



南方摩哆
SOUTHERN MOTOR

Block 1006, Bukit Merah Lane 2, #01-10
Singapore 159762 Tel:62730369 Fax:62746614

Repair & Dealing in New & Second-hand Motor-cycles, Scooters & Insurance Agent

Date: 26th January 2018
Motor Claims Department
Indien International Insurance Pte Ltd
64 Cecil St #05-00
10 B Building
Singapore 048711

Dear Aiko,

Re: Cost of repair to Yamaha C20300A/XMA2300 - FBM 24566

1 pc of Windscreen	RM 240.00
" Brake lever	75.00
1 set of Mirror	140.00
1 pc of Front fairing	450.00
1 set of Centre fairing	560.00
1 pc of Lower cowling	240.00
" Exhaust pipe guard	140.00
1 set of Footrest plate	360.00
" Side box	540.00
1 pc of Main stand	150.00
" Handle bar	220.00
	<hr/>
	3,330.00
	233.30
	<hr/>
	2,999.70

Less 10%

Nett

Transport	20.00
Labour	240.00
	<hr/>
	RM 3,279.70

Yours faithfully,
SOUTHERN MOTOR

Tel 6347 6100

Email: motorclaim@iit.com.sg

Date: 26th January 2018

Your Ref: _____

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

Motor Claims Department

India International Insurance Pte Ltd
64 Recd St #05-00
10 B. Building
Singapore 049711

Dear Sirs,

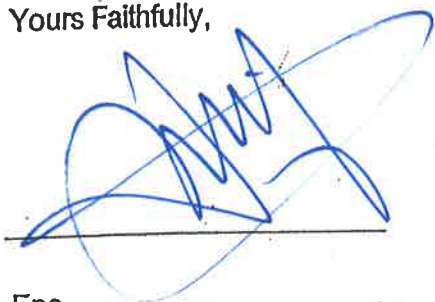
RE: ACCIDENT INVOLVING FAM 3456G AND GAB 6076H ALONG
West Coast Highway near exit gantry ON 18-01-2018 AT 08-30
of Wholesale etc

Please be informed that the above-said motorcycle bearing registration no: FAM 3456G
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, Bt. Merah Lane 2, #01-10, Singapore 159762. (Tel. 62730369)

Thanking you in advance,

Yours Faithfully,



Enc.

Tel 63476100

Email: motorclaim@iii.com.sg

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 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	19/01/2018 16:37
Date Of Accident	18/01/2018 08:20
Exact Location Of Accident	WEST COAST HIGHWAY NEAR EXIT GANTRY OF WHOLESALE CTR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3456G
Insured/Policyholder	
Name Of Registered Owner	SUKIANTOH BIN NGAHTEMIN
NRIC No	S1532891F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96863141
Alternative Phone No	OTHERS-96863141

Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300
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

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMMPHQ17-000742
Cover Note Number	

Driver

Name of Driver	SUKIANTOH BIN NGAHTEMIN
NRIC No	S1532891F
Date Of Birth	10/02/1962
Occupation	INDOOR
Date Of Driving Pass	20/06/2005
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96863141
Fax Number	
Contact Number	OTHERS-96863141
Email Address	NOEMAIL

Address	BLK 611 WOODLANDS RING ROAD #03-213
Postcode	730611
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	GBB6076H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Indisa International Insurance Pte Ltd
64 Cecil St #05-00
10 B Building
Singapore 049711
Tel 6347 6100
Email: motorclaim@iii.com.sg

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SUKIANTOH BIN NGAHTEMIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM3456G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

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 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 lodgment 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:

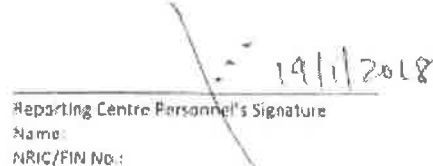
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history 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 all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, 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:



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

 19/1/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

West Coast Highway near to the exit gantry
of Wholesale Centre.

LAMP 2



A-FBM3456G

B-GBB 6076 H

Large ↑

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report -
T/20180118/2042

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 policyholder)
Date & Time: _____

Reporting Center Personnel's Signature
Name:
NRIC/FBI No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20180118/2042

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Report No. T/20180118/2042

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM3456G	EQ INSURANCE COMPANY LTD.	DMMPHQ17-00Q742	29/09/2017	28/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	SUKIANTOH BIN NGAHTEMIN	ID No.	S1532891F
Related Vehicle	FBM3456G (Motorcycle)	Contact No.	96863141
Hospital/Clinic	FRIENDSHIP CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	18/01/2018	Date Discharge	18/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	Unknown	ID No.	NIL
Related Vehicle	GBB6076H (Van)	Contact No.	NIL
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 18/01/2018 at about 0822 hrs, I was riding on my motorcycle FBM3456G along West Coast Highway near to the exit gantry of Wholesale Centre. I was travelling straight at the middle of three lanes. Suddenly, a white van GBB6076H, was travelling on the right lane filtered to the middle lane.

This resulted to the left side of the van colliding to the right handle bar of my motorcycle. I lost control of my motorcycle and fell onto the van. I tried to avoid however I could not. Subsequently, the driver of the van stopped and came out asking if I am having any injuries. I told him as of now I do not feel any pain. The driver claimed that he is not at wrong and subsequently left the scene. The damages to my motorcycle are scratches to my handle and body. My motorcycle's wind visor also broken. I also observed that there is a long scratch at the back left side of the van.

Subsequently, I felt something off with my hips thus I went to seek medical attention at Friendship Clinic & Surgery at B/1 Jalan Bukit Merah #01-4524 and was given 3 days of MC from 18/01/2018 to 20/01/2018.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180118/2042

3 of 4

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No: T/20180118/2042

CONTINUATION OF REPORT

I wish to add that we did not exchange particulars. No government property damaged. No traffic police or ambulance were not at scene. I am lodging this report for claiming of insurance purposes.



SINGAPORE POLICE FORCE



T/20180118/2042

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180118/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 12:16	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: SUKIANTOH BIN NGAHTEMIN			Address: APT BLK 611 WOODLANDS RING ROAD #03-213 SINGAPORE 730611		
ID Type / ID No.: NRIC NO / S1532891F			Contact No.: Home/Office: Mobile: 96863141		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 10/02/1962	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Crane operator (port)			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2018 08:20	Type of Location: Straight Road
Location: Along Road 1 WEST COAST HIGHWAY Along West Coast Highway near to the exit gantry of Wholesale Centre.				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3456G	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
GBB6076H	Van	FIAT	SCUDO 120 MULTIJET 2.0 MT ABS D/AB 2WD	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180118/2042

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM3456G	EQ INSURANCE COMPANY LTD.	DMMPHQ17-000742	29/09/2017	28/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SUKIANTOH BIN NGAHTEMIN		ID No.	S1532891F
Related Vehicle	FBM3456G (Motorcycle)		Contact No.	96863141
Hospital/Clinic	FRIENDSHIP CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	18/01/2018		Date Discharge	18/01/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Name	Unknown		ID No.	NIL
Related Vehicle	GBB6076H (Van)		Contact No.	NIL
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.

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**SINGAPORE
POLICE FORCE**



T/20180118/2042

3 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180118/2042

CONTINUATION OF REPORT

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**SINGAPORE
POLICE FORCE**



T/20180118/2042

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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180118/2042

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 HIDAYAT BIN SELAMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

SN 46

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

18/01/2018 12:16

Classification Of Case: