge Road ON 09-02-2020 AT 01.10AM

Please be informed that the above-said motorcycle bearing registration no: FBC295B 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 at the end, positioned above a thin 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	17/02/2020 12:08
Date Of Accident	09/02/2020 01:10
Exact Location Of Accident	SOUTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC295B
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	YATTSYAZIQ19SHARIL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92737380
Alternative Phone No	OFFICE-62730369

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5109280207 (TP)
Cover Note Number	

Driver

Name of Driver	NORYATTI BINTE SHARIL
NRIC No	SXXXX036H
Date Of Birth	19/02/1979
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2007
Driving Experience	12 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92737380
Fax Number	
Contact Number	

Address	BLK 51 CHIN SWEE ROAD #17-85
Postcode	160051
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	COLLIDED INTO MOTORCYCLIST
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	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

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	SHB6670X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NORYATTI BINTE SHARIL
Approximate Age	40
Injuries Sustain	MULTIPLE INJURIES - REFER POLICE REPORT
Injured person in which vehicle?	FBC295B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 51 CHIN SWEE ROAD #17-85
Postcode	160051

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:

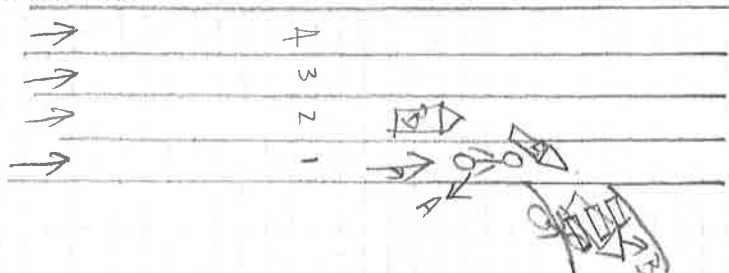
17 FEB 2020

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

5th Floor, 110, North Bridge Road, Singapore 051345
Tel: 6569 3312 Fax: 6569 0722
Email: vacbbs@singnet.com.sg

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

NG WING KIN JAMES
admin.vac@vicom.com.sg



B) SHB6670X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

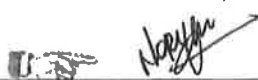
Follow police report

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



Policyholder's Signature _____
Date & Time: _____

17 FEB 2020



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

IDAC BUKIT DATUK
511 Bukit Datuk Street 23
Singapore 650515
Tel: 6560 3812 Fax: 6560 0722
Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature

Name: _____

Name: **NG WING KIN JAMES**
NRIC: **admin.vac@vicom.com.sg**



**SINGAPORE
POLICE FORCE**



A/20200212/7023

1 of 3

POLICE REPORT (NP299)

Report No. A/20200212/7023

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No: 1800-2240000

Date/Time Report Made 12/02/2020 14:41	Vide Report No.	Station Diary No.
Name Of Informant NORYATTI BINTE SHARIL	Address APT BLK 51 CHIN SWEE ROAD #17-85 SINGAPORE 160051	
ID Type / ID No. NRIC NO / S7903036H	Contact No. Home/Office:	Mobile: 92737380
Nationality SINGAPORE CITIZEN	Email Address yattsyaziq19sharil@yahoo.com	
Occupation Delivery Rider	Sex Female	Age 40
Institution/School Name	Date of Birth 19/02/1979	Race Malay
	Language English	
Date/Time Of Incident 09/02/2020 01:10	Location Of Incident SOUTH BRIDGE ROAD	

Brief details.

On the above mentioned date and time, I was riding my bike FBC295B travelling along the extreme right lane of South Bridge Road.

I was approaching the junction of Hong Kong Street and continued to travel straight as my lane could either go straight or Turn Right.

Suddenly, a white Maxi Cab SHB6670X, which was on the second lane from the right, abruptly made a

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2020 14:41
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20200212/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200212/7023

right turn into Hong Kong Street without signaling.

I immediately jammed on my brakes but could not avoid collision. My bike still collided into the right portion of the Maxi Cab. Upon collision, the Maxi Cab was still moving. I was dragged a little to my right and fell Towards my left. The left side of my body slammed against the ground.

The left side of my head slammed against the floor. Though I had my helmet on, my left cheek immediately felt pain. I felt dizziness immediately and my vision was blurry. I also experienced extreme headaches right after my fall.

I could not feel other parts of my body except my head. I was lying on the ground and could only move my eyes.

I was conveyed to Singapore General Hospital by ambulance and was only discharged on 11/02/2020 with 45 days Hospitalisation Leave from 09/02/2020 to 24/03/2020.

I suffered from the following injuries as a result of the accident:

- 1) left cheek bone injury
- 2) left jaw injury
- 3) head injury
- 4) whiplash injury of my neck
- 5) left shoulder injury
- 6) left upper arm injury

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2020 14:41
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**SINGAPORE
POLICE FORCE**

A/20200212/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200212/7023

- 7) left hip injury
- 8) left pelvis injury
- 9) left knee injury
- 10) left inner thigh bruises
- 11) abrasions on left knee
- 12) right shin bruises and abrasions

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2020 14:41
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	