

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 200006262D

Date : 13.11.2020

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : FBB 6112L / SMH 8484M ON 30.09.2020

We are the authorized repair workshop for the owner of motor vehicle no: **FBB 6112L** , which was involved in the captioned accident with your insured vehicle no: **SMH 8484M** . The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

| | | |
|--------------------------------------|-----------|------------------|
| 1) Cost of Repair (inclusive of GST) | \$ | 10,700.00 |
| 2) Loss of Use (28 days X S\$50) | \$ | 1,400.00 |
| 3) Towing Fee | \$ | 70.00 |
| 4) GIA Search Fee | \$ | 2.00 |
| | <u>\$</u> | <u>12,172.00</u> |

We enclosed herewith the following documents to support the claims:

- | | |
|--------------------------|------------------------------------|
| a) Final Repair Invoice | b) Towing Bill |
| c) GIA Search Result | d) Letter of Authorisation, etc... |
| e) GIA Report | f) Police Report |
| g) Police Result | h) I/C & Driving Licence |
| i) Insurance Certificate | j) Vehicle Registration Log Card |

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Yours faithfully,



Jason Tang (jason@fastechauto.com.sg)

For Fastech Auto Pte Ltd

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

China Taiping Insurance Singapore Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

Attn : Motor Claim Department

Tax Invoice : 22017

Date : 13.11.2020
Vehicle No : FBB 6112L
Make/Model : HARLEY DAVIDSON
Chassis/Eng# :
Accident Date : 30.09.2020
Claim No :
Reference : 1020 -22017
Policy No :

| | | Amount |
|-------------------------------|-----|----------|
| To proceed on lump sum repair | S\$ | 10000.00 |

| | | |
|------------|-------------------------|-----------------|
| E. & O. E. | Total : S\$ | 10000.00 |
| | GST @ 7% : S\$ | 700.00 |
| | Amount Due : S\$ | 10700.00 |



for FASTECH AUTO PTE LTD



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-20-118595
Date of Request: 01/10/2020

Your Ref No: Online Purchase

Kim Chwee Auto Pte Ltd
1 Kaki Bukit Avenue 6 #01-48
AutoBay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 01/10/2020
Enquiry By Tang Kok Wee, Allan
Vehicle No. SMH8484M
Accident Date 01/10/2020

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|---|-----------------------|------------------|
| SMH8484M | China Taiping Insurance (Singapore) Pte. Ltd. | 18/09/2019-11/02/2021 | 6389 6111 |

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-118595
Date of Request: 01/10/2020

Your Ref No: Online Purchase

Kim Chwee Auto Pte Ltd
1 Kaki Bukit Avenue 6 #01-48
AutoBay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 01/10/2020
Enquiry By Tang Kok Wee, Allan
Vehicle No. SMH8484M
Accident Date 01/10/2020

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry | 1.87 |
| GST Amount | 0.13 |
| Total Amount Due (GST Inclusive) | 2.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



DATE : 02.10.2020

TO : China Taiping Insurance (Singapore) Pte.Ltd.

RE : ACCIDENT INVOLVING VEHICLE NO. FBB 6112L / SMH 8484M

ALONG PIE twds TVAS (After Thomson Exit)

ON 30.09.2020

I/We, Allamsyah Saputra Bin Samad

of (NRIC No./ROC No.) S 9490002F

of Blk 52 Circuit Road #01-827 Singapore 370052

owner of vehicle no. FBB 6112L in consideration of M/s FASTECH AUTO PTE LTD repairing my/our vehicle FBB 6112L at my/our instruction and hereby authorise M/s FASTECH AUTO PTE LTD to demand claim settlement whatever amount settled/payable by the Insurance Company and/or third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use, etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and all claimed and/or settled shall belong to them absolutely.

I/We further agree and undertake to indemnify them against the above-mentioned claim cost which may arisen therewith.

