

THE SINCERE MOTOR REPAIRING PTE LTD

20 Shaw Road #01-03 Ching Shine Industrial Building Singapore 367956

Tel: 6383 2767 Fax: 6296 4548

Company Registration Certificate: 200720671G

Date : 28 October 2020

OUR REF: ACCQ2010016

DOMINO'S PIZZA SINGAPORE PTE LTD

81 UBI AVE 4#10-16

UB ONE

SINGAPORE 408830

RE : ESTIMATED COST TO REPAIR YAMAHA YBR 125

VEHICLE NO : FBJ928Y

DATE OF ACCIDENT : 29 August 2020 @2320 Hrs

LOCATION: TIONG BAHRU ROAD

S/NO	UNIT	DESCRIPTION	U/PRICE	AMOUNT
1	1	HEAD LAMP ASSY	\$ 178.00	\$ 178.00
2	1	HANDLE GRIP SET	\$ 30.00	\$ 30.00
3	1	HEAD LIGHT COWLING	\$ 138.00	\$ 138.00
4	1	HEAD LIGHT STAY	\$ 89.00	\$ 89.00
5	1	BRAKE LEVER	\$ 29.50	\$ 29.50
6	1	HANDLE BAR	\$ 95.00	\$ 95.00
7	1	HANDLE BAR CROWN	\$ 118.00	\$ 118.00
8	1	CUSHION SEAT	\$ 165.00	\$ 165.00
9	1	FORK TOP BRIDGE	\$ 112.00	\$ 112.00
10	1	CLUTCH LEVER	\$ 29.50	\$ 29.50
11	1	METER ASSY	\$ 385.00	\$ 385.00
12	1	METER ASSY BRACKET	\$ 43.00	\$ 43.00
13	1	FRONT FENDER	\$ 168.00	\$ 168.00
14	1	FRONT WIND SHIELD	\$ 55.00	\$ 55.00
15	2	FRONT FORK ASSY	\$ 420.00	\$ 840.00
16	1	STEERING STEM WITH BEARING	\$ 185.00	\$ 185.00
17	1	FOOT REST BAR	\$ 95.00	\$ 95.00
18	1	FOOT REST BAR RUBBER SET	\$ 25.00	\$ 25.00
19	1	REAR PILLION FOOT REST	\$ 58.00	\$ 58.00
20	2	REAR PILLION BRACKET (LH/RH)	\$ 48.00	\$ 96.00
21	2	SIDE COVER (LH/RH)	\$ 78.00	\$ 156.00
22	1	EXHAUST	\$ 290.00	\$ 290.00
23	1	EXHAUST HEAT SHIELD	\$ 68.00	\$ 68.00
24	1	FUEL TANK	\$ 280.00	\$ 280.00
25	2	FUEL TANK AIR SCOOP COVER (LH/RH)	\$ 140.00	\$ 280.00
26	2	FUEL TANK AIR GUIDE COVER (LH/RH)	\$ 40.00	\$ 80.00
				\$ 4,088.00
LESS 10 % DISCOUNT				\$ 408.80
				\$ 3,679.20
27	1	FRONT NUMBER PLATE	\$ 20.00	\$ 20.00
28		TO STRAIGHTEN CHASSIS		\$ 450.00
29		TO DISMANTLE & ASSEMBLE PARTS FOR REPAIR		\$ 380.00
30		TOWING VEHICLE TO WORKSHOP		\$ 60.00
TOTAL AMOUNT :				\$ 4,589.20



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	21/10/2020 15:16
Date Of Accident	29/08/2020 23:20
Exact Location Of Accident	TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ928Y
Insured/Policyholder	
Name Of Registered Owner	DOMINO'S PIZZA SINGAPORE PTE. LTD.
Co Reg No	2XXXXX719D
Email Address	RAJESWARY.RATNASAMY@DOMINOS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-84664033

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR 125 MANUAL
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	VFX/P2348198
Cover Note Number	

Driver

Name of Driver	MOHAMMAD SHAZLAN BIN MOHAMMAD ROSLAN
Passport No/FIN	GXXXXX142Q
Date Of Birth	07/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84664033
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NO 11 JALAN 3/6G 43650 BANDAR BARU BANGI SELANGOR
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN/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	SHC2822X
Vehicle Make/Model/Colour	HYUNDAI / AE IONIQ HEV 1.6 DCT
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)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD SHAZLAN BIN MOHAMMAD ROSLAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBJ928Y
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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B. 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: *Sukhraj*
NRIC/FIN No.:

Sketch Plan #2

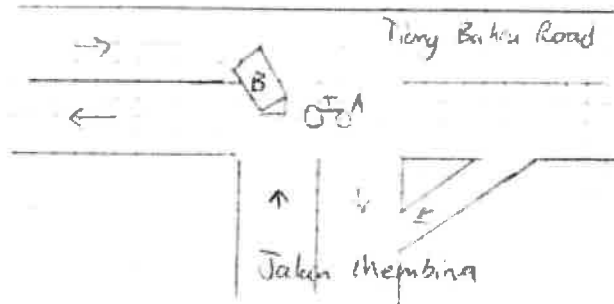
I MD SHAZLAN IS THE EMPLOYEE OF THE COMPANY AND IM USING THE VEHICLE FBJ828Y FOR WORK PURPOSES

SKETCH PLAN

A - FBJ 928 Y

B - SHL 2822 X

Tiong Bahru Plaza



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was riding across the traffic light junction of Tiong Bahru Road and Jalan Membina on 29-8-2020 at about 11.20pm

Suddenly, a taxi from opposition direction made a right turn into Jalan Membina and got no time to react and collided with taxi.

