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Enquire Vehicle & Owner Information (Vehicle No. SHA7072X As At 07 Jul 2019 / 19:35:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: ENGSOON - FP 9353 S

Current Owner Details

Owner ID Type: Company
Owner ID: 199303821R
Owner Name: COMFORT TRANSPORTATION PTE LTD
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 383
Registered Street Name: SIN MING DRIVE
Registered Unit No.: -
Registered Building Name: GAS BUILDING
Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHA7072X
Make Description/Model: HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR
Insurance Company Name: INDIA INT'L INS PTE LTD



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/42123/2019
Date : 18 July, 2019

MUHAMMAD FAIROZ BIN HAFAZUL
BLK 472 CHOA CHU KANG AVENUE 3
#14-159
SINGAPORE 680472

Dear Sir/Madam

**ACCIDENT INVOLVING FP9353S & SHA7072X ALONG BUKIT PANJANG RING ROAD
TOWARDS PETIR ROAD ON 7 JULY 2019 AT 1939 HRS.**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of **SHA7072X** has committed an offence of Inconsiderate Driving under Section 65(b) of the Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.
3. If you have any queries, please contact the Investigation Officer, Ivan Ho at telephone number 6547 6170 or via email at HO_Jie_Kang@spf.gov.sg.

Yours faithfully

HAFIZ FAIZAL
for HEAD TRAFFIC INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE

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	16/07/2019 14:14
Date Of Accident	07/07/2019 19:35
Exact Location Of Accident	BUKIT PANJANG RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP9353S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIROZ BIN HAFAZUL
NRIC No	S9803312B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98308508
Alternative Phone No	OFFICE-98308508
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107653499
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FAIROZ BIN HAFAZUL
NRIC No	S9803312B
Date Of Birth	01/02/1998
Occupation	INDOOR
Date Of Driving Pass	12/12/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98308508
Fax Number	
Contact Number	OFFICE-98308508
EMail Address	NOEMAIL

Address	BLK 472 CHOA CHU KANG AVENUE 3 #14-159
Postcode	680472
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 - U-TURN
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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 POLICE REPORT

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	SHA7072X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

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/also 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 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 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 creating, investigating, controlling or managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with legal demands, court or regulatory orders, law enforcement orders.

Policyholder Signature
Date & Time

Authorised Signature
(Must be signed by the policyholder)
Date & Time

Reporting Centre Person's Signature
Name
NRIC/FIN No.

Sketch Plan #2

DATE OF THE CASE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS
REPORT
R/20190709/7600
TO
POLICE

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:
NRC/FBI No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190709/7000

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

1 of 3

Report No. T/20190709/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2019 00:02		Vide Report No.: J/20190707/0120		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD FAIROZ BIN HAFAZUL			Address: APT BLK 472 CHOA CHU KANG AVENUE 3 #14-159 SINGAPORE 680472		
ID Type / ID No.: NRIC NO / S9803312B			Contact No.: Home/Office: Mobile: 98308508		
Nationality: SINGAPORE CITIZEN			Email: fairoz10@hotmail.com		
Sex: Male	Age: 21	Date of Birth: 01/02/1998	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/07/2019 19:35	Type of Location: Straight Road
Location: BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
FP9353S	Motorcycle	YAMAHA	RXZ	Blue		0
SHA7072X	Comfort Delgro Taxi			Blue	Slightly Damaged	2

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
FP9353S	NTUC Income Insurance Co-Operative Limited	5107653499	19/02/2019	18/02/2020	

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190709/7000

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

2 of 3

Report No. T/20190709/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FAIROZ BIN HAFAZUL	ID No.	S9803312B
Related Vehicle	FP9353S (Motorcycle)	Contact No.	98308508
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On Sunday 07/07/2019, approximately at 1930hrs I was being hit by Comfort Delgro Taxi(SHA7072X) while I was working as a delivery rider. I was going straight on a two way lane to pick up my order at Hillion Mall when a taxi made a Uturn without giving me the right of way. Approximately around 30-40 meters away from the incident location, I was a traffic light, waiting for it to turn green. As it turned green, I slowly move off till the point where I saw this said taxi trying to make a Uturn. Upon seeing the said taxi, I slowed down. I was at the first lane and I tried to avoid any collision so I made an attempt to lane change to the left but by the time I tried slow down, he hit me from my right side. He then came out of his taxi to see what was going on. When I asked him why didn't he gave me the right of way, he mention that he didn't saw me even though I had my head light on. Inside the said taxi, there were 2 passengers boarding the taxi, and they tried to help me. One of the passengers then told to call for an ambulance, afraid that I might sustained any serious injuries. I called for ambulance and they arrived approximately 10 minutes later. Once they arrived, I was being brought to Ng Teng Fong General Hospital for further checks. I was not admitted to the hospital.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20190709/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

