|  | IGNMENT  |
|--|--|
| From: Date:  Estimated Cost:  OD / TP / WS / TP RES / OD RES / EVA / INV / MV  To Inspect Vehicle No: FBL 6235M at Workshop m/s BM/ 1000  Insured: SMY 7123 Y  Policy No.  Claims No. SMM 220 231/Co2  Sum Insured: Excess:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: B / Ok.  IDAC Accident Rport: Consistent?: Yes or No  Est. Repairs: 3 days Res.: Yes or No  Est. Repairs: 3 val.: Yes or No  CA / REV / REP. / 24 HRS  Date / Time Action / Instruction Rep 2 2k. | Veh No: FBL 623SM Yr Regn: 10 / 11 17 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or |
| Date/Time, File Pass to?  Date/Time, File Pass to?  Date/Time, File Pass to?  Preli. Report  Date/Time, File Return to?  | Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:   |

Date/Time, File Pass to?

Survey Fee:

Transportation:

Add Fee:

Site Insp
Sinterview

Photos
Others

Total

Total





QUOTATION

NO.

NO.

NO.

NO.

NO.

DATE
CLAIM
POLICY

Shorts

FROM

The short After 11 NO. : 40035

CHINA TAIPING INSURANCE (S) PTE LTD

105 CECIL STREET #18-00 / 19-00 THE OCTAGON S'PORE 069534

ATTN: MOTOR CLAIMS DEPT

: 10/02/2022

CLAIM NO.

: 11864

POLICY NO. :

: RAYMOND

VEHICLE NO.

Customer:

: FBL6235M

MAKE/MODEL

: KYMCO / XCITING 400I

(Page 1 of 2)

| <u>S/N</u><br>1 | Description  BRACKET BOX (GIVI) REAR SR6112 - (REPORTED BY MECHANIC) |     | Action<br>REPLACE | <u>Qty</u><br>1.00 | Unit Price<br>\$230.00 | Amount 230.00 X |
|-----------------|--|-----|-------------------|--------------------|------------------------|-----------------|
| 2               | COVER FRONT LH - (REPORTED BY MECHANIC)                              |     | REPLACE           | 1.00               | \$146.00               | eu7 146.00      |
| 3               | COVER FRONT LOWER - (REPORTED BY MECHANIC)                           |     | REPLACE           | 1.00               | \$320.00               | Cu7 320.00      |
| 4               | COVER INNER FRONT<br>P/N: 56903                                      |     | REPLACE           | 1.00               | \$132.00               | 17 132.00 X     |
| 5               | - (REPORTED BY MECHANIC) COVER LH SIDE - (REPORTED BY MECHANIC)      | 102 | REPLACE           | 1.00               | \$170.00               | Cu7 170.00      |
| 6               | COVER PANEL LEFT FLOOR - (REPORTED BY MECHANIC)                      |     | REPLACE           | 1.00               | \$76.00                | Cu7 76.00       |
| 7               | COVER REAR<br>- (REPORTED BY MECHANIC)                               |     | REPLACE           | 1.00               | \$355.00 .             | Cy 355.00       |
| 8               | COVER SIDE LH<br>P/N: 56914  |     | REPLACE           | 1.00               | \$38.00 .              | (in) 38.00      |
| 9               | - (REPORTED BY MECHANIC) COVER SIDE LH REAR - (REPORTED BY MECHANIC) |     | REPLACE           | 1.00               | \$156.00               | Cu? 156.00      |

