

**NATIONAL Assessment Centre Services** (Call 1-800-555-1234) **SKR 8513T**

Job description: SAS e-illing

Date & Time Completed: 07/04/2013 2/15

Done by: [Signature]

1-Motor Claim Form

1-Motor W/O (Within 30 days)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Tel: [ ] Fax: [ ]

Particulars: [ ] Year: [ ]

Owner / Driver: [ ]

Policy No: [ ] Period: [ ] Cover Type: [ ]

Confirmed by: [ ]

Year of Registration: [ ]

Excess: [ ] Loading: \$1,000 ( ) / \$2,000 ( )

Walk-In Customer / Customer's Information strictly Confidential & Strictly NO refer of repeller.

Total Loss Cost: [ ] to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) / Invoice: YES ( ) / NO ( ) / Towing Co: [ ]

Apply for Transport Allowance ( ) / Courtesy Car ( )

QC Check / Post Repair Inspection ( )

Upload Recovery Photo (Repair Cost > \$5000) ( )

Injury: [ ]

[ ]

[ ]

[ ]

**X/A2801488**

Owner/Driver: [ ]

Contact No: [ ]

Address: [ ]

Checked by (Engr-In-Charge): [ ]

Comments: [ ]

Invoice: [ ]

1) All Accidental Damage (USD) [ ]

2) DA: Damage Assessment (USD) [ ]

3) Towing Fee [ ]

4) Towing Allowance [ ]

5) Towing Allowance [ ]

6) Towing Allowance [ ]

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100) Towing Allowance [ ]

## 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 Actual 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	19/05/2023 17:32 (SGT)
Reported by	Actual Driver
Date of Accident	07/04/2023 21:15 (SGT)
Exact Location of Accident	Bukit Merah View, Singapore
Additional Location Information	SERVICE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7201Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMMERCIAL VEHICLES DISTRIBUTOR PTE. LTD.
Company Reg No	2XXXXX853H
Email Address	hrliaison168@gmail.com
Mobile Phone No	(Phone) +65-86116161
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	155

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0006909

### DRIVER

Name of Driver	ABDUL RAZAAQ BIN KHAMIS
NRIC No	SXXXX914B
Date Of Birth	01/11/1991
Occupation	Outdoor

Date Of Driving Pass	19/04/2016
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-83663358
Alt. Phone Number	-
Email Address	razaaqabdul@outlook.com
Address	BLK 104D CANBERRA STREET #10-547
Address complement	-
Postcode	754104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head on collision
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
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230408/7016

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR8513J
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	ABDUL RAZAAQ BIN KHAMIS
Gender .....	Male
Phone No .....	(Phone) +65-83663358
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBR7201Y
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.
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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

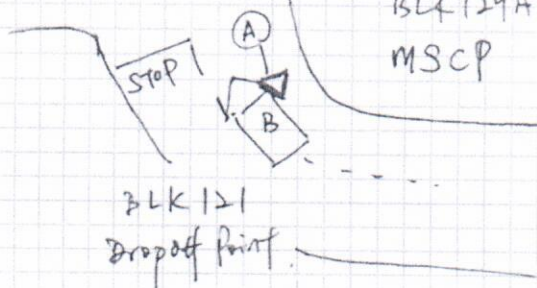
BUKIT MERAH VIEW SERVICE POINT

VEH (A) : FBR 7201Y

VEH (B) : SKR 8513J

BLK 129A

MSCP



## Describe Circumstances of the Accident

Refer to Police Report

TL20230608/7016

I was unwell after the accident and did not realise that I needed to file an insurance report.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel

*[Signature]* 19/05/2023



# SINGAPORE POLICE FORCE



T/20230408/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20230408/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/04/2023 13:01		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ABDUL RAZAAQ BIN KHAMIS			Address: 104D CANBERRA STREET #10-547 SINGAPORE 754104		
ID Type / ID No.: NRIC NO / S9138914B			Contact No.: Home/Office: Mobile: 83663358		
Nationality: SINGAPORE CITIZEN			Email: RAZAAQABDUL@OUTLOOK.COM		
Sex: Male	Age: 31	Date of Birth: 01/11/1991	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/04/2023 21:15	Type of Location: Service road outside 129A Bukit Merah View
Location:  BUKIT MERAH VIEW				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR7201Y	Motorcycle					0
SKR8513J	Car					0



