

# 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 ..... 25/06/2021 10:36 (SGT)  
Date of Accident ..... 24/06/2021 12:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BLK 824 YISHUN ST. 81 OPEN CAR PARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FX361K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED FAISAL BIN MOHAMED IBRAHIM  
NRIC No .....  
Email Address .....  
Mobile Phone No ..... (Phone) .....  
Alternative Phone No .....

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... CB400  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 399

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... D20MTMC01006898  
Cover Note Number ..... 27/10/20 - 26/10/21

### DRIVER

Name of Driver ..... MOHAMED FAISAL BIN MOHAMED IBRAHIM  
NRIC No .....

Date Of Birth ..... [REDACTED]  
 Occupation ..... Indoor  
 Date Of Driving Pass ..... 09/10/2018  
 Driving experience ..... 2 YEARS AND 8 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) [REDACTED]  
 Alt. Phone Number ..... [REDACTED]  
 Email Address ..... [REDACTED]  
 Address ..... [REDACTED]  
 Address complement ..... -  
 Postcode ..... [REDACTED]  
 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 ..... Hit and run / Vandalism / Damaged whilst parked  
 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? ..... No  
 Was any injured conveyed to hospital by ambulance? ..... -  
 Was any other vehicle or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 0  
 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 ..... Yishun South Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18008522999  
 Alt. Police Station Phone No ..... (Fax) +65-68522239  
 Police Station Address ..... 32 Yishun Street 81 Singapore 768456  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... FOOTAGE PROVIDED BY NEIGHBOUR'S CAR IN-BUILT CAMERA AND WILL FORWARD TO REPAIR WORKSHOP.  
 Was there any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SH6608R  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -

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

**SKETCH PLAN**

1. VEHICLE NO.: FX361K  
 2. INSURER CO: Sompo  
 3. ACCIDENT DATE & TIME: 24/6/21 @ 12:00pm

**IMPORTANT NOTICE**

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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 willful 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 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.

**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.

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

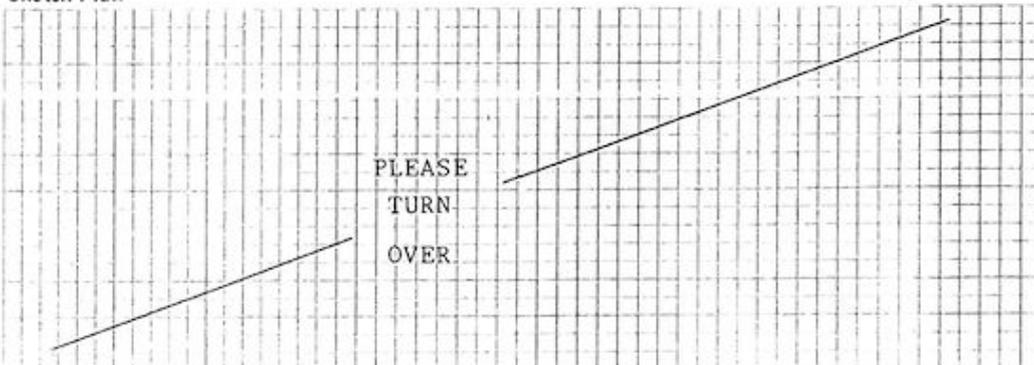
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Handwritten Signature]* 24/6/21

Witnessed by Reporting Centre Personel

(45)

**Sketch Plan**



PLEASE  
TURN  
OVER

Sketch Plan

Refer to scene photos attached.

A= FX361K  
 B= SH6608R  
 motor taxi  
 (Blue)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20210624/2032

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

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

*[Signature]* 24/6/21  
 Reporting Centre Personnel's Signature  
 Name: (YS)  
 NRIC/FIN No.:

- Claim Own Policy     Claim Third Party     Reporting Only  
 Claim GB/TP at other workshop ( )























**SINGAPORE  
POLICE FORCE**



T/20210624/2032

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20210624/2032

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2021 13:08		Vide Report No.: L/20210624/0060		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED FAISAL BIN MOHAMED IBRAHIM			Address: [REDACTED]		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: [REDACTED]	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: IMPORT AND EXPORT OFFICER			Driving Licence Information: Class: [REDACTED] Date of Expiry: [REDACTED]		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/06/2021 12:00	Type of Location: OPEN CARPARK
Location:  YISHUN STREET 81				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: HIT AND RUN				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX361K	Motorcycle	HONDA	CB400	Yellow	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX361K	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC0100689 8	27/10/2020	26/10/2021



