

Cc2 M10 1801-0721/j

12
IOD NO: FY 18/19/0008

DATE OF ISSUE OF IOD: 12 June 2018

TO: JOY IRENE/HIAO TONG
LKK AUTO CONSULTANTS PTE LTD
Instrument of demand to engage the services of an insurance Claims Adjuster
(Period Contract No: (DEF000ECO12000060))

UNIT/ HUB	DATE OF ACCIDENT	MID & CIVILIAN INFORMATION			REMARK
		VEH NO	CIVILIAN	MILITARY	
3 Tpt Bn	11 05 18 1445H		FY 533 B	MID 46201	ALONG YIO CHU KANG ROAD TOWARDS UPPER THOMSON ROAD AFTER CTE FLYOVER
		DRIVER NRIC	S9018742B	S9828183E	
		DRIVER NAME	Mr. Muhd Hafid Bin Hamid	PTE Phan Jun Qi	
		DAMAGE TO VEHICLE	Y	Y	

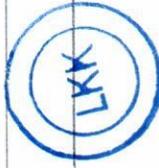
Requesting Officer

(SIGNATURE)
1 WO M RAVEENDRAN
Traffic Accident Investigation Warrant
HQ Transport



HQ TRANSPORT STAMP

DATE: _____
OA: _____
GRA: _____



12/6/18
CIP

FOR INFO:

INSURANCE

Tanjong

REF:

M10

ASSIGNMENT

From: Date:

Estimated Cost:

OD TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

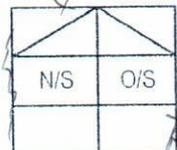
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: FY 533B Yr Regn: 2015 / Sep.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Yamaha MT-09 C.C. 847

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 43188 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JY ARN 29K 000000 460.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 120 / 70 R17

R: 180 / 55 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. mm L/Bal. mm

D.O.A. D.O.I. 24/5/18

Survey held at GP Moring

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time. File Pass to?

: Preli. Report

Days Of Repair:

1)

: Final Report

Resurvey No. of Trip:

Date/Time. File Return to?

Survey Fee

2)

Add Fee: : Site Insp (\$

Transportation:

Interview (\$

1. Plans

Report Format :

Tech Insp (\$

1. Other

Lump Sum / LB (\$

Weekend (\$

TOTAL

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	12/05/2018 14:20
Date Of Accident	11/05/2018 14:50
Exact Location Of Accident	YIO CHU KANG RD/UPP THOMSON RD
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY533B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD H. SANUDDIN BIN AZMI
NRIC No	S9003756J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96456315
Alternative Phone No	OFFICE-96456315

Vehicle Particulars

Manufacturer	YAMAHA
Model	MOTOR
Exact Purpose for which vehicle was being used at time of accident	
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5083845448-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HASRUL BIN HAMID
NRIC No	S9018742B
Date Of Birth	30/05/1990
Occupation	INDOOR
Date Of Driving Pass	09/01/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96456315
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 814 JURONG WEST ST 81 #02-202
Postcode	640814
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
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 [OTHER]	JURONG WEST NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. POLICE REPORT NO. T/20180511/2153

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	46201MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

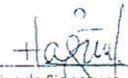
IMPORTANT NOTICE

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 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.

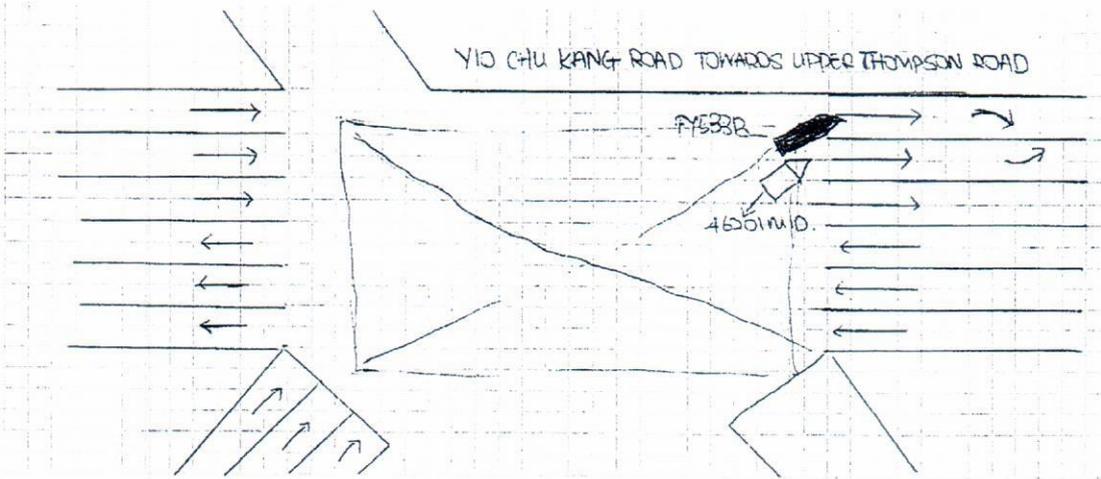
Policyholder's Signature
Date & Time:



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

DAC BUKIT BATOK (VAC)
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

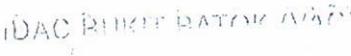
LOCATION OF INCIDENT: YIO CHU KANG ROAD, UPPER THOMPSON ROAD BELOW CTE FLYOVER.
TIME OF INCIDENT: 1455HRS
I WAS EXITING FROM CTE TO YIO CHU KANG ROAD TOWARDS UPPER THOMPSON ROAD. UPON MOVING OF AT THE TRAFFIC LIGHT. I WAS AT THE THIRD LANE. WHEN I WAS MAKING A RIGHT TURN TOWARDS YIO CHU KANG ROAD, I FELT A ^{COLLISION} BUMP ON MY RIGHT REAR SIDE.
UPON THE BUMP, I LOST MY BALANCE AND HIT THE SIDE CURB WHERE I ROLL ONTO THE PEDESTRIAN PATHWAY.
I STOP ON MY HIGH KNEELING AND SAW A ARMY VEHICLE STOP AND A WHITE CAR STOP AT THE SIDE OF THE ROAD.
AN ARMY DRIVER CAME OUT AND ASSIST ME. HE HAD SAID AND EXPLAINED TO ME THAT A WHITE VEHICLE HAD CUT INFRONT OF HIM AND SWERVE TO THE LEFT TO AVOID COLLISION AND HIT ME.

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 Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180511/2153

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180511/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2018 23:22	Vide Report No.: F/20180511/0148	Station Diary No.: 178
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Informant's Particulars

Name of Informant: MUHAMMAD HASRUL BIN HAMID		Address: APT BLK 814 JURONG WEST STREET 81 #02-202 SINGAPORE 640814	
ID Type / ID No.: NRIC NO / S9018742B		Contact No.: Home/Office: Mobile: 96456315	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 30/05/1990	Type of Informant: Rider
Race: Boyanesse-Malay		Language: English	Institution / School Name:
Occupation: SAFETY COORDINATOR		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2018 14:50	Type of Location: Bend
Location: Junction of Road 1 and Road 2 YIO CHU KANG ROAD UPPER THOMSON ROAD BELOW CTE FLYOVER				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
46201MID	Bus/Coach/Minibus			Multi-Colored	Slightly Damaged	0
FY533B	Motorcycle	YAMAHA	MT-09 ABS TRACER	Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180511/2153

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180511/2153

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HASRUL BIN HAMID	ID No.	S9018742B
Related Vehicle	NIL	Contact No.	96456315
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	PHAN JUN QI	ID No.	S9828183E
Related Vehicle	NIL	Contact No.	82446252
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 11/5/2018 at about 1455hrs, I was exiting from CTE to Yio Chu kang towards Upper Thomson Road. Upon moving off I was the 3rd lane turning towards Yio Chu Kang, I felt a collision on the right rear of my vehicle (FY533B). Upon the collision, I fell off from the bike as it went onto the curb and I roll onto the pedestrian pathway as I lost my balance. After I get up, a guy (PHAN JUN QI) alighted from the Army Minibus (46201MID) to check on me if I was injured. From his words, I get to know that the accident was happened due to a white vehicle getting to his lane and he tried to avoid it but collided onto my vehicle. My alignment of the bike went off and rear box was scratched. His front bumper has a few slight scratches.

Traffic Police and Ambulance attended. No one was injured.



**SINGAPORE
POLICE FORCE**



T/20180511/2153

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3
Report No. T/20180511/2153

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: J / Staff Sgt MUHAMMAD ZHARIF BIN ZAINUDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2018 23:22
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No: 65476394	Classification Of Case:

Authentication Stamp
 NP168
 Signature: _____
 Singapore Police Force

SM 126

CATHERINE LIM LLC

林 ADVOCATES & SOLICITORS
翠 NOTARY PUBLIC - 公证官
玲 COMMISSIONER FOR OATHS- 宣誓官
律
師 CATHERINE C.L.LIM
館 DIRECTOR
LL.B (HONS) SINGAPORE-法律系-律師
M.B.A. (BUSINESS LAW)-商业系-硕士

20 Havelock Road #03-01
Central Square Singapore 059765
UEN No. 201310922K

Tel: (65) 6438 5500
Fax: (65) 6438 0111
www.catherinelimllc.com
Email: info@catherinelimllc.com
CATHERINE LIM LLC is a law corporation with
limited liability

Our Ref: CL/180525/T/GP.sg
Your Ref: 46201 MID

Date: 18 May 2018

M/s LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933
Attn: Claims Dept

WITHOUT PREJUDICE
via fax: 6741 4108 & Post

Dear Sirs

**RE: NOTICE TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO
PRE-ACTION PROTOCOL FOR NON-INJURY MOTOR ACCIDENT CLAIMS (NIMA)**

**ACCIDENT INVOLVING VEHICLE NO. FY 533B / 46201 MID ON 11.05.2018 ALONG YIO
CHU KANG ROAD / UPPER THOMSON ROAD**

We are instructed by **Muhammad Hasanuddin Bin Azmi** to notify you of a road traffic accident involving our client's vehicle No. FY 533B and vehicle No. 46201 MID driven by you at the material time. A copy of the Singapore Accident Statement and/or Police Report is enclosed.

As a result of the accident, our client's motor vehicle has been damaged. Before our client proceed to repair the damaged motor vehicle, please let us know within 2 working days of your receipt of this notice whether you/your insurer would like to conduct a pre-repair survey of the motor vehicle. If we do not receive any reply from you/your insurer within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please let us know your appointed surveyor.

Venue: GP Motoring
282 Macpherson Road
Singapore 348607

Tel: 6746 4240 FOR KEN Fax: 6746 4596

Yours faithfully

Enc
cc: clients



24-5-18 @ 924 spoken
w/ Irene of AGC
6908 9371
we have arrange
for survey