

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 | 25/11/2020 14:14 |
| Date Of Accident | 25/11/2020 11:55 |
| Exact Location Of Accident | JUNCTION OF KG KAPOR RD & VEERASAMY RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | FBN9562M |
| Insured/Policyholder | |
| Name Of Registered Owner | YALAYAR SHAMSUDEEN HITHAYATHULLAH RIYAJUDEN |
| NRIC No | SXXXX616G |
| Email Address | RIYAJUDEEN-YSH@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97372767 |
| Alternative Phone No | OFFICE-97372767 |

Vehicle Particulars

| | |
|--|-------------------------|
| Manufacturer | HONDA |
| Model | FORZA 300-279CC ABS CVT |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| 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 | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | MC/00749643 |
| Cover Note Number | |

Driver

| | |
|----------------------|---|
| Name of Driver | YALAYAR SHAMSUDEEN HITHAYATHULLAH RIYAJUDEN |
| NRIC No | SXXXX616G |
| Date Of Birth | 30/08/1973 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/04/1997 |
| Driving Experience | 23 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97372767 |
| Fax Number | |
| Contact Number | OFFICE-97372767 |
| E-Mail Address | RIYAJUDEEN-YSH@HOTMAIL.COM |

| | |
|---|-------|
| Address | NO |
| Postcode | |
| 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? | NO |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO THE ACCIDENT STATEMENT IN SKETCH PLAN

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 | SHC3351G |
| Vehicle Make/Model/Colour | KHAIRUSSALLEH BIN JONUS |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | SXXXX093H |
| Contact Number | 93361134 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|---|
| Name | YALAYAR SHAMSUDEEN HITHAYATHULLAH RIYAJUDEN |
|------|---|

| | |
|---|----------|
| Approximate Age | 47 |
| Injuries Sustain | |
| Injured person in which vehicle? | FBN9562M |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan

SKETCH PLAN

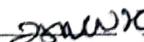
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8. Consent under the Personal Data Protection Act (PDPA)

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:

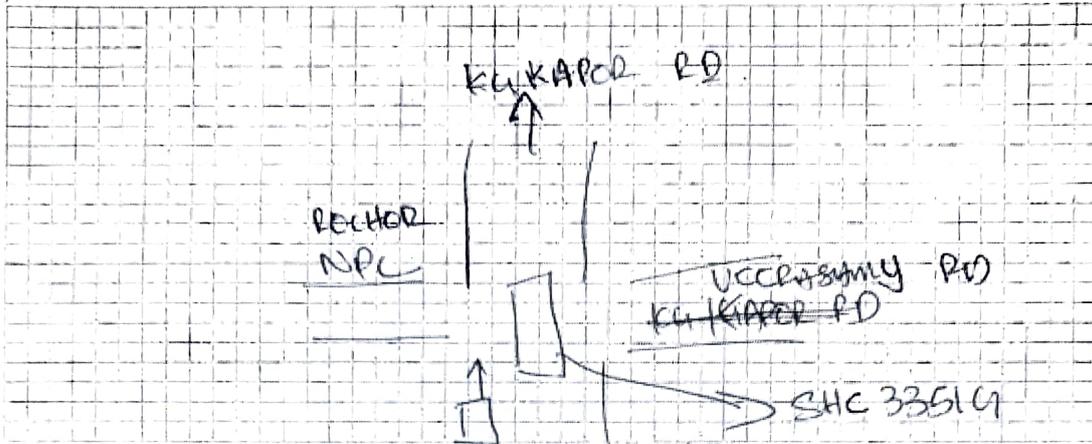

Driver's Signature
(If driver is not the policyholder)
Date & Time: @1305

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


Reporting Centre Personnel's Signature
Name: Tan Chou Iod
NRIC/FIN No.: G771523E

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FBN9562M

I was heading towards Kutcher Rd and the taxi SHE 33519 suddenly turned and side swiped me.