# SINGAPORE POLICE FORCE



T/20230408/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230408/7016

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ABDUL RAZAAQ BIN KHAMIS	ID No.	S9138914B
Related Vehicle	FBR7201Y (Motorcycle)	Contact No.	83663358
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/04/2023	Date	08/04/2023
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Driver</b>			
Name	HWEE HONG	ID No.	NIL
Related Vehicle	SKR8513J (Car)	Contact No.	98160401
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

### Brief Details.

At around 9:15 pm on Friday, 7th April 2023, I was riding FBR7201Y along the service road beside MSCP 129A Bukit Merah View.

There was a bend between blocks 121 and the MSCP and I had gradually slowed down upon noticing a Grey BMW SKR8513J travelling against the flow of traffic, coming towards me.

I came to a complete stop as said BMW did not leave much room for me to proceed straight and I wanted to give way to said car.

However, said BMW kept coming closer towards and when I came to a realisation that said BMW may not have noticed my existence, I frantically attempted to sound the horn.

Despite being honked at, the driver failed to stop and the BMW's front right portion collided into my stationary bike's front right portion.

The impact was big but fortunately, I was able to keep my bike upright by using my left leg as a stand just before my bike fell to my left.

To my horror, after colliding into me, the driver of said BMW continued accelerating forward as I believe that she was trying to adjust her final position to hide the fact that she was travelling blatantly against the flow on a two-way road.

I started feeling a sharp pain coming from my left wrist. The pain got so severe that I went to KPTH immediately to get it checked. I was discharged after midnight and was issued with



**SINGAPORE  
POLICE FORCE**



T/20230408/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230408/7016

**CONTINUATION OF REPORT**

five days of medical leave from the A&E department.

The following morning, I also woke up with aches in my neck, shoulders, lower back, left thigh and left calf areas.

I may seek further treatment if the pain does not get better.

I took pictures and videos to substantiate the evidence (more than 2MB) - a long stretched mark on her front right portion of her car, showing that she accelerated forward after I was hit.



**SINGAPORE  
POLICE FORCE**



T/20230408/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230408/7016

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
08/04/2023 13:01

Classification Of Case:

**COMMERCIAL VEHICLES DISTRIBUTOR PTE LTD**  
(MOTORBIKE RENTAL DIVISION)  
39 WOODLANDS CLOSE, MEGA@WOODLANDS, #04-62, SINGAPORE 737856  
GST REG. NUMBER: 201728853H

**HIRER PARTICULARS**

ID/NRIC/ROC S9138914B  
Name/Company ABDUL RAZAAQ BIN KHAMIS  
Address BLK 104D CANBERRA ST #10-547  
S(754104)  
Person-in-charge \_\_\_\_\_  
Contact Number 87500506

**RENTAL AGREEMENT CVDBR/2022/1017E**

Agreement Date 4/11/2022  
Rental Term WEEKLY  
Rental Rate (inc. of GST) \$150/WEEK  
Agreed End Date 4/8/2023  
Agreed Period 39 WEEKS  
Contract Ref \_\_\_\_\_  
Excess for vehicle damage \$2000 EACH SECTION

**RENTAL VEHICLE/ACCESSORIES**

RENTAL ID \_\_\_\_\_  
REG. NO. FBR7201Y

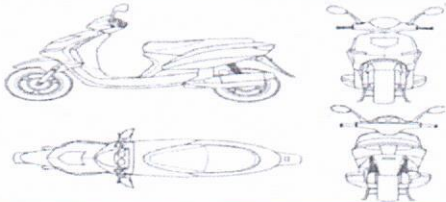
MAKE YAMAHA  
MODEL AEROX 155  
CAPACITY \_\_\_\_\_