**SINGAPORE  
POLICE FORCE**



T/20210624/2032

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20210624/2032

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED FAISAL BIN MOHAMED IBRAHIM	ID No.	[REDACTED]
Related Vehicle	NIL	Contact No.	[REDACTED]
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 the 23rd June 2021 at 1900hrs, I parked my motorcycle bearing plate number FX361K at Blk 824 Yishun Street 81 open carpark. I am unable to see the parking lot number as the number lot have faded however I parked near to lift B lobby. Everything was intact when I last parked my motorcycle. On the 24 June 2021 at 1200hrs, I wanted to pay my motorcycle installment payment at Bukit Merah and I noticed that 1) broken right mirror, 2) dented handle bar, 3) brake lever damage, 4) engine casing dented, 5) front fairing crack, 6) mis-alignment to my front wheel. I am sure that it was a hit and run and I called 999. Shortly after, Traffic Police came to access the situation. I was then given a case card and was asked to lodge a Police report. I have not send my motorcycle to the workshop and I estimated that the damages repair would be \$2800/-. There is no witness who had came forwarded regards to the accident. I am lodging the Police report insurance claim and to seek Traffic Police assistance.



**SINGAPORE  
POLICE FORCE**



T/20210624/2032

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3

Report No. T/20210624/2032

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: L / Staff Sgt NASRI BIN JUMARI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	

Signature Of Informant:	
Date/Time:	24/06/2021 13:08
Classification Of Case:	

 Signature: Singapore Police Force	SN 085
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TRAFFIC POLICE  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No.	: T/20210624/2032	Name	: Mohamed Faisal Bin Mohamed Ibrahim
Accident Date/Time	: 24/06/2021 @ 1200hrs	Address	: 824 Yishun Street 81 #08-588 S'pore 760824
Vehicle(s) Involved	: FX361K	NRIC No	: S9310999F
		Tel No	: 96364623
		Date	: 24/06/2021

Dear Sir / Madam

Accident involving FX 361K  
along Blk 824 Yishun Street 81 open carpark on 24/06/2021 at 1200 hours

With reference to the above, I have on 24/06/2021 (date) 1308 hours (time) make a  
police report at Yishun South NPC (Police Station/NPP/NPC)  
In NP 168 – T/20210624/2032

On 24/06/2021 (date), 1529 hours (time) at Yishun South NPC  
(Police Station/NPP/NPC), I make the following amendments to the above report;  
I would like to state that my contact number is 96364623. To add on, my neighbor has  
approached me regarding to the accident and had forwarded me the video. The vehicle that have  
hit onto my motorcycle is a taxi bearing SH6608R.

Yours Faithfully,

(Signature)

**FOR OFFICIAL USE**

If a police officer recorded these amendments, please complete the following.

Name / Rank No : SS Nassir  
Date and Time : 24/6/21 @ 1538hrs  
Station Dairy No : -



Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

Signature

: 

PR/FX361K/24062021



Primero Racing

20 Bukit Batok Crescent  
Enterprise Centre, #01-19  
Singapore 658080

T: 62623305 M: 81611427

Reg.: 53252665A

www.primeroracing.com

Gs/21/3642/PMR/jn

**FINAL BILL FOR VEHICLE DAMAGE CLAIM FOR FX361K**

NAME OF OWNER: **MOHAMED FAISAL BIN MOHAMED IBRAHIM**  
ADDRESS: **C/O 20 BUKIT BATOK CRESCENT, #01-19 ENTERPRISE  
CENTRE SINGAPORE 658080**

FINAL REPAIR COST

MAKE/MODEL: **HONDA CB400**

REGISTRATION NO: **FX361K**

1. TO CONTRACT LUMP SUM REPAIR AS RECOMMENDED BY  
SURVEYOR : **S\$3,650.00**



TOTAL REPAIR COST: **S\$3,650.00**

**TOTAL SUM PAYABLE TO PRIMERO RACING IS THREE THOUSAND &  
SIX HUNDRED FIFTY DOLLARS ONLY**



# LEE APPRAISAL SERVICES

220A Sumang Lane #06-75 (S)821220  
Tel: 9101 7844 Fax: 6996 6442

Business Reg. No.: 53387981K  
Email: dylanlee.as@gmail.com

GS/21/3642/PMR/DJ

Loss Adjuster, Automotive Inspection, Evaluation & Consultation

Our Reference : TP/2106/FX361K/PR

Mr Mohamed Faisal Bin Mohamed Ibrahim

Bill No. : LA21080021

C/O KSCGP Juris LLP  
133 New Bridge Road #17-03  
Chinatown Point  
Singapore 059413

Bill Date : 30 Aug 2021

To our services rendered in connection with the below matters:-

<u>Description</u>	<u>Amount</u>
Survey fees	\$ 300.00
Transportation	\$ 180.00
Photographs ( 66 ) Copies	\$ 66.00
<b>Total:</b>	<b>\$ 546.00</b>

Dollars: Five Hundred And Forty Six Only.

Please quote our Bill No. or return a copy of our bill with your remittance.

Cheque should be made payable to "Lee Appraisal Services",  
or via PayNow Corporate to UEN "53387981K".

LEE APPRAISAL SERVICES



Lee Kah Pang  
Dip Mech Engr, BCompSc



# LEE APPRAISAL SERVICES

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Business Reg. No.: 53387981K  
Email: dylanlee.as@gmail.com

Loss Adjuster, Automotive Inspection, Evaluation & Consultation

Our Reference : TP/2106/FX361K/PR

## VEHICLE APPRAISAL REPORT

Mr Mohamed Faisal Bin Mohamed Ibrahim

Report Date : 30 Aug 2021

C/O KSCGP Juris LLP

133 New Bridge Road #17-03

Chinatown Point

Singapore 059413

### REFERENCE

Your Reference No. : Not Advised  
Type of Appraisal : Third Party  
Date of Accident : 24 Jun 2021

Date of Inspection : 28 Jun 2021  
Date of Re-inspection 1 : 03 Aug 2021  
Date of Re-inspection 2 : 27 Aug 2021

### PARTICULARS OF VEHICLE

Registration No. : FX361K  
Make : Honda  
Model : CB400  
Color : Black  
Manufacturing Year : 2005

First Reg Date : 11 May 2006  
COE Expiry : 31 May 2026  
Odometer : No key  
Engine No. : NC23E3000298  
Chassis No. : JH2NC39935M100309

### CONDITIONS OF VEHICLE (STATIC CHECK AT TIME OF INSPECTION ONLY)

Front Brake : Serviceable  
Rear Brake : Serviceable

Steering : Distorted  
Modification : None

### TYRE / CONDITION

<u>Location</u>	<u>Make &amp; Size</u>	<u>Thread</u>
Front	Pirelli 120/60 R17	4 mm
Rear	Pirelli 160/60 R17	5 mm

### DAMAGE PROFILE

The vehicle sustained damages on all sides.

Please refer to photographs and assessment of repairs for details.

### ASSESSMENT SUMMARY

Repair cost to the vehicle is assessed as **\$3,650.00** on **lump sum basis**

Estimated period required for repairs: **(5) days**

Survey conducted at: **Primero Racing**

Enclosed (66) photographs depicting damages to the vehicle

The survey was conducted on a *WITHOUT PREJUDICE* basis.



# LEE APPRAISAL SERVICES

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Tel: 9101 7844

Fax: 6996 6442

Business Reg. No.: 53387981K

Email: dylanlee.as@gmail.com

*Loss Adjuster, Automotive Inspection, Evaluation & Consultation*

Our Reference : TP/2106/FX361K/PR

## ASSESSMENT FOR REPAIR : FX361K

<u>Qty</u>	<u>Description</u>	<u>Condition</u>	<u>Repairer's Estimate</u>	<u>Our Assessment</u>
1 pc	Handle bar	Distorted	160.00	160.00
1 set	Handle bar end	Bent	100.00	100.00
1 set	Handle bar grip	Cut	46.00	46.00
1 pc	Front fender	Cut	235.00	235.00
2 pcs	Fork assy @750.00	Cut / Leaked	1,500.00	1,500.00
1 pc	Fork under bracket	Distorted	265.00	265.00
1 pc	Front wheel	Warped	780.00	780.00
1 pc	Front wheel axle	Cut	65.00	65.00
1 pc	Under cover	Cut	155.00	155.00
2 pcs	Body side cover @84.00	LH Broken	168.00	84.00
1 pc	Rear cover complete	Usable	325.00	~
			<u>3,799.00</u>	<u>3,390.00</u>
		Less 10%	379.90	339.00
			<u>3,419.10</u>	<u>3,051.00</u>
	<u>Special Nett Items</u>			
1 set	Steering cone & bearing	Necessary	120.00	100.00
1 set	Mirror	Broken	120.00	120.00
1 pc	Clutch lever	Usable	86.00	~
1 pc	Brake lever	Broken	86.00	86.00
1 pc	Head cowling	Cracked	292.00	292.00
1 pair	Front side covers	Cut	215.00	215.00
1 pc	Rear slider RH	Cut	60.00	50.00
			<u>979.00</u>	<u>863.00</u>
	Total Parts		<u>4,398.10</u>	<u>3,914.00</u>
	<u>Labour Charges</u>			
1	Repair fuel tank		300.00	280.00
2	Renew damaged parts & repair affected areas		450.00	400.00
			<u>750.00</u>	<u>680.00</u>
	Total Parts & Labours Concluded		<u>5,148.10</u>	<u>4,594.00</u>
	Lump Sum Repair Adjustment			<u>3,650.00</u>



