

11/07/2001

ASS. REC. BY:

REF: CS3/TH 18008084 / 3rb<sup>er</sup>-1

Special Instruction:

SUPERVISOR

Ma

ASSIGNMENT (Office)

From (Person):

Sundori

of

TH

Date/Time:

01-08-2018

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

TBF 3724X

Insured:

SHC 1923U

at Workshop m/s

Speedy motor

Tel:

of

Blk 10 Amk Ind Park 2A #05-21

Policy No:

Claim No:

MC718040712 / 01/02/SA

Sum Insured:

Excess:

Make of Vch:

(Client's Record)

D.O.A

25/04/2018

CA / REV / REP. / REV 24 HRS wpi

Date/Time:

Person Contacted:

H.O.D. Endorsement:

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction ( X ) (estimate)

TBF 3724X - X

SHC 1923U - CS 11-011300 1:35 / K1pe3

Ref: 711315

L/S 1300/2

Repair days 4 days

Submit LIS \$1300 @ 4 days

Red: \$1700, 57%

*[Signature]*  
7/8/2018

URGENT

TORIM

lin

6/8/18

250-80 = 170

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop n/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 Rpt: 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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No

FBF3224X

Yr Regn

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

Truck / Trailer or

Make:

Yamaha Sport 135

Colour

A/C Insured / Std / NI / NA

Sp. Reading

4780

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Black Blue

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 80/80/R17

DUN

R: 80/80/R17

CORSA

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

3/5/2018

Survey held at

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

REAR

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

Date / Time Action / Instruction

7/5/18

Submit pps Report.

RECEIVED

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + P.S. \$

) Photos

) Others

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$☐ Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

80

10

90

## Catherine Chong (LKK Auto)

---

**From:** Sundari Nagarajan - III <sundari@iii.com.sg>  
**Sent:** Wednesday, 1 August, 2018 12:32 PM  
**To:** 'Tan Mei Ling'  
**Cc:** sur@lkkauto.com; assignments@lkkauto.com  
**Subject:** III Ref:MCT18040712/01/02/sn; Jusequity Ref:JEQ/180381/0518/SM-PI; Accdt invg SHC1923J(III) & FBF3224X on 25.4.18; claimant-Alnuradzan Bin Abdul Malek

Without Prejudice save as to cost

Dear Mei Ling

We refer to your email below and understand that you are not agreeable to re-inspection. We would proceed to do paper survey. In the meanwhile please hold hands.

Aside to LKK,

Please conduct paper survey and forward us the report urgently. LOD already uploaded in merimen.

Regards,

Sundari Nagarajan

**From:** meilinyu@gmail.com [mailto:meilinyu@gmail.com] **On Behalf Of** Tan Mei Ling  
**Sent:** Tuesday, 31 July, 2018 12:35 PM  
**To:** Sundari Nagarajan - III <sundari@iii.com.sg>; Motor Claim - III <motorclaim@iii.com.sg>  
**Subject:** Fwd: FW: III Ref:MCT18040712/01/02/sn; Jusequity Ref:JEQ/180381/0518/SM-PI; Accdt invg SHC1923J(III) & FBF3224X on 25.4.18; claimant-Alnuradzan Bin Abdul Malek

## Without Prejudice

Dear Sirs

We refer to your email of 27/7/18.

Our client is not agreeable with the re-inspection as a pre-repair inspection conducted on 3/5/18, inspection of dismantle items on 5/5/18 and post-repair survey conducted on 7/5/18.