**DRIVER PARTICULARS (IF NOT STATED)**

NAME AS ABOVE  
NRIC \_\_\_\_\_  
DOB \_\_\_\_\_  
LIC PASS \_\_\_\_\_

NATIONALITY \_\_\_\_\_  
CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**DELIVERY OF VEHICLE**

Check Out By: <u>K.T.</u>		
Date	Time	Mileage Out
<u>4/11/2023</u>	<u>3:50 PM</u>	<u>43674 km</u>
Petrol Out: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full		
Estimated date of return: _____		
		
Check In By:		
Date	Time	Mileage In
Petrol In: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full		
Petrol used: _____		
(Note: Petrol Level to be Return as it was Rented out)		
Return Note: _____		

**MODE OF PAYMENT PAYNOW**

RENTAL DUE \$150  
DELIVERY CHARGE \_\_\_\_\_  
TOTAL DUE \$270  
TOTAL PAID \$270  
DAMAGE RECOVERY \_\_\_\_\_  
OTHERS \_\_\_\_\_  
DEPOSIT \$120  
AMOUNT REFUND \_\_\_\_\_

REMARKS WITH HP HOLDER, RACK&BOX

COMPANY AUTHORISED SIGNATURE

HIRER SIGNATURE

Date of Accident : 07/04/2023 Accident Time: 2115 (24-HR-Format)  
Accident Place : ALONG BUKIT MERAH VIEW SERVICE ROAD  
Vehicle No. (Car Plate No.) : FBR7201Y Make/Model: YAMAHA AEROX  
Insurance Company : III Policy No: D22MFL0006909  
Owner or Company Name /IC No. : COMMERCIAL VEHICLES DISTRIBUTOR PTE LTD / 201728853H  
Owner or Company Contact No. : 86116161 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Abdul Razaaq Bin Khamis S9138914B  
DRIVER'S Date Of Birth : 01/11/1991 DRIVER'S License Pass Date 19/04/2016  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
DRIVER'S Address : 104D CANBERRA STREET #10-547 SINGAPORE 754104  
DRIVER'S Contact No./ Alt No. : 1) 83663358 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : hrliason168@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): YES, BODILY INJURIES

Other Party Driver's Particular (if any)


Vehicle No: SKR8513J	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

## 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 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D22MFL0006909</b>		<b>COVER: Third Party Fire &amp; Theft</b>
1. Index Mark and Registration Number of Vehicle	: FBR7201Y	
Chassis No	: MLESG584111050807	
2. Name of Policyholder	: COMMERCIAL VEHICLES DISTRIBUTOR PTE. LTD.	
3. Effective date of Insurance	: 30 Jul 2022	
4. Expiry date of Insurance	: 29 Jul 2023	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he/she is in the Policyholder's employ and is driving on their order or with their permission. The Hirer</p> <p>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</p>	
6. Limitations as to use*	<p>(1) Use only for the Policyholder's business or profession or the hirer's business. .</p> <p>(2) Use for social, domestic and pleasure purposes by any person provided he/she is in the Policyholder's employ and is driving on the order or with the permission of the Policyholder or by any person to whom the vehicle is hired.</p> <p>(3) Use for food/parcel/other delivery services.</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for hire or reward.</p> <p>(2) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(3) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>(4) Use for any purpose in connection with the Motor Trade</p> <p>*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 (Malaysia), are not to be included under these headings.</p>	
Excess Section II WITHIN SINGAPORE	: SGD	
Excess Section II OUTSIDE SINGAPORE	: SGD	
Hire Purchase Company	: N/A	
THE POLICY DOES NOT COVER ANY DRIVER WHO IS BELOW 22 YEARS OLD OR WITH LESS THAN 2 YEARS DRIVING EXPERIENCE.		
THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM IT IS HIRED TO. THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY. SUBLETTING IS NOT COVERED.		
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 (Malaysia).		
Agent/Broker	: A000112-CVD AUTO PTE LTD	
Date of Issue	: 20/07/2022 16:53:34	
M.Y. 100 - Motor Cycle(Company's Hire use)		
		<p>For India International Insurance Pte Ltd</p>  <p>Authorised Signatory</p>