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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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
- 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.

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ACCIDEN	NT STATEMENT
Date of Submission	01/09/2022 12:05 (SGT)
Reported by	Driver
Date of Accident	23/08/2022 08:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	- It, Singapore
Country/State of Loss	Singapore
DETAILS C	OF OWN VEHICLE
Vehicle Registration Number	FV7407C
INSURED/POLICYHOLDER	
Is company?	
Name Of Registered Owner	No
NRIC No	MUHAMMAD HANAFI BIN SENIN
Email Address	SXXXX133Z
Mobile Phone No	han.senin@outlook.com.sg
Alternative Phone No	(Phone) +65-90073178
Alternative Phone No	-
VEHICLE PARTICULARS	
Manufacturer	Kawasaki
Model	Ninja
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	Liberty Insurance Fte Ltd
Policy Number / Cover Note Number	SI22V00206/VMS/R03
DRIVER	
Name of Driver	MUHAMMAD HAZIQ BIN SENIN
NRIC No	SXXXX048G

20/06/1998

Indoor

Date Of Birth

Occupation

Date Of Driving Pass 19/10/2018 Driving experience 3 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97842750 Alt. Phone Number Email Address haziqo1998@gmail.com Address BLK 668 CHOA CHU KANG CRESCENT #08-293 Address complement Postcode 680668 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling 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? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 PLEASE REFER TO POLICE REPORT F/20220826/7057 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1

DETAILS OF OTHER VEHICLE PROPERTY I

Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	=
Postcode	
Insurance Company Name	-9
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	MUHAMMAD HAZIQ BIN SENIN Male (Phone) +65-97842750
Address	<u>u</u> n
Address Complement	
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FV7407C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 hareby consent to the archiving of this report at the centre and to copies of the
- 8. Consent under the Personal Data Protection Act (PDPA)

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 (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquirles by me;
- (iv) administering my claims (including the mailing of correspondence, statements, involces, 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yero/law firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (a) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1/2	. / 1
Holicyholder's Signature / Date &Driver's Signature (if driver is not the policyholder) / Date & Time	01/09/2022
& Time & Time	-Witnessed by Reporting Centre Personnel
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vish to claim against your ow e made within the stipulated	n policy, please be advise	ed that your l	nsurer may have a		
/ I supulated	timeframe from the day of	occurrence.	Kindly check with you	neen (14) days cla	ause whereby the claim
The state of the s	X		-, oneck with you	insurer for more	details. / 1
D'ales	XV	٠ ٠ ٠	¥ >	.*	N silas 1
older's Signature / Date &	Driver's Sleens			· MIN	0/10/120
	Driver's Signature (If dri	ver is not the	policyholder) / Date	Versonnel	Reporting Centre



Report No. F/20220826/7057

1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Vide Report No.			Station Diary No	
Address				
668 CH	DA CHU K	ANG CRESCENT	#08-293	
SINGAP	ORE 6806	68		
0-20-20-00-00-00-00-00-00-00-00-00-00-00		Mobile:		
	1.1	97842750		
Established Control of the Control o		l.com		
Sex	Age	Date of Birth	Race	
Male	24	20/06/1998	Bugis	
Language English				
Location Of Incident				
PAN ISLAND EXPRESSWAY				
	Address 668 CH0 SINGAP Contact Home/O Email Adhaziqo19 Sex Male Languag English Location	Address 668 CHOA CHU K. SINGAPORE 6806 Contact No. Home/Office: Email Address haziqo1998@gmai Sex Age Male 24 Language English Location Of Incider	Address 668 CHOA CHU KANG CRESCENT SINGAPORE 680668 Contact No. Home/Office: Mobile: 97842750 Email Address haziqo1998@gmail.com Sex Age Date of Birth Male 24 20/06/1998 Language English Location Of Incident	

Brief details.

On the above date and time mentioned, I was riding my motorcycle, Kawasaki Ninja 400 FV7407C, along lane 2 on PIE towards Changi.

Suddenly, a Hyundai Elantra (beige) SJC5290L from lane 1 cut across into my lane. I was unable to react on time during this split second to avoid the collision. This caused me be hit from the front right side of my bike and flew off from my bike and sustained the injuries below mentioned. This incident made me crash my bike severely on the road and suffered severe injuries on my whole body and damages to my bike.

Signature Of Officer Recording The Report: 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: Not applicable	Date/Time: 26/08/2022 20:13
Officer In-Charge Of Case:	Classification Of Case:





0220826/7057

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220826/7057

Traffic flow is one way and moderate, weather was clear, road surface dry. Ambulance and Traffic Police was activated to scene and gathered further facts from me.

I was then conveyed to Ng Teng Fong General Hospital and received 21 days of Hospitalization Leave. My motorcycle currently in TP pound for open investigation.