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Email: dylanlee.as@gmail.com

*Loss Adjuster, Automotive Inspection, Evaluation & Consultation*

Our Reference : TP/2106/FX361K/PR

## ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle. We have listed the breakdown of our findings and our recommendations as per assessment above.

Yours faithfully,  
LEE APPRAISAL SERVICES



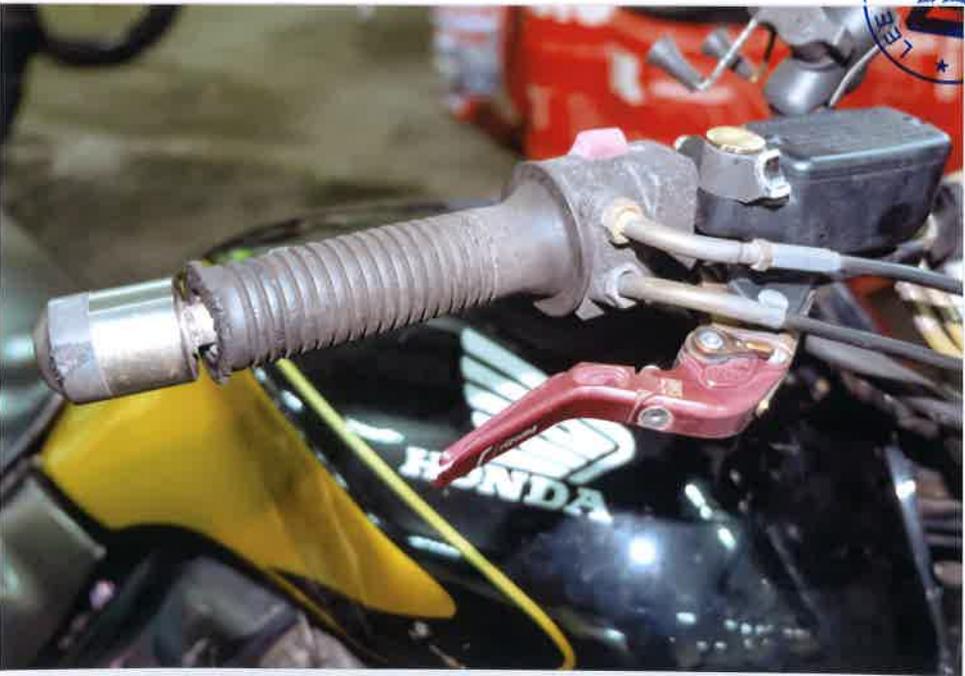
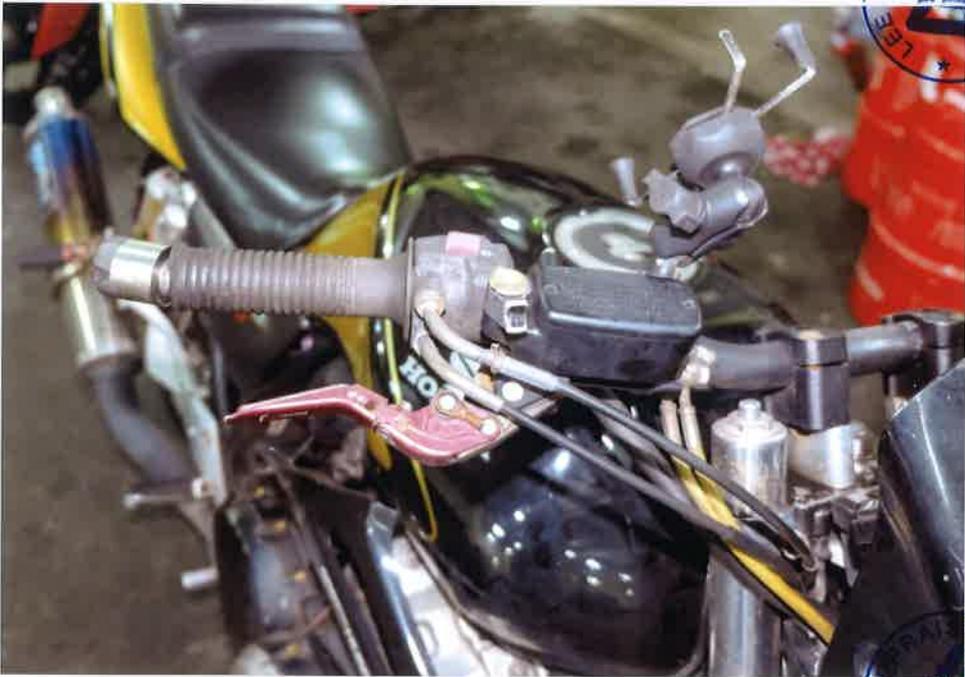
Lee Kah Pang