3 of 3

Report No. T/20190709/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP158

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

Date/Time:
09/07/2019 00:02

Classification Of Case:



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

1 of 3

Report No. T/20190709/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2019 00:02	Vide Report No.: J/20190707/0120	Station Diary No.:
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Informant's Particulars				
Name of Informant: MUHAMMAD FAIROZ BIN HAFAZUL			Address: APT BLK 472 CHOA CHU KANG AVENUE 3 #14-159 SINGAPORE 680472	
ID Type / ID No.: NRIC NO / S9803312B			Contact No.: Home/Office: Mobile: 98308508	
Nationality: SINGAPORE CITIZEN			Email: fairoz10@hotmail.com	
Sex: Male	Age: 21	Date of Birth: 01/02/1998	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/07/2019 19:35	Type of Location: Straight Road
Location: BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
FP9353S	Motorcycle	YAMAHA	RXZ	Blue		0
SHA7072X	Comfort Delgro Taxi			Blue	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FP9353S	NTUC Income Insurance Co-Operative Limited	5107653499	19/02/2019	18/02/2020



**SINGAPORE
POLICE FORCE**



T/20190709/7000

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

2 of 3

Report No. T/20190709/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FAIROZ BIN HAFAZUL	ID No.	S9803312B
Related Vehicle	FP9353S (Motorcycle)	Contact No.	98308508
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On Sunday 07/07/2019, approximately at 1930hrs i was being hit by Comfort Delgro Taxi(SHA7072X) while i was working as a delivery rider. I was going straight on a two way lane to pick up my order at Hillion Mall when a taxi made a Uturn without giving me the right of way. Approximately around 30-40 meters away from the incident location, i was a traffic light, waiting for it to turn green. As it turned green, i slowly move off till the point where i saw this said taxi trying to make a Uturn. Upon seeing the said taxi, I slowed down . I was at the first lane and i tried to avoid any collision so i made an attempt to lane change to the left but by the time i tried slow down, he hit me from my right side. He then came out of his taxi to see what was going on. When i asked him why didn't he gave me the right of way, he mention that he didn't saw me even though i had my head light on. Inside the said taxi, there were 2 passengers boarding the taxi, and they tried to help me. One of the passengers then told to call for an ambulance, afraid that i might sustained any serious injuries. I called for ambulance and they arrived approximately 10 minutes later. Once they arrived, i was being brought to Ng Teng Fong General Hospital for further checks. I was not admitted to the hospital.



**SINGAPORE
POLICE FORCE**



T/20190709/7000

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

3 of 3

Report No. T/20190709/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp

NP168

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

Date/Time:
09/07/2019 00:02

Classification Of Case:

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110

Mobile : 9855 6879

Email : automaxsurvey@gmail.com

Registration No. 53110062J

Billing To: Muhammad Fairoz Bin Hafazul
c/o Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

Invoice no.: TP19070012

Date: 08 SEP 2020

Vehicle no: FP9353S

Model : YAMAHA RXZ

ITEM	DESCRIPTION	AMOUNT
1	Date of Inspection : 18 JUL 2019 Copies of the inspection / survey report Correspondence, postages and etc.	\$ 610.00
2	Photography Services Develop photographs Storage of digital photographs	
3.	To submit report by hand.	
4.	Charges on photocopies, posting, faxes and others incidental works entrusted.	
5	Transportation Charges	
6	Reinspection Charges	
	TOTAL :	\$ 610.00

Notes :

1. All cheque payment should be "crossed" and made payable to "Automax Survey".
2. Please contact us if there are further enquiries on the invoice.



Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

	<u>Size</u>	<u>Made</u>	<u>Balance</u>	<u>Rim</u>
FRONT :	70/90/R17	Pirelli	9.00 mm	Sport
REAR :	70/90/R17	Pirelli	9.00 mm	Sport