Ree Postract LM CNTS

\*40035



| <u>S/N</u><br>10≀ | COVER SIDE RH REAR - (REPORTED BY MECHANIC)                               | Action<br>REPLACE      | <u>Qty</u><br>1.00 | Unit Price<br>\$156.00 | 17   | 156.00 \( \) |
|-------------------|---|------------------------|--------------------|------------------------|------|--------------|
| 11                | FENDER REAR - (REPORTED BY MECHANIC)                                      | REPLACE                | 1.00               | \$34.00                | De   | 34.00        |
| 12                | LABOUR  | Supply/Install 4       | 8.00               | \$63.00                | 250  | 504.00       |
|                   | - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.                |                        |                    |                        |      |              |
| 13                | MIRROR LH<br>P/N: 56915<br>- (REPORTED BY MECHANIC)                       | REPLACE                | 1.00               | \$160.00               | C 47 | 160.00       |
| 14                | PLATE NUMBER REAR (6.5 INCH X 9 INCH) P/N: 26951 - (REPORTED BY MECHANIC) | REPLACE                | 1.00               | \$20.00                | sert | 20.00        |
| 15                | TAIL LAMP ASSY - (REPORTED BY MECHANIC)                                   | REPLACE                | 1.00               | \$783.00               | cre  | 783.00       |
|                   |   | SUB TOTAL<br>GST @ 7 % |                    |                        |      | 280.00       |
|                   |   | GRAND TOTAL (SGD)      |                    |                        | \$3, | 509.60       |
|                   |   |                        |                    | _                      |      |              |

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.

LKK Auto Consultants hence notify

- 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

Acknowledged by Repairer

\*40035



7-2758



MOTORCYCLE ACCESSORIES | SERVICE CENTRE MODIFICATION | SPRAY PAINTING AND BODY WORK | METAL WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

## QUOTATION

NO. : 40035

- Rev. 1

CHINA TAIPING INSURANCE (S) PTE LTD

105 CECIL STREET #18-00 / 19-00 THE OCTAGON S'PORE 069534

ATTN: MOTOR CLAIMS DEPT

DATE

: 10/02/2022

CLAIM NO.

: 11864

POLICY NO. :

FROM

: RAYMOND

VEHICLE NO.

Customer:

: FBL6235M

MAKE/MODEL

: KYMCO / XCITING 400I

45\$1800

(Page 1 of 2)

| S/N | Description   | Action         | Qty  | <b>Unit Price</b> | Amount |
|-----|---|----------------|------|-------------------|--------|
| 1   | COVER FRONT LH  | REPLACE        | 1.00 | \$146.00          | 131.40 |
|     |   |                | 1    | Disc %: 10.00     |        |
|     | - (REPORTED BY MECHANIC)                              |                |      |                   |        |
| 2   | COVER FRONT LOWER                                     | REPLACE        | 1.00 | \$320.00          | 288.00 |
|     |   |                |      | Disc %: 10.00     |        |
|     | - (REPORTED BY MECHANIC)                              |                |      |                   |        |
| 3   | COVER LH SIDE   | REPLACE        | 1.00 | \$170.00          | 153.00 |
|     |   |                | 1    | Disc %: 10.00     |        |
|     | - (REPORTED BY MECHANIC)                              |                |      |                   |        |
| 4   | COVER PANEL LEFT FLOOR                                | REPLACE        | 1.00 | \$76.00           | 68.40  |
|     |   |                |      | Disc %: 10.00     |        |
|     | - (REPORTED BY MECHANIC)                              |                |      |                   |        |
| 5   | COVER REAR  | REPLACE        | 1.00 | \$355.00          | 319.50 |
|     |   |                | Į.   | Disc %: 10.00     |        |
|     | - (REPORTED BY MECHANIC)                              | -              |      |                   |        |
| 6   | COVER SIDE LH   | REPLACE        | 1.00 | \$38.00           | 34.20  |
|     | P/N: 56914  |                |      | Disc %: 10.00     |        |
|     | - (REPORTED BY MECHANIC)                              |                |      |                   |        |
| 7   | COVER SIDE LH REAR                                    | REPLACE        | 1.00 | \$156.00          | 140.40 |
|     | (DEDODTED DV MEGUANIO)                                |                |      | Disc %: 10.00     |        |
|     | - (REPORTED BY MECHANIC)                              |                |      |                   |        |
| 8   | FENDER REAR   | REPLACE        | 1.00 | \$34.00           | 30.60  |
|     |   |                |      | Disc %: 10.00     |        |
|     | - (REPORTED BY MECHANIC)                              |                |      |                   | ~      |
| 9   | LABOUR  | Supply/Install | 8.00 | \$63.00           | 504.00 |
|     | P/N: 06766  |                |      |                   | 150    |
|     | <ul> <li>LABOUR QUOTED FOR DISMANTLING AND</li> </ul> |                |      |                   |        |

\*40035

INSTALLATION OF PARTS.

biesafe,



| S/N | Description                            | Action          | Qty  | Unit Price                | Amount     |
|-----|--|-----------------|------|---------------------------|------------|
| 10  | MIRROR LH                              | REPLACE         | 1.00 | \$160.00                  | 144.00     |
|     | P/N: 56915<br>- (REPORTED BY MECHANIC) |                 | [    | Disc %: 10.00             |            |
| 11  | PLATE NUMBER REAR (6.5 INCH X 9 INCH)  | REPLACE         | 1.00 | \$20.00                   | 18.00      |
|     | P/N: 26951<br>- (REPORTED BY MECHANIC) |                 | ]    | Disc %: 10.00             |            |
| 12  | TAIL LAMP ASSY                         | REPLACE         | 1.00 | \$783.00<br>Disc %: 10.00 | 704.70     |
|     | - (REPORTED BY MECHANIC)               |                 | 10.0 |                           |            |
|     |  | SUB TOTAL       |      | -                         | \$2,536.20 |
|     |  | GST @ 7 %       |      |                           | \$177.53   |
|     |  | GRAND TOTAL (SG | D)   |                           | \$2,713.73 |
|     |  |                 |      |                           |            |

### 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.

\*40035





# **Vehicle Details**

| Vehicle No.             | Make / Model                     |
|-------------------------|----------------------------------|
| FBL6235M                | KYMCO / XCITING 400I ABS         |
| √ehicle Type :          | Vehicle Attachment 1 :           |
| PO1 - Passenger Scooter | No Attachment                    |
| Vehicle Scheme :        | Chassis No.:                     |
| Normal                  | RFBD60010G3300258                |
| Propellant :            | Engine No.:                      |
| Petrol                  | SK803300278                      |
| Motor No. :             | Engine Capacity:                 |
|                         | 399 cc                           |
| Power Rating :          | Maximum Power Output :           |
|                         | -                                |
| Maximum Laden Weight :  | Unladen Weight :                 |
| 374 kg                  | 200 kg                           |
| Year Of Manufacture :   | Original Registration Date :     |
| 2016                    | 10 Jan 2017                      |
| Lifespan Expiry Date :  | COE Category:                    |
|                         | D - Motorcycle                   |
| Quota Premium :         | COE Expiry Date :                |
| \$6,053.00              | 09 Jan 2027                      |
| Road Tax Expiry Date :  | PARF Eligibility Expiry Date :   |
| 99 Jan 2023             | -                                |
| nspection Due Date :    | Intended Transfer Date:          |
| 09 Jan 2023             | 12 Feb 2022                      |
| CO2 Emission :          | CEV/VES Rebate Utilised Amount : |
|                         | -                                |

SB0F22240004-01 / Ban Hock Hin Co Pte Ltd ENTRY DATE & TIME: 04/02/2022 13:52 (SGT) SUBMITTED BY: Tan Chok Lok VERSION: 2 (08/02/2022 17:29 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.
 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 witholding 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 04/02/2022 13:52 (SGT) Date of Accident 01/02/2022 18:00 (SGT) Exact Location of Accident Upper Serangoon View, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

400

Vehicle Registration Number FBI 6235M

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YUSRI BIN MINHAT NRIC No SXXXX315G Email Address .... muhelani\_28@hotmail.com Mobile Phone No (Phone) +65-87708224 Alternative Phone No (Home) +65-87708224