Injuries received from this incident;

- 1. Open wound on left big toe
- 2. Laceration to face (left cheek & upper lips)
- 3. Roughly at least 10 areas of abrasions on all over body

Subjects Involve	d		TO ENGLISH STATE OF THE STATE O
Suspect			
Person Name	Alvin Arvind		
Victim			Aller por 1991 7
Person Name	MUHAMMAD HAZIQ BIN S	SENIN	
ID Type	NRIC NO	ID No	S9820048G
Gender	Male	Age	24
Race	Bugis	Language	English
Occupation	Auxiliary police officer	Address	668 CHOA CHU KANG
	712 3107		CRESCENT #08-293
			SINGAPORE 680668

ntity of the person making this as been authenticated by Singpass. ature is required.
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022 20:13
cation Of Case:



97842750



Yes

3 of 3

POLICE REPORT (NP299)

Mobile No

Person Name

CONTINUATION OF REPORT

MUHAMMAD HAZIQ BIN SENIN (Informant)

Is Informant A

Victim?

Report No. F/20220826/7057

Signature Of Officer Recording The Report: 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: Not applicable	Date/Time: 26/08/2022 20:13
Officer In-Charge Of Case:	Classification Of Case:

VEHICLE NO: FV 7407C MAKE & MODEL: YOWASAK, NINJA 400 AUTO/MANUN, DATE OF ACCIDENT 23 / 08 / °C.C: 2022 TIME OF ACCIDENT AM / PM 0815 LOCATION OF ACCIDENT Pan Island EXACT PURPOSE USED AT TIME OF ACCIDENT EXPYESSIVALY EMPLOYMENT / KRIVATE USE'S PRIVATE HIRE NAME OF OWNER Muhammad Harryfi Bin senin Email. Hom. Sevin @ outlook. com. sq TELP NO Mobile: 10073178 Office. NRIC 593 15 1337 CLAIM TYPE OD / THIRD PARTY REPORTING ONLY FLEET POLICY. YES / NO ? INSURANCE CO. Liberty TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. SI22V002061VMS/203 NAME OF DRIVER AS ABOVE / IFNO: MUYAMMAN HORZIQ BIN SENIN NRIC 598200484 DATE OF BIRTH 20 / 06/ 1998 ANY PASSENGER YES (NO: NAME OF PASSENGER GENDER OF PASSENGER MALE / FEMALE OCCUPATION Outdoor / Indoor DATE OF DRIVING PASS 12 / 2016 GENDER Malo Female CONTACT NO. Mobile, 9784 2750 Office. Home: EMAIL. hazigo 1998 Egmail. com ADDRESS 668 chaq chy kang crescent # 08-293 680668 DOES DRIVER OWN OTHER VEHICLES? 1 If yes : Reg No. INSURER. RELATIONSHIP Employee / If No: Sibling WEATHER CONDITION Clear / Raining Other, ROAD SURFACE Ory | Wet | Other: ANY INJURIES No / If yes Who? Pider 2 FOAF V7 CONTACT NO. POLICE REPORT No / If wes. Where? NOTICE OF INTENDED PROSECUTION GIVEN? NO/IF YES: WHO? VEHICLE B NO. Any Passenger, 5JC 5290L NAME CONTACT NO. VEHICLE C NO. Any Passenger: VEHICLE D NO. Any Passenger : VEHICLE E NO. Any Passenger . VEHICLE F NO. Any Passenger: ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? YES / NO WAS THERE ANY AUDIO RECORDED? YES / NO SCENE ACCIDENT PHOTOS TAKEN? YES / NO conveyed by ambulance? Yes, rider of SFOPFV7 Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO .





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Website: http:// www.libertyinsurance.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987

ROAD TRANSPORT (AMENDMENT) ACT 2019 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SI22V00206 /VMS /R03 MY3 Date of Issue: 30-Dec-2021 1.Index Mark and Registration No. of Vehicle: FV7407C 2. Chassis number of Vehicle JKAEX400GGDA12374 3. Name of Policyholder: MUHAMMAD HANAFI BIN SENIN 4. Effective date of Commencement of Insurance 16-JAN-2022 00:00 for the purposes of the Act: 5.Date of Expiry of Insurance: 15-JAN-2023 23:59 6.Persons or Classes of Persons MUHAMMAD HANAFI BIN SENIN, MUHAMMAD HAZIQ BIN SENIN entitled to drive*:

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or

damage

7.Limitations as to use*:

A) Use only for the Policyholder's business or profession.

B) Use only for social, domestic and pleasure purposes by:

MUHAMMAD HANAFI BIN SENIN, MUHAMMAD HAZIQ BIN SENIN

8. The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.

> For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

> > Authorised Signature

For Information only:

COVERAGE:

Third Party Fire & Theft

SUM INSURED (S\$):

MARKET VALUE AT THE TIME OF LOSS

EXCESS (SS):

Fire & Theft (Singapore) \$1,000.00, Fire & Theft (Outside Singapore) \$2,500.00

FINANCE COMPANY:

H L CYCLE PTE. LTD.

PRODUCER NAME:

WTT INSURANCE AGENCIES PTE LTD

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	verneje
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	133Z
Vehicle No.:	FV7407C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Aug 2022
Vehicle Make:	KAWASAKI
Vehicle Model:	NINJA 400 ABS MANUAL
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	EX400GEA12374
Chassis No.:	JKAEX400GGDA12374
Maximum Power Output:	-
Open Market Value:	\$7,544.00
Original Registration Date:	16 Jan 2019
First Registration Date:	16 Jan 2019
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$2,022.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	15 Jan 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,610.00
COE Rebate Amount:	\$2,300.00
Total Rebate Amount:	\$2,300.00

The information contained herein is correct as at 31 Aug 2022