*Dip Mech Engr, BCompSc*

Gs/21/3642/PMR/jr

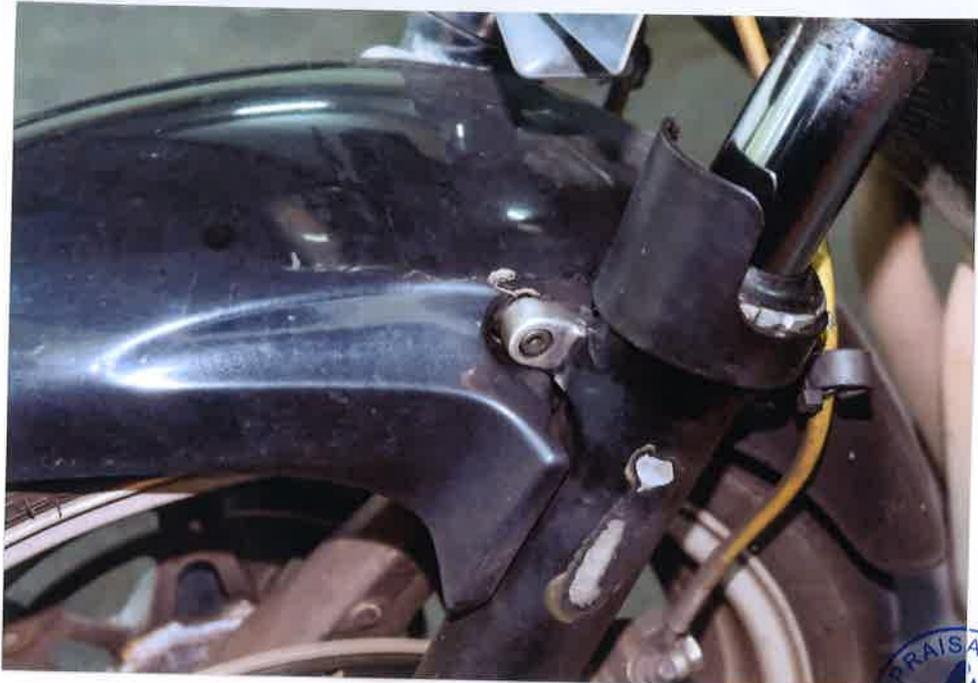


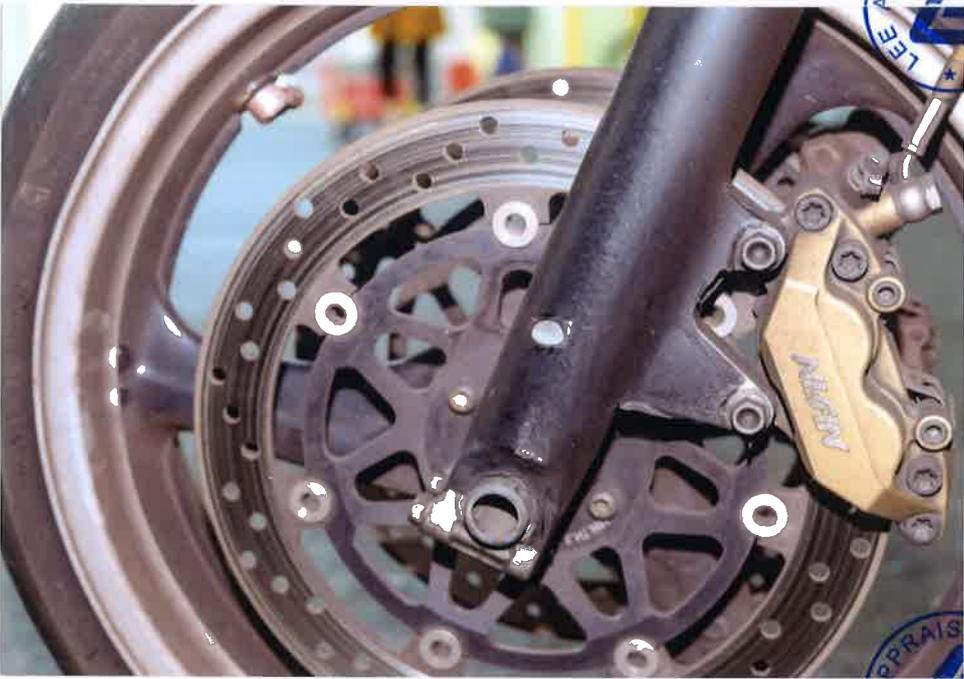








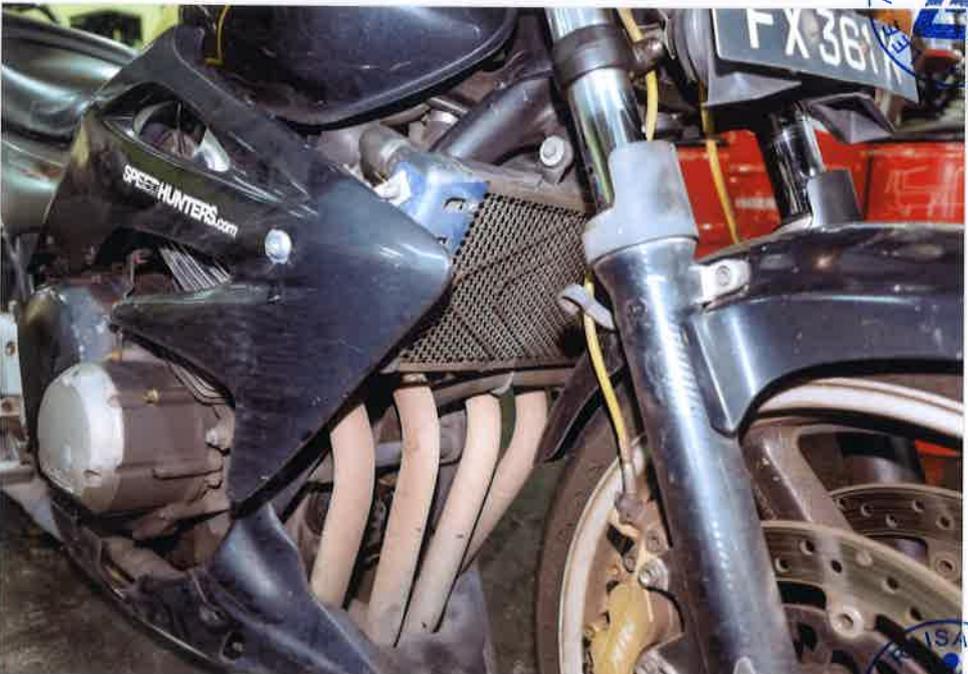




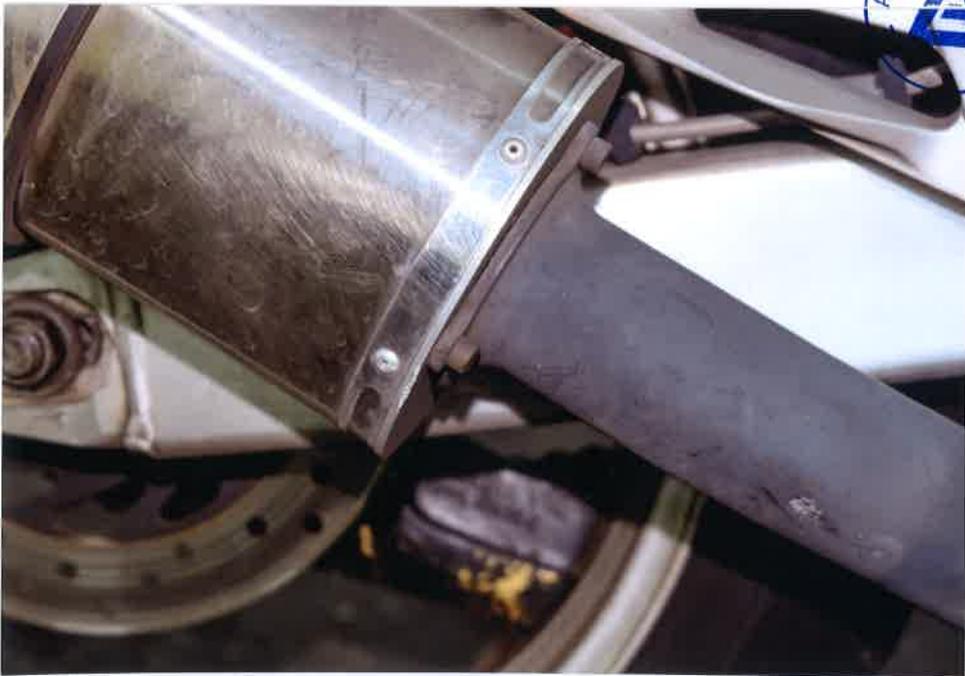














Re-Survey



Re-Survey



Re-Survey



Re-Survey





After Repair





After Repair





After Repair





After Repair



Your Ref : SH 6608R  
Our Ref : **FX 361K/PMR/jn/cl**  
Date : 25 June 2021

Fax : **6538 3708**  
Tel : **3152 0986**  
Email : **jaga@kscgp.com**

AXA INSURANCE PTE LTD

BY EMAIL ONLY

**DATE OF ACCIDENT: 24 JUNE 2021**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of FX 361K to notify you of a road traffic accident on 24 June 2021 at about 12.00 p.m. at Block 824 Yishun Street 81 open car park, involving our client's vehicle registration number FX 361K and vehicle registration number **SH 6608R** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*CL*

Enc.

Your Ref : S1M03C10\_TP  
Our Ref : **FX 361K/PMR/jn/cl**  
Date : 25 June 2021

Fax : **6538 3708**  
Tel : **3152 0986**  
Email : **jaga@kscgp.com**

AXA INSURANCE PTE LTD

BY EMAIL ONLY

**DATE OF ACCIDENT: 24 JUNE 2021**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email dated 25 June 2021.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Dylan Lee	Lee Appraisal Services
2.	Errol Tan	Pro Plus Automobile Engineers