#### VEHICLE PARTICULARS

Manufacturer Kymco Model XCT400 Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Auto

#### INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number MC/00730195/02 Cover Note Number

#### DRIVER

CC

Name of Driver MUHAMMAD NUR ALI BIN BAKI NRIC No SXXXXX060I

Date Of Birth 18/02/1986 Occupation Outdoor Date Of Driving Pass 20/08/2004 Driving experience 17 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-87708224 Alt. Phone Number Email Address muhelani\_28@hotmail.com Address **471A FERNVALE STREET** Address complement #06-89 Postcode 791471 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? 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? Police Station Name Ang Mo Kio Division Headquarters Police Station Phone No (Phone) +65-18002180000 Alt. Police Station Phone No (Fax) +65-64814246 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO. F/20220202/7026 ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMY7123Y Vehicle Manufacturer Honda Vehicle Model

White

Private car

Vehicle Variant
Vehicle Colour

Vehicle Category

| Name of Driver                          | CHARMAINE            |
|---|----------------------|
| Contact Number                          | (Phone) +65-97907101 |
| Address                                 |                      |
| Address complement                      | -                    |
| Postcode                                | *                    |
| Insurance Company Name                  | =                    |
| Nature Of Damage                        | =                    |
| Details of property damaged in accident | =                    |
| No. Of Passenger (Including Driver)     | 8                    |

# INJURED PERSONS DETAILS

### INJURED 1

| Name of injured person                              | MUHAMMAD NUR ALI BIN BAKI |
|---|---------------------------|
| Gender  | Male                      |
| Phone No  | (Phone) +65-87708224      |
| Address   | 471A FERNVALE STREET      |
| Address Complement                                  | #06-89                    |
| Post Code   | 791471                    |
| Approximate Age Years Old                           | 35                        |
| Injuries Sustained                                  | -                         |
| Injured person in which vehicle?                    | FBL6235M                  |
| Were seat belts worn?                               | =                         |
| Was this injured conveyed to hospital by ambulance? | No                        |

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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.
- 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) Reporting Centre Personnel's Signature

Name:

| SKETCH PLA   | AN   |                  | -1- 1             | 1  |            |  |         |
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1 of 3

Report No. F/20220202/7026

# POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

| Date/Time Report Made               | Vide Report No.                             |           | Station Diary No. |       |  |  |  |
|-------------------------------------|---|-----------|-------------------|-------|--|--|--|
| 02/02/2022 17:42                    |   |           |                   |       |  |  |  |
| Name Of Informant                   | Address                                     |           |                   |       |  |  |  |
| MUHAMMAD NUR ALI BIN BAKI           | 471A FERNVALE STREET #06-89 SINGAPORE 79147 |           |                   |       |  |  |  |
| ID Type / ID No.                    | Contact No.                                 |           |                   |       |  |  |  |
| NRIC NO / \$86050601                | Home/Office: Mobile:                        |           | Mobile:           |       |  |  |  |
|                                     | 87708224                                    |           |                   |       |  |  |  |
| Nationality                         | Email Address                               |           |                   |       |  |  |  |
| SINGAPORE CITIZEN                   | MUHDN                                       | IALI 28@H | OTMAIL.COM        |       |  |  |  |
| Occupation                          | Sex   | Age       | Date of Birth     | Race  |  |  |  |
| Food Rider                          | Male  | 35        | 18/02/1986        | Malay |  |  |  |
| Institution/School Name             | Language<br>English                         |           |                   |       |  |  |  |
| Date/Time Of Incident               | Location Of Incident                        |           |                   |       |  |  |  |
| 01/02/2022 18:00 - 01/02/2022 18:20 | UPPER                                       | SERANGO   | ON VIEW           |       |  |  |  |
| Brief details.                      |   |           |                   |       |  |  |  |

Brief details.

