

# SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg\_motor\_enterprise@yahoo.com.sg

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DATE: 7 September 2018

Invoice No: SG98-PD-18-064

AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way  
#07-16  
SINGAPORE 079120

PD - Direct Settlement

Your Insured: SKZ 5833M

Date of Accident: 4-Jan-18

Location: Choa Chu Kang North 6 / Choa Chu Kang Drive

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## FINAL REPAIR COSTS

VEHICLE NO. FBE 2177K Tiger GL200 RM)

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Cost of Repair for Vehicle No.: FBE 2177K (lump sum) \$1,500.00

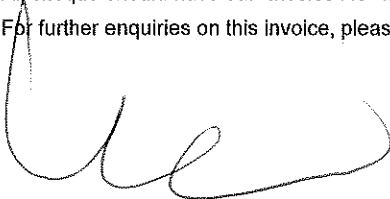
Total: \$1,500.00

SINGAPORE DOLLARS: ONE THOUSAND FIVE HUNDRED ONLY

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### Notes:

1. All cheque payment should be "Crossed" and made payable to SG 98 MOTOR PTE LTD
2. All cheque should have our "Invoice No" written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



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SG 98 Motor Pte Ltd

:LG

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DATE: 7 September 2018

AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way  
#07-16  
SINGAPORE 079120

## LETTER OF DEMAND

Your Insured: SKZ 5833M  
Date of Accident: 4-Jan-18

Location: Choa Chu Kang North 6 / Choa Chu Kang Drive

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### FINAL REPAIR COSTS

VEHICLE NO. FBE 2177K Tiger GL200 RM)

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Cost of Repair for Vehicle No.:	FBE 2177K (lump sum)	\$1,500.00
Loss of Use:	3 days x \$35	\$105.00
	Total:	\$1,605.00

SINGAPORE DOLLARS: ONE THOUSAND SIX HUNDRED FIVE ONLY

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#### Notes:

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3. For further enquiries on this invoice, please feel free to contact us



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SG 98 Motor Pte Ltd

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## 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 ability.
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 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 Report	05/01/2018 14:32
Date Of Accident	04/01/2018 20:30
Exact Location Of Accident	CHOA CHU KANG NORTH -6 / CHOA CHU KANG DRIVE -
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2177K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED IMRAN BIN MOHAMED KHAMDAN
NRIC No	S8913340H
Email Address	IMRAN364@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91820510
Alternative Phone No	OFFICE-91820510
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	TIGER-197CC GL 200R
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-373627-CA
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMED IMRAN BIN MOHAMED KHAMDAN
NRIC No	S8913340H
Date Of Birth	19/04/1989
Occupation	INDOOR
Date Of Driving Pass	28/10/2013
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91820510
Fax Number	
Contact Number	OFFICE-91820510
EMail Address	IMRAN364@HOTMAIL.COM

Address	BLK 574 CHOA CHU KANG STREET 52 #13-306
Postcode	680574
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ5833M
Vehicle Make/Model/Colour	M/BENZ
Details Of Properties	LEFT SIDE PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	EUGENE YEO CAI RONG
NRIC/Passport Number	S9122295G
Contact Number	98307999
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

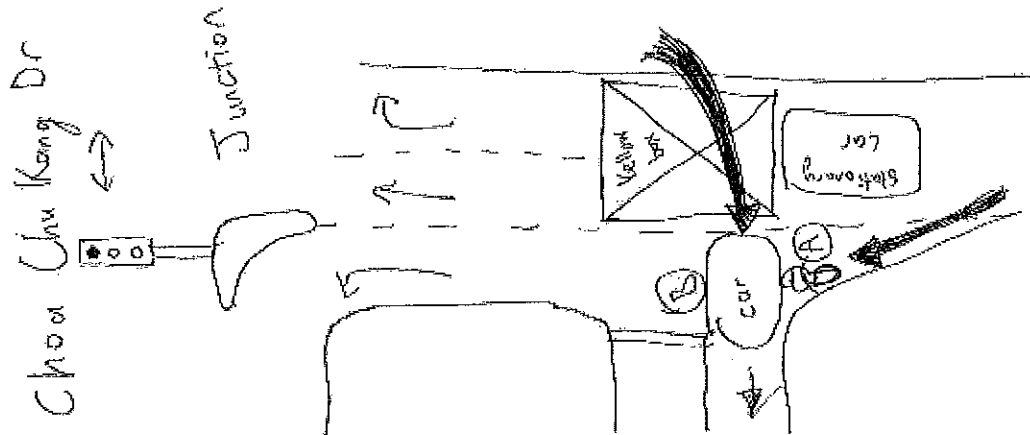
#### DETAILS OF INJURED PERSON 1

Name	MOHAMED IMRAN BIN MOHAMED KHAMDAN
Approximate Age	

Sketch Plan

SKETCH PLAN

Choa Chu Kang North 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report  
T/20180106/2034

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policy holder)  
Date & Time:

Resolving Centre Personnel's Signature  
Name:  
NR/LIN No.:

## Sketch Plan #2

### 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 company.
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 a copy of this report will thereafter 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 as the source and to copies of this report being made available for information only.
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 process such Personal Information to all insurer(s) who have insured a vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "insurers"), to the insurer's lawyer(s)/law firm, the statutory 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) settling and/or dealing with my insurance claim, including my medical expenses;
  - (iv) administering my claims (including the making of insurance and/or statements, unsworn reports or notices to me, which could involve disclosure of certain personal data about me as being 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 claim(s) (collectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident, 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/are 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 situated outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to comply with statutory law 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 a insurer and/or any other third parties that assist in settling, investigating, controlling or managing claims, 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 05/01/18

Driver's Signature

If driver is not the policyholder  
Date & Time

Reporting Officer's Signature

Name:  
NRG/T.M.A.