Signature of Owner :  _____

Name of Owner : Allamsyah Saputra Bin Samad

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 | 02/10/2020 17:27 |
| Date Of Accident | 30/09/2020 07:20 |
| Exact Location Of Accident | PIE TWDS TUAS (AFTER THOMSON EXIT) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | FBB6112L |
| Insured/Policyholder | |
| Name Of Registered Owner | ALLAMSYAH SAPUTRA BIN SAMAD |
| NRIC No | SXXXX002F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87505868 |
| Alternative Phone No | OFFICE-87505868 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | HARLEY-DAVIDSON |
| Model | XL 883R-883CC (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 | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMPHQ19-001364 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | ALLAMSYAH SAPUTRA BIN SAMAD |
| NRIC No | SXXXX002F |
| Date Of Birth | 02/02/1994 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/10/2018 |
| Driving Experience | 1 YEAR AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87505868 |
| Fax Number | |
| Contact Number | OFFICE-87505868 |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | BLK 52 CIRCUIT RD #01-827 |
| Postcode | 370052 |
| 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 (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 | GEYLANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 CASSIA LINK , POSTCODE: 397618 , 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 T/20201001/2116

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 | SMH8484M |
| 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 | ALLAMSYAH SAPUTRA BIN SAMAD |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | FBB6112L |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Accident 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/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.

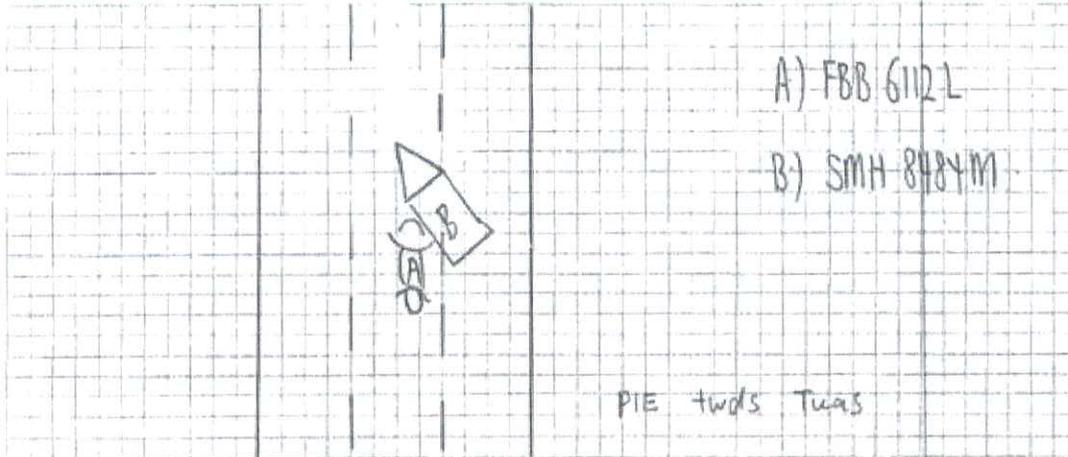

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer the attached Police Report : T/20201001/2116 .

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/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201001/2116

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 4

Report No. T/20201001/2116

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 01/10/2020 18:52 | Vide Report No.: | Station Diary No.: 93 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|---|------------|--|-----------------------------|
| Name of Informant: ALLAMSYAH SAPUTRA BIN SAMAD | | Address: APT BLK 52 CIRCUIT ROAD #01-827 SINGAPORE 370052 | |
| ID Type / ID No.: NRIC NO / S9490002F | | Contact No.: Home/Office: Mobile: 87505868 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 28 | Date of Birth: 02/02/1994 | Type of Informant: Rider |
| Race: Malay | | Language: | Institution / School Name: |
| Occupation: Paramedic | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|---------------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 30/09/2020 07:20 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 90 Km/h | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | 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 |
|-------------|------------|--------------------|--------|--------|-------------------|-----------------|
| FBB6112L | Motorcycle | HARLEY DAVIDSON | XL883R | Orange | Seriously Damaged | 0 |
| SMH8484M | Car | BMW | | Red | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|----------------------------------|--------------|-----------|-------------|
| FBB6112L | GREAT AMERICAN INSURANCE COMPANY | | | |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201001/2118

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 4

Report No. T/20201001/2118

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | ALLAMSYAH SAPUTRA BIN SAMAD | ID No. | S9490002F |
| Related Vehicle | FBB6112L (Motorcycle) | Contact No. | 87505868 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 30/09/2020 | Date Discharge | 01/10/2020 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | Serious |
| Driver | | | |
| Name | TEO THIAM GUAN | ID No. | S6841862C |
| Related Vehicle | SMH8484M (Car) | Contact No. | 90992821 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

At 30/09/2020 at about 0720hrs, I was riding my motorcycle, FBB6112L along Pan-Island Expressway towards Tuas near Thomson Exit. I was on lane 2 of the three lane expressway travelling at the speed of 60km/h. All of a sudden, the car SMH8484M which was on lane 1, without giving any warning or signal, suddenly changed lane from lane 1 to lane 2 and collided onto my motorcycle. The car, SMH8484M failed to give way to me when I had the right of way along lane 2. As a result of the collision, I was flung off my motorcycle and suffered serious injuries. I was later conveyed by the ambulance to Tan Tock Seng Hospital (TTSH).