I was about to make a right turn in to Rio Vista Condo to make a food delivery. Before I was able to turn in, I saw a cyclist on the opposite lane. I made a stop to allow the cyclist to pass through. While my vehicle is stationery waiting for the cyclist to pass through, suddenly I felt a bang from behind. That caused my bike to skid. I was in shocked and traumatised.

The driver and the security guard (from the condo) approach me and asked me if was feeling okay. I was feeling giddy and breathless at the point of time. The security guard moved my bike to the pavement. The driver defended herself and accused me of causing the accident. The security guard saw the incident

| Signature Of Officer Recording The Report:  | Signature Of Informant:   |
|---|---|
| Not applicable                              | The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>02/02/2022 17:42  |
| Officer In-Charge Of Case:                  | Classification Of Case:   |
|   |   |





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220202/7026

and pointed out that it wasn't my fault. The driver called the father to come down. Initially the father wanted to close the case without any compensation. The driver still insisted that it was not her mistake and tried to get the dash cam video to prove her innocence.

Therefore as discussed with the father, we will proceed with the insurance claim.

| Subjects Involve      | d  |           |   |
|-----------------------|--|-----------|---|
| Suspect               |  |           |   |
| Person Name           | Charmaine  |           |   |
| Gender                | Female   | Age       | 25-35   |
| Race                  | Chinese  | Language  | English   |
| Address               | 16 Upper Serangoon View #13-<br>12 Rio Vista Condo<br>SINGAPORE 534201 | Mobile No | 97907101  |
| Victim<br>Person Name | MUHAMMAD NUR ALI BIN BAK   | 1         |   |
| ID Type               | NRIC NO  | ID No     | S8605060I                                       |
| Gender                | Male   | Age       | 35  |
| Race                  | Malay  | Language  | English   |
| Occupation            | Food Rider   | Address   | 471A FERNVALE STREET #06<br>89 SINGAPORE 791471 |
|                       |  |           |   |

| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|--|---|
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>02/02/2022 17:42  |
| Officer In-Charge Of Case:                                   | Classification Of Case:   |
|  |   |





3 of 3

POLICE REPORT (NP299)

Person Name

CONTINUATION OF REPORT

MUHAMMAD NUR ALI BIN BAKI (Informant)

Report No. F/20220202/7026

| Signature Of Officer Pagerding The Pagert                    | Signature Of Informant  |
|--|---|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time: 02/02/2022 17:42   |
|  |   |

Classification Of Case:

Officer In-Charge Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5655500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

|     | ADDENDUM   |                  |  |
|-----|--|------------------|--|
| A)  | PARTICULARS OF PERSON MAKING THE AMENDMENTS:                                   |                  |  |
|     | Original Report No: SB0F22248004 Vehicle Registration No: FBL 6235M            |                  |  |
|     | Name(asshownin NRIC): YUSTI Bin Munhar NRIC/FIN/PassportNo: 586050607          | Name of the last |  |
|     | *Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate              |                  |  |
|     | Address :Singapore(  |                  |  |
|     | Ontact (Tel) :Mobile No.: 8176 \$224   |                  |  |
|     | mail Address . Muhelani _ >& @ hormail . com                                   | -                |  |
| 1   | lace of Accident: Upper Serangoon View  Surance Company: Direct Asia Lucurance |                  |  |
|     | lace of Accident: upper Serangoon View   |                  |  |
| 1   | isurance Company: Direct Asia Lusurance  |                  |  |
| -   | o amend rider Driver name to read as Muhammed Nur Ali Bin                      | Bak              |  |
| -   | ·  |                  |  |
| -   |  |                  |  |
| -   |  |                  |  |
| -   | į  |                  |  |
| -   |  |                  |  |
| -   | Show   |                  |  |
| Pol | cyholder / Driver's Signature Reporting Centre Personnel's Signature           |                  |  |

SHER