



南方摩哆 Southern Motor

Business Reg. No: 234147/00L

Block 1006, Bukit Merah Lane 2. #01-10, Singapore 159762

Tel: 6273-0369 (3 Lines) Fax: 6274-6614

21 July 2023

Allianz Insurance Singapore Pte Ltd

79 Robinson Road #09-01

Singapore (068897)

Dear Sirs,

RE: Cost of repair to Yamaha FZN150 - FBK9590Y

1pcs of Meter	S\$	325.00
1pcs of Front Mudguard		75.00
1pc of Front Sport Rim		350.00
1pc of Front Brake Disk		125.00
1pc of Front Fork Set		480.00
1pc of HeadLamp		110.00
1pc of HeadLamp Fairing		45.00
1pc of Brake Lever		20.00
1pc of Top Brake Pump		110.00
1pc of Handle Bar		55.00
1pc of Handle Grip		35.00
1pc of Mirror		45.00
1pc of Fuel Tank Cover		285.00
1pc of Brake Pedal		45.00
1pc of Side Centre Faring		75.00
1pc of Exhaust Pipe		680.00
1pc of Side Box LH		85.00
1pc of Rear Givi Box		150.00
		<hr/>
		3,095.00
	Less 10%	309.50
		<hr/>
	Nett	2,785.50
	Towing	40.00
	Helmet	120.00
	Number Plate	10.00
	Labour	350.00
		<hr/>
		<u>\$3,305.50</u>

Yours Faithfully,
Southern Motor



Date: 21 July 2023

Southern Motor
Blk 1006 Bukit Merah Lane 2
#01-10
Singapore 159762

Motor Claims Department
Allianz Insurance Singapore Pte Ltd
79 Robinson Road #09-01
Singapore 068897

Dear Sirs,

RE: ACCIDENT INVOLING FBK9590Y AND SKS3135U ALONG
Senja Road To Senja Way ON 30-06-2023 AT 08:00AM

Please be informed that the above-said motorcycle bearing registration no: FBK9590Y was seriously damaged during the above-said accident and was beyond economic repair.

Kindly arrange for your surveyor to survey the above-mentioned motorcycle at Blk 1006, Bukit Merah Lane 2 #01-10 Singapore 159762. (Tel:62730369)

Thanking you in advance,

Yours Faithfully,



Enc.



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	12/07/2023 12:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/06/2023 08:00 (SGT)
Exact Location of Accident	Senja Rd, Singapore
Additional Location Information	SENJA ROAD TO SENJA WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9590Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL AZIZ BIN AWANG @ABDUL ADZIZ BIN AWANG
NRIC No	S0108155A
Email Address	JUNIORSLAMBER628@GMAIL.COM
Mobile Phone No	(Phone) +65-88909107
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	FZN150
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	149

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124764535-01

DRIVER

Name of Driver	ABDUL AZIZ BIN AWANG @ABDUL ADZIZ BIN AWANG
NRIC No	S0108155A
Date Of Birth	11/04/1953
Occupation	Indoor



Date Of Driving Pass	30/07/1975
Driving experience	47 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88909107
Alt. Phone Number	-
Email Address	JUNIORSLAMBER628@GMAIL.COM
Address	BLK 638A SENJA CLOSE
Address complement	07-13
Postcode	671638
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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	SKS3135U
Vehicle Manufacturer	-
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 AZIZ BIN AWANG @ABDUL ADZIZ BIN AWANG
Gender	Male
Phone No	(Phone) +65-88909107
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBK9590Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

6 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

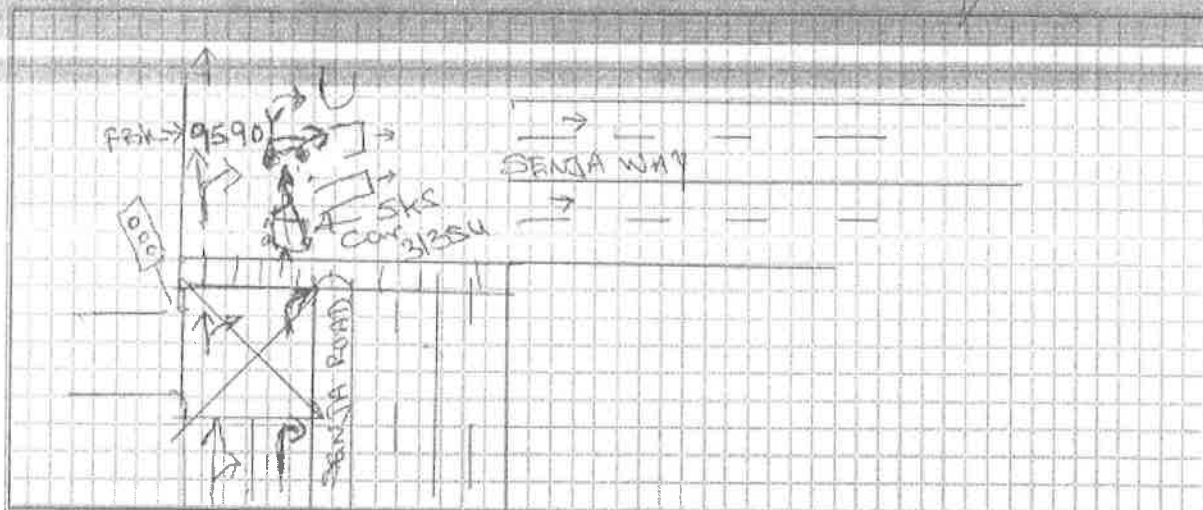
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRICID card)

Sketch Plan



Describe Circumstance of the Accident

VEHICLE NO: FBK 9590Y ACCIDENT DATE & TIME: 30/6/23 08:00hrs

CONTACT NUMBER: 88909107 E-MAIL: juniorslambers28@gmail.com

LOCATION: SENJA ROAD TO SENJA WAY.


(² Refer To Police Reports)

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ CLAIM OTHER AT OTHER WORKSHOP ☐ REPORTING ONLY

Declaration

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

 12/6/23
Policyholder's Signature / Date & Time:

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

Witnessed by Reporting Confidential Person(s)
(Name as in NRICID card)