# SINGAPORE POLICE FORCE



T/20180106/2037

1 of 4

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20180106/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/01/2018 11:48		Vide Report No.:		Station Diary No.: 53	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED IMRAN BIN MOHAMED KHAMDAN			Address: APT BLK 574 CHOA CHU KANG STREET 52 #13-306 SINGAPORE 680574		
ID Type / ID No.: NRIC NO / S8913340H			Contact No.: Home/Office: Mobile: 91820510		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 19/04/1989	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Other assistant engineers			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: 04/01/2018 20:30	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG NORTH 6  TOWARDS THE JUNCTION OF CHOA CHU KANG DR NEAR THE SLIP ROAD, NEAR TO YEW TEE MRT STATION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2177K	Motorcycle	HONDA	TIGER GL200R M	Black	Slightly Damaged	0
SKZ5833M	Car	MERCEDES BENZ		Grey	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



# SINGAPORE POLICE FORCE



T/20180106/2037

2 of 4

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20180106/2037

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE2177K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72044220	16/11/2017	15/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMED IMRAN BIN MOHAMED KHAMDAN		ID No.	S8913340H
Related Vehicle	FBE2177K (Motorcycle)		Contact No.	91820510
Hospital/Clinic	BUKIT BATOK POLYCLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/01/2018		Date Discharge	06/01/2018
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Rider				
Name	MOHAMED IMRAN BIN MOHAMED KHAMDAN		ID No.	S8913340H
Related Vehicle	FBE2177K (Motorcycle)		Contact No.	91820510
Hospital/Clinic	BUKIT BATOK POLYCLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/01/2018		Date Discharge	05/01/2018
No. of Days granted Medical Leave	01		Degree of Injury	Slight
Driver				
Name	EUGENE YEO CAI RONG		ID No.	S9122295G
Related Vehicle	SKZ5833M (Car)		Contact No.	98307999
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





**SINGAPORE  
POLICE FORCE**



T/20180106/2037

3 of 4

Police Station Of Origin:

Jurong East N.P.C

92 Boon Lay Way SINGAPORE 609962

Tel No: 1800-8999999

Report No. T/20180106/2037

**CONTINUATION OF REPORT**

**Brief Details.**

On the 04/01/2018 at about 2030hrs along Choa Chu Kang North 6, I was riding on my motorcycle, a Grey Honda Tiger, registration no. FBE2177K, at a speed of about 20km/h. I was approaching a traffic junction thus I had already slowed down my vehicle and was driving on the most left lane.

While riding, I noticed one vehicle, a Grey Mercedes Benz, registration no. SKZ5833M, from the opposite lane. The said vehicle suddenly turned right into my lane. I could not brake on time and my front subsequently collided into the left side of the vehicle.

I lost balance of my motorcycle and fell on my left. I sustained swollen joints on my right hand finger. I had seek for medical assistance on the 05/01/2018 at Bukit Batok Polyclinic and received 1 day Medical Leave. I had went for XRAY and returned back to the said polyclinic on the 06/01/2018 and received another 2 days Medical Leave.

No government property damage, no police and ambulance at scene. I do no have any in-car video recording devices on my motorcycle.



**SINGAPORE  
POLICE FORCE**



T/20180106/2037

4 of 4

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20180106/2037

**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:

D /

Sgt 2 NUR HERNANI BINTE RAZNI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:

06/01/2018 11:48

Classification Of Case:

SN 34

Authentication Stamp

NP168

SIGNATURE



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408606  
Tel: 185 0547 0000  
Fax: 185 0547 4003  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/12875/2018  
Date : 19 JUNE 2018

MOHAMED IMRAN BIN MOHAMED KHAMDAN  
BLK 574 CHOA CHU KANG STREET 52  
#13-306  
SINGAPORE 680574

Dear Sir/Madam

**ROAD TRAFFIC ACCIDENT INVOLVING FBE 2177 K AND SKZ 5833 M ALONG CHOA CHU  
KANG NORTH 6 ON 04/01/2018 AT ABOUT 8.30PM**

I refer to the above accident.

Please be informed that we have completed our investigations which revealed that the driver of **SKZ 5833 M** had committed an offence of **Inconsiderate driving under Section 65(b) of the Road Traffic Act Chapter 276**. Action has been initiated against the driver for the said offence.

Yours faithfully

**HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.