I was seriously injured and was convey to SGH by ambulance. I was warded in hospital from 30-8-2020 and was discharged on 18-10-2020, with 83 days MC till 20-11-2020. My bike was badly damaged.

RAJESWARY RATNASAMY@DOMINOS.COM.SG

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: S. G. S. S.
NRIC/ID No:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



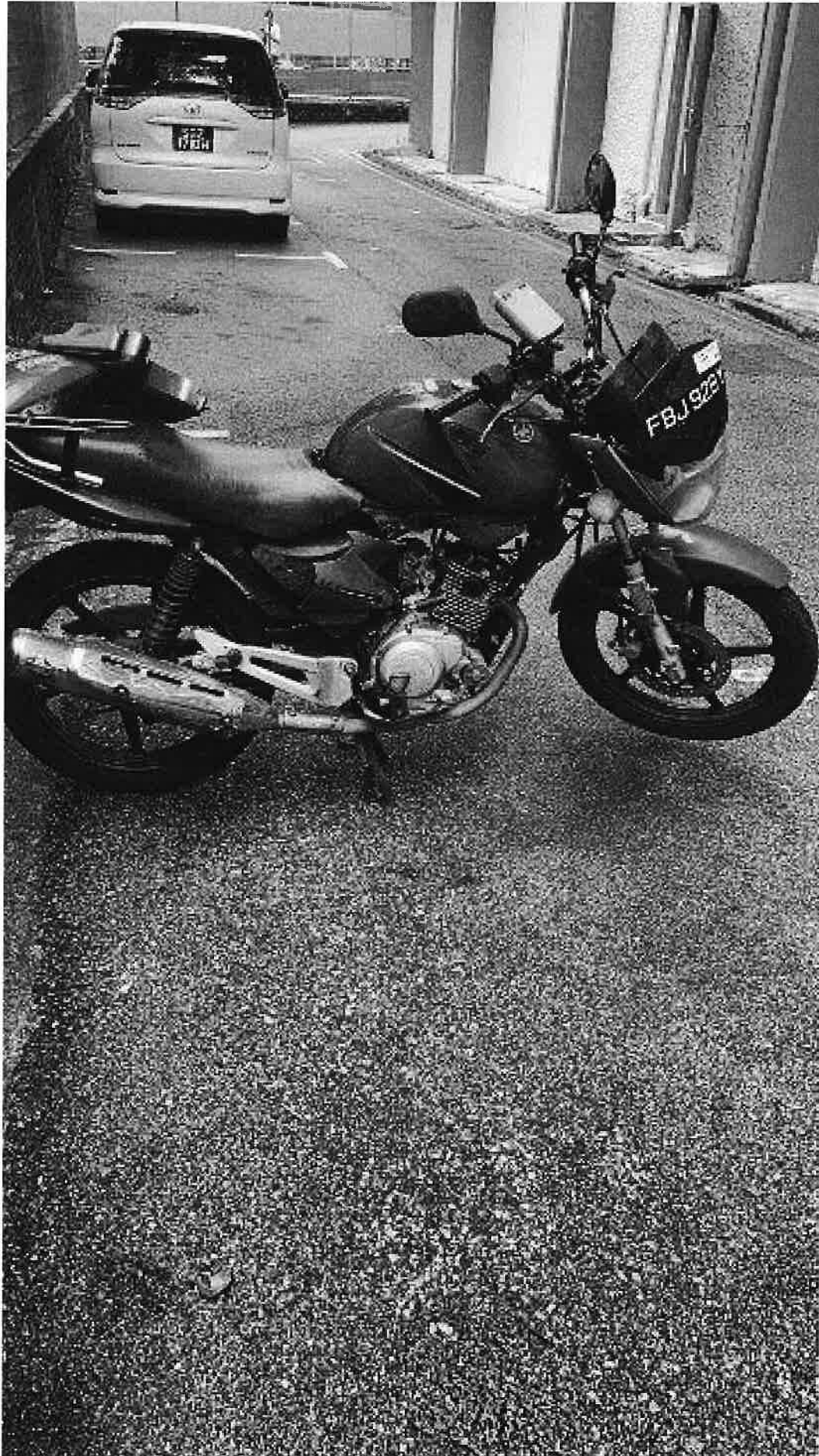
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Enquire Vehicle's Insurance Particulars (As At 29 Aug 2020 / 23:20:00)

Vehicle No.:

SHC2822X

Make Description/Model:

HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20201021130008893656

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

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