

中 国 私 人 有 限 公 司

CHOONG KOK AGENCY PTE LTD

Co Reg No.: 198502667H

www.cka.com.sg

admin@cka.com.sg

MAIN SHOWROOM : NO. 79, Kaki Bukit Ave 1

Shunli Industrial Park, Singapore 417952

Tel: 6748 5455 Fax: 6748 3433

JURONG AREA : BLK 343, Jurong East Street 31

#01-63, Singapore 600343

Tel: 6566 6180 Fax: 6566 6606

WOODLANDS AREA : NO.280 Woodlands Ind.

Park E5 #01-27 Harvest @Woodlands

Singapore 757322

Tel: 6334 3855 Fax: 6334 6155

28 SEP 2021

INDIA INTERNATIONAL INSURANCE

64 CECIL STREET #04

#05 IOB BUILDING

SINGAPORE 049711

**ESTIMATE BILL FOR FBQ1738K ZONTES X310 2ND PARTY CLAIM
AGAINST SMF5348D HYUNDAI ON 23 SEP 2021.**

1)	GEAR PEDAL	1PCS	\$118.00
			<hr/>
			\$118.00
	LESS 10%		\$ 11.80
			<hr/>
			\$106.20
			<hr/>
	TOWING		\$80.00
	LABOUR		\$250.00
			<hr/>
			\$436.20
	GST 7%		\$ 30.53
			<hr/>
			\$ 405.67

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 Submission	25/09/2021 11:49 (SGT)
Date of Accident	23/09/2021 19:15 (SGT)
Exact Location of Accident	587 Bukit Timah Rd, Singapore 269707
Additional Location Information	Along Bukit Timah Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1738K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Zaini Bin Mohd
NRIC No	SXXXX949J
Email Address	zainimd777@gmail.com
Mobile Phone No	(Phone) +65-87169272
Alternative Phone No	+65-87169272

VEHICLE PARTICULARS

Manufacturer	Zontes
Model	X310
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	312

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	P2390691
Cover Note Number	08/08/2021-07/08/2022

DRIVER

Name of Driver	Zaini Bin Mohd
NRIC No	SXXXX949J

Date Of Birth	20/09/1964
Occupation	Indoor
Date Of Driving Pass	01/06/1984
Driving experience	37 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87169272
Alt. Phone Number	+65-87169272
Email Address	zainimd777@gmail.com
Address	Blk 483 Jurong West St 41 #05-250
Address complement	-
Postcode	640483
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the 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	SMF5348D
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	Subaya
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	Zaini Bin Mohd
Gender	Male
Phone No	(Phone) +-87169272
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Medical leave for 5 days
Injured person in which vehicle?	FBQ1738K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLANIMPORTANT 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: Rakeshwarth Ann
NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Kindly refer~~

kindly refer to the police report.

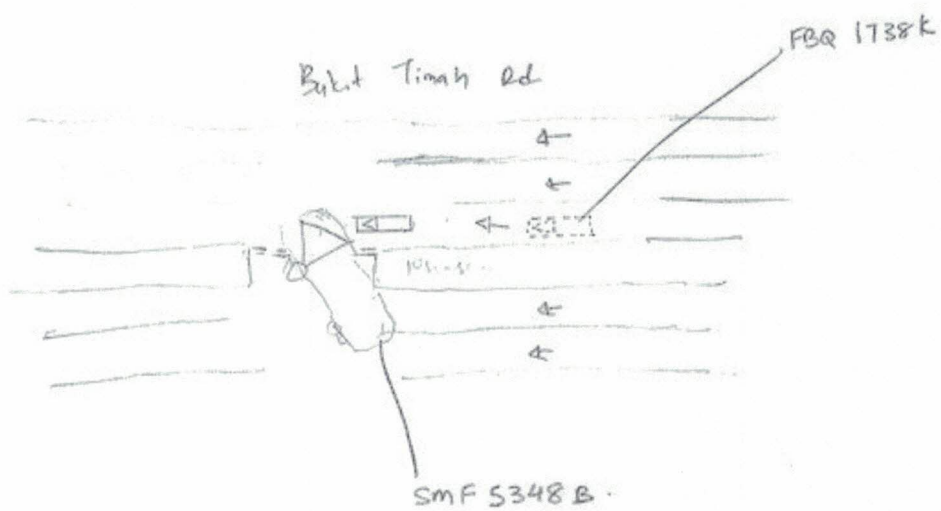
DECLARATION

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

Date & Time:

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

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





**SINGAPORE
POLICE FORCE**



T/20210923/2119

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20210923/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2021 23:41	Vide Report No.:	Station Diary No.: 181
--	------------------	---------------------------

Informant's Particulars

Name of Informant: ZAINI BIN MOHD	Address: APT BLK 483 JURONG WEST STREET 41 #05-250 SINGAPORE 640483		
ID Type / ID No.: NRIC NO / S1677949J	Contact No.: Home/Office: Mobile: 87169272		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 57	Date of Birth: 20/09/1964	Type of Informant: Rider
Race: Malay	Language:		Institution / School Name:
Occupation: SAFETY COORDINATOR	Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2021 19:15	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBQ1738K	Motorcycle	ZONTES	X310	Grey	Seriously Damaged	0
SMF5348D	Car	HYUNDAI		Red	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ1738K	AXA INSURANCE SINGAPORE PTE LTD	P2390691	08/08/2021	07/08/2022



**SINGAPORE
POLICE FORCE**



T/20210923/2119

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210923/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZAINI BIN MOHD	ID No.	S1677949J
Related Vehicle	FBQ1738K (Motorcycle)	Contact No.	87169272
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	23/09/2021	Date Discharge	23/09/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	SUBAYA	ID No.	NIL
Related Vehicle	SMF5348D (Car)	Contact No.	96615732
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23.09.2021 at about 1915hrs, I was riding my motorcycle; FBQ1738K along Bukit Timah Road towards PIE travelling on the extreme left lane. While I was riding, suddenly a vehicle; SMF5348D emerge from the left cutting into my lane. I managed to maneuver however my left foot hit onto his front right bumper. I wobble but manage to balance myself. I then stopped and requested for the driver's particulars but he only gave me a photo of his Singpass details which does not reflect his name and only a partial of his NRIC number. He gave his name verbally and contact number. Subsequently, we went our separate ways and upon reaching home, I kept feeling pain on my left leg hence proceeded to seek medical attention at Ng Teng Fong Hospital.

The doctor informed me that I had sustained a swollen left ankle and advised me to ice and rest. I was granted 5 days medical leave. My son then contacted Traffic Police and was advised to make a police report on the matter.



**SINGAPORE
POLICE FORCE**



T/20210923/2119

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20210923/2119

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 J/ Staff Sgt MOHAMMED AMIRULHAFIZ BIN RAMLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2021 23:41
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case: SN 126
Authentication Stamp NP168 Singapore Police Force	