DECLARATION

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

Policyholder's Signature: *[Signature]*
 Date & Time: 28/11/20

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

Reporting Centre Personnel's Signature: *[Signature]*
 Name: Tan Chok Lo
 NRIC/FIN No.: G7715235R



QUOTATION

Customer :

NO. : 37183

INDIA INTERNATIONAL INSURANCE P.L.
64 CECIL STREET
#04-00 & #06-00
IOB BUILDING
SINGAPORE 049711
ATTN: MOTOR CLAIMS DEPT

DATE : 26/11/2020
CLAIM NO. : 11649
POLICY NO. :

FROM : RAYMOND

VEHICLE NO. : FBN9562M
MAKE/MODEL : HON / FORZA 300 ABS

(Page 1 of 2)

| S/N | Description | Action | Qty | Unit Price | Amount |
|-----|---|----------------|------|------------|---------------|
| 1 | CLIP, SNAP FITTING(PO) - (REPORTED BY MECHANIC) / NEC | REPLACE | 4.00 | \$16.00 | 64.00 30 |
| 2 | COVER RH FRONT SIDE - (REPORTED BY MECHANIC) / SCR | REPLACE | 1.00 | \$278.00 | 278.00 |
| 3 | COVER, INNER - (REPORTED BY MECHANIC) / SCR | REPLACE | 1.00 | \$325.00 | 325.00 |
| 4 | COVER, R. BACK MIRROR - (REPORTED BY MECHANIC) / SCR | REPLACE | 1.00 | \$66.00 | 66.00 |
| 5 | COVER, R. FR. SIDE INNER - (REPORTED BY MECHANIC) / CRA | REPLACE | 1.00 | \$195.00 | 195.00 |
| 6 | LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS. | Supply/Install | 5.00 | \$63.00 | 315.00 226 |
| 7 | MAT CYNOS GRAY METALLIC - (REPORTED BY MECHANIC) / SCR | REPLACE | 1.00 | \$165.00 | 165.00 |
| 8 | MIRROR COMP, R. BACK - (REPORTED BY MECHANIC) / SCR | REPLACE | 1.00 | \$70.00 | 70.00 |
| 9 | PROTEC COM, MUFFLER(B) - (REPORTED BY MECHANIC) X | REPLACE | 1.00 | \$105.00 | 105.00 |

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| S/N | Description | Action | Qty | Unit Price | Amount |
|-----|--|---------|------|--------------------------|-------------------|
| 10 | PROTECTOR A, MUFFLER - (REPORTED BY MECHANIC) <i>X</i> | REPLACE | 1.00 | \$220.00 | 220.00 |
| 11 | SEAL, HING COVER <i>Rubber</i> - (REPORTED BY MECHANIC) <i>/Nec</i> | REPLACE | 1.00 | \$58.00 | 58.00 |
| 12 | STEP, R. FLOOR - (REPORTED BY MECHANIC) <i>X</i> | REPLACE | 1.00 | \$128.00 | 128.00 |
| 13 | VISOR SET, FR, (WL) - (REPORTED BY MECHANIC) <i>/scr</i> | REPLACE | 1.00 | \$325.00 | 325.00 |
| | | | | SUB TOTAL | \$2,314.00 |
| | | | | GST @ 7 % | \$161.98 |
| | | | | GRAND TOTAL (SGD) | \$2,475.98 |

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of
BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By



RAYMOND

This quotation is sent via email / LAN-Fax and will bear a computer generated signature

Repair dy - 2 days
PIP
before paint phew
@ Sun Pin (Lkk)
01/12/2020
TP with prejudice
Sunpin@lkkauto.com

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed **and** is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------------|-----------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 616G |
| Vehicle Details | |
| Vehicle No.: | FBN9562M |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 04 Dec 2020 |
| Vehicle Make: | HONDA |
| Vehicle Model: | FORZA ABS NSS300A CVT |
| Primary Colour: | Silver |
| Manufacturing Year: | 2018 |
| Engine No.: | NF07E2001123 |
| Chassis No.: | ZDCNF08A0KF001187 |
| Maximum Power Output: | - |
| Open Market Value: | \$6,373.00 |
| Original Registration Date: | 14 Jan 2019 |
| First Registration Date: | 14 Jan 2019 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$1,437.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 13 Jan 2029 |
| COE Category: | D - Motorcycle |
| COE Period(Years): | 10 |
| QP Paid: | \$3,610.00 |
| COE Rebate Amount: | \$2,926.00 |
| Total Rebate Amount: | \$2,926.00 |

The information contained herein is correct as at 04 Dec 2020

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