3.	Dave Chang	Sincere Appraisal Services
4.	Lee Kok Weng	Lee Automobile Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Primero Racing  
20 Bukit Batok Crescent  
#01-19 Enterprise Centre  
Singapore 658080  
Contact Person/Tel : Raj Kumar (Tel: 81611427 / 62623305)

Yours faithfully,

***F CL***

Your Ref : S1M03C10\_TP

Our Ref : **FX 361K/PMR/jn/cl**

Date : 25 June 2021

**Acknowledgement**

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of \_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:



RECORD MANAGEMENT CENTRE

**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

Date of Request: 12/07/2021

Your Ref No: FX361K/PMR/jn/cl

Dear Sir/Madam,

Date of Accident: 23/06/2021 00:00 (SGT)

Vehicle No: FX361K

Place of Accident: Yishun Street 81, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH6608R	Yishun Street 81, Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

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.

Thank you.

This is a computer generated document and requires no signature.

# 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 ..... 26/06/2021 16:08 (SGT)  
Date of Accident ..... 23/06/2021 22:20 (SGT)  
Exact Location of Accident ..... Yishun Street 81, Singapore  
Additional Location Information ..... AT BLK 824 YISHUN ST 81 CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH6608R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORT TRANSPORTATION PTE LTD

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... -  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2419138  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOW HOCK HUAT  
NRIC No ..... S0171864I  
Address ..... APT BLK 612 ANG MO KIO AVENUE 4  
Address complement ..... #11-1125  
Postcode ..... SINGAPORE 560612  
Does Driver Own Other Vehicles? ..... No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Head to Rear  
Weather Conditions ..... Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... No  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 1

CIRCUMSTANCES OF ACCIDENT

ON 23/06/21 AT 2220HRS I WAS DRIVING VEHICLE (SH6608R)AT BLK824 YISHUN ST 81 CARPARK.I REVERSED MY VEHICLE BECAUSE ITS WAS DEAD END.AS I WAS REVERSING MY VEHICLE FRONT LEFT HIT ONTO MOTORCYCLE B FRONT TYRE.MOTORCYCLE B FALL DOWN SO I CARRY THAT MOTORCYCLE AND PUT BACK TO SAME POSITION. UNABLETO EXCHANGE PARTICULAR AS NO ONE THERE.NO INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... FILE NOT SUITABLE  
Was there any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... -  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
Name of Driver ..... -  
Insurance Company Name ..... -

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

I understand, acknowledge, agree and consent that :