Both of us had already exchange contact number and our particulars. Regarding the damage parts on the vehicles I am not really sure at which part or the exact area is the dents.

I was admitted into TTSH on the 30/09/2020 staying at Ward 12B having a patient class B2 and was discharged on the 01/10/2020 at about 1747hrs. The following were the injuries I sustained from the accident:

Pain over left wrist
pain over groin region
pain on right foot
abrasion on chin, neck and chest
abrasion on both shins.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20201001/2116

3 of 4

Report No. T/20201001/2116

CONTINUATION OF REPORT

I wish to state that this report is to aid in TP IO's investigation and my own record purposes. I wish to vide a report number T/20200930/2014.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201001/2116

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

4 of 4

Report No. T/20201001/2116

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 NEO HAO CHENG <i>Neo</i> | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 01/10/2020 18:52 |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No: 65476200 | Classification Of Case: |

Authentication Stamp
NP168 *Neo*



Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Amended Police Report

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 02/10/2020 16:24 | Vide Report No.: | Station Diary No.: 65 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|---|------------|---|-----------------------------|
| Name of Informant: ALLAMSYAH SAPUTRA BIN SAMAD | | Address: APT BLK 52 CIRCUIT ROAD #01-827 SINGAPORE 370052 | |
| ID Type / ID No.: NRIC NO / S9490002F | | Contact No.: Home/Office: 87505868 Mobile: | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 26 | Date of Birth: 02/02/1994 | Type of Informant: Rider |
| Race: Malay | | Language: English | Institution / School Name: |
| Occupation: Paramedic | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | |

| General Information of the Accident | | | | |
|---|---------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 30/09/2020 07:20 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 90 Km/h |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|-----------------|--------|--------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBB6112L | Motorcycle | HARLEY DAVIDSON | XL883R | Orange | Seriously Damaged | 0 |
| SMH8484M | Car | BMW | | Red | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------|-----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBB6112L | EQ INSURANCE COMPANY LTD. | DMMPHQ19-001364 | 23/12/2019 | 22/12/2020 |



Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | ALLAMSYAH SAPUTRA BIN SAMAD | ID No. | S9490002F |
| Related Vehicle | FBB6112L (Motorcycle) | Contact No. | 87505868 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 30/09/2020 | Date Discharge | 01/10/2020 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | Serious |
| Driver | | | |
| Name | TEO THIAM GUAN | ID No. | S6841862C |
| Related Vehicle | SMH8484M (Car) | Contact No. | 90992821 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

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- Pain over the left wrist
- pain over groin region
- pain on right foot
- abrasion on chin, neck and chest
- abrasion on both shins.



**SINGAPORE
POLICE FORCE**



T/20201002/2078

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 4

Report No. T/20201002/2078

CONTINUATION OF REPORT

I wish to state that this report is to aid in TP IO's investigation and my own record purposes. I wish to vide a report number T/20200930/2014 and T/20201001/2116.



**SINGAPORE
POLICE FORCE**



T/20201002/2078

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

4 of 4

Report No. T/20201002/2078

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 FATIN NURDIYANA BINTE MUHAMAD SHUKOR |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476200 |

| |
|--|
| Signature Of Informant:  |
| Date/Time: 02/10/2020 16:24 |
| Classification Of Case: |

Authentication Stamp
NP168




SIGNATURE



**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/42623/2020
Date : 28 October, 2020

**ALLAMSYAH SAPUTRA BIN SAMAD
BLK 52 CIRCUIT ROAD
#01-827
SINGAPORE 370052**

Dear Sir/Madam

**ACCIDENT INVOLVING FBB6112L, SLR6779K, YP5465D & SMH8484M ALONG
PIE(TUAS) 16.9KM AFTER THOMSON ROAD EXIT ON 30/09/2020 AT 0727 HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of SMH8484M had committed an offence of Careless Driving Causing Hurt under Section 65(1)(b) of the Road Traffic Act, Chapter 276 and punishable under Section 65(4)(a) of the same Act. Action has been initiated against the driver for the said offence.

3. If you have any queries, please contact the Investigation Officer, Qhairil Bin Zulkeflee at 65476187 or email at Qhairil_ZULKEFLEE@spf.gov.sg.

Yours faithfully

**Jemeema Farween
for Head Investigation
Traffic Police
Singapore Police Force**

A FORCE FOR THE NATION

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9490002F**
 Name: **ALLAMSYAH SAPUTRA BIN SAMAD**
 Birth Date: **02 Feb 1994**
 Issue Date: **09 Oct 2014**

002354037B

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S9490002F**



Name: **ALLAMSYAH SAPUTRA BIN SAMAD**
 Race: **MALAY**
 Date of birth: **02-02-1994** Sex: **M**
 Country of birth: **INDONESIA**

S9490002F

For Insurance Reporting And Claim Purposes Only



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| CLASS | VEHICLE CLASSIFICATION | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW | 09 Oct 2014 |
| Class 2A | Motorcycles between 201cc and 400cc / Electric Motorcycles between 15.1kW and 25kW | 11 Nov 2016 |
| Class 2 | Motorcycles > 400cc / Electric Motorcycles > 25kW | 12 Oct 2018 |
| Class 3 | Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg | 01 Apr 2020 |

S / No.9000362376

S9490002F

NP 428A

Licence No. S9490002F

For Insurance Reporting And Claim Purposes Only



NRIC No. **S9490002F**

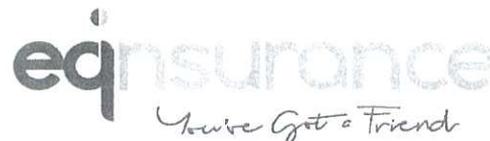


Date of issue: **27-04-2009**

Address: **APT BLK 52 CIRCUIT ROAD #01-827 SINGAPORE 370052**

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**MOTORCYCLE
Third Party Fire & Theft**

Certificate No. : DMMPHQ19-001364

Form: MY1
Excess: S\$1250.00

1. Index Mark and Registration Number of Vehicles

FBB6112L

2. Name of Policyholder

ALLAMSYAH SAPUTRA BIN SAMAD

3. Effective Date of the Commencement of Insurance for the purpose of the Act

23/12/2019

4. Date of Expiry of Insurance

22/12/2020

5. Person or Classes of persons entitled to drive* under hire purchase with

Restricted to Named Drivers Only

- 1) The Policyholder / Insured
- 2) ABDUL MU'IZ BIN ABDUL MAJID

Please note that this vehicle is under hire purchase with **Bike Production Pte Ltd**. No transfer or endorsement is allowed unless with our written consent.

EQI Motor Accident
Hotline
6311 3211



* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

THE POLICY DOES NOT COVER:

- (1) Use for hire or reward
- (2) Use for racing pace-making reliability trial or speed-testing
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business
- (4) Use for any purpose in connection with the Motor Trade

*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Bike Production Pte Ltd

A000338/Ban Hock Hin Co. Pte Ltd
Date of Issue : 25/11/2019 18:13

Authorised Signatory
EQ Insurance Company Limited

BIKE PRODUCTION PTE LTD
Co Reg No: 200007407G
610 Serangoon Road
Singapore 218216
Tel: 63922555 Fax: 62975400

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

002F

Vehicle Details

Vehicle No.:

FBB6112L

Vehicle to be Exported:

No

Intended Deregistration Date:

01 Oct 2020

Vehicle Make:

HARLEY DAVIDSON

Vehicle Model:

XL883R

Primary Colour:

Orange

Manufacturing Year:

2005

Engine No.:

CKM5451644

Chassis No.:

5HD4CKM405K451644

Maximum Power Output:

-

Open Market Value:

\$8,182.00

Original Registration Date:

23 Jun 2005

First Registration Date:

23 Jun 2005

Transfer Count:

4

Actual ARF Paid:

\$1,228.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

30 Apr 2025

COE Category:

D - Motorcycle

COE Period(Years):

10

PQP Paid:

\$5,285.00

COE Rebate Amount:

\$2,420.00

Total Rebate Amount:

\$2,420.00

The information contained herein is correct as at 01 Oct 2020

OK