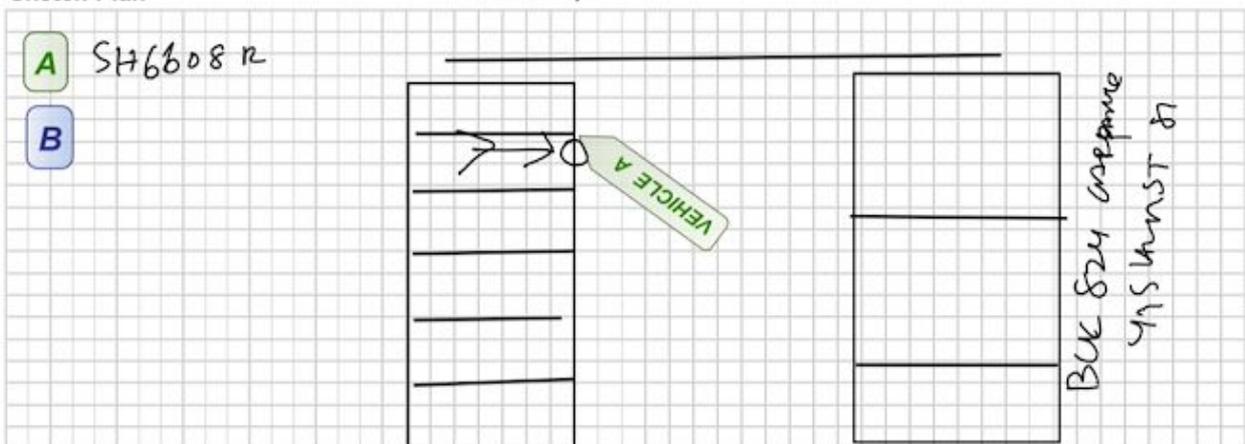
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON 23/06/21 AT 2220HRS I WAS DRIVING VEHICLE SH6608R AT BLK824 YISHUN ST 81 CARPARK.I REVERSED MY VEHICLE BECAUSE ITS WAS DEAD END.AS I WAS REVERSING MY VEHICLE FRONT LEFT HIT ONTO MOTORCYCLE B FRONT TYRE.MOTORCYCLE B FALL DOWN SO I CARRY THAT MOTORCYCLE AND PUT BACK TO SAME POSITION. UNABLE TO EXCHANGE PARTICULAR AS NO ONE THERE.NO INJURIES.

**Declaration**

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

\_\_\_\_\_  
 Policyholder's Signature / Date & Time

*Low*  
 \_\_\_\_\_  
 Driver's Signature (If driver is not the policyholder) / Date & Time  
*23/06/21 19:50 hrs*

*[Signature]*  
 \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel *Balaji*



Describe Circumstances of the Accident

ON 23/06/21 AT 2220HRS I WAS DRIVING VEHICLE SH6608R AT BLK824 YISHUN ST 81 CARPARK.I REVERSED MY VEHICLE BECAUSE ITS WAS DEAD END.AS I WAS REVERSING MY VEHICLE FRONT LEFT HIT ONTO MOTORCYCLE B FRONT TYRE.MOTORCYCLE B FALL DOWN SO I CARRY THAT MOTORCYCLE AND PUT BACK TO SAME POSITION. UNABLE TO EXCHANGE PARTICULAR AS NO ONE THERE.NO INJURIES.

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

*Low*  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time  
*23/06/21 19:50 hrs*

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel *Balaji*















# Enquire Vehicle Owner Details

## Enquire Vehicle Owner Details ( As At 24 Jun 2021 / 12:00:00 )

### Vehicle Owner Details

Owner ID Type:

**Company**

Owner ID:

**199303821R**

Owner Name:

**COMFORT TRANSPORTATION PTE LTD**

Registered Address Type:

**Private Residential (Condo Apt or House) / Shopping / Office Complexes**

Registered Block/House No.:

**383**

Registered Street Name:

**SIN MING DRIVE**

Registered Unit No.:

-

Registered Building Name:

**GAS BUILDING**

Registered Postal Code:

**575717**

### Vehicle Insurance Details

Vehicle No.:

**SH6608R**

Make Description/Model:

**TOYOTA / PRIUS HYBRID 1.8 CVT**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Save as PDF

OK →

Print

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Jun 2021 / 13:12:05

Receipt Date/Time : 25 Jun 2021 / 13:12:04

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210625-002088

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SH6608R As at 24 Jun 2021/12:00:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SH6608R Enquiry Fee 20210625131058583730	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	421808XXXXXX6463	eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.