—

Warmest Regards  
Tan Mei Ling  
Sent for and on behalf of

**JusEquity Law Corporation**  
**Advocates & Solicitors**  
**Commissioner For Oaths**  
171 Chin Swee Road #02-06 CES Centre Singapore 169877

Main : (65) 6506 9339 | DID : (65) 6506 0945

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---

**From:** Sundari Nagarajan - III [<mailto:sundari@iii.com.sg>]  
**Sent:** Friday, July 27, 2018 11:30 AM  
**To:** JUSEQ ([juseq@singnet.com.sg](mailto:juseq@singnet.com.sg)) <[juseq@singnet.com.sg](mailto:juseq@singnet.com.sg)>  
**Subject:** III Ref:MCT18040712/01/02/sn; Jusequity Ref:JEQ/180381/0518/SM-PI; Accdt invg SHC1923J(III) & FBF3224X on 25.4.18; claimant-Alnuradzan Bin Abdul Malek

Without Prejudice Save as to Cost

Dear Sir

We refer to the above accident and your letter dated 9.7.18

We wish to conduct re-inspection on your client's vehicle. Kindly arrange for the same and let us know the date, time and venue in advance so as to enable us to make the necessary arrangement.

Best Regards,

**Sundari Nagarajan**

DID: 63476071

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

**DISCLAIMER:**

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

No	Subject Matter	Current	Revised	Remarks
1	Reserves			
	TPPD	PRESERVE		
	TPPI	PRESERVE 3d/	Red PPK	
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	Investigation Fees			
	Survey Fees			
	Legal Fees			
	Others			
2	Fraud Check			
3	Upload to merimen			
4	Grant Rights	✓		
5	Payment			

\*\*\*\*\*  
 \*\*\* FAX TX REPORT \*\*\*  
 \*\*\*\*\*

TRANSMISSION OK

JOB NO. 2061  
 DESTINATION ADDRESS 962530120  
 SUBADDRESS  
 DESTINATION ID  
 ST. TIME 18/07 15:26  
 TX/RX TIME 00' 20  
 PGS. 1  
 RESULT OK

FAXED  
 18 JUL 20  
 MDTCLM DEF

## JusEquity Law Corporation

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS

171 Chin Swee Road #02-06 CES Centre Singapore 169877  
 Telephone (65) 6836 9339, (65) 6253 1512, (65) 6397 2008, (65) 6533 2327  
 Fax: (65) 6253 0120 (Conveyancing), (65) 6536 9386 (Litigation)  
 Email: jus@jeq.com.sg website: www.jeq.com.sg

Our Ref: JEQ/180381/0518/SM-PI  
 Your Ref: SHC1923U

9 July 2018



INDIA INTERNATIONAL INSURANCE PTE LTD  
 64 Cecil Street  
 #04/05 IOB Building  
 Singapore 049711

BY PDX  
WITHOUT PREJUDICE

ANG SAY KOK  
 Blk 217 Pasir Ris Street 21  
 #06-148  
 Singapore 510217

CERTIFICATE OF POSTING  
WITHOUT PREJUDICE

Dear Sirs

Alnuradzan Bin Abdul Malek  
 Blk 869A Tampines Avenue 8  
 #14-504  
 Singapore 521869

We are in receipt of your letter, which is received at our office.  
 We shall advise you of any further action that we are pursuing or any  
 steps to conduct a medical re-examination on your client where  
 necessary.

Our Ref: MCT/18040712  
 Name: Sund  
 Date: 18/7/2018  
 India International Insurance Pte Ltd

We are instructed by the abovenamed to claim damages against you in connection with an accident on 25/4/18 at 1950 hours along Alexandra Road involving of vehicle registration number FBF3224X and vehicle registration number SHC1923U driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHC1923U.

As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical and specialist reports annexed to this letter. He has been put to loss and expense, particulars of which are as follows:



# JusEquity Law Corporation

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Telephone (65) 6536 9339, (65) 6253 1812, (65) 6397 2008, (65) 6533 2327  
Fax : (65) 6253 0120 (Conveyancing), (65) 6536 5368 (Litigation)  
Email : [juseq@singnet.com.sg](mailto:juseq@singnet.com.sg) website: [www.juseq.com.sg](http://www.juseq.com.sg)

Our Ref: JEQ/180381/0518/SM-PI  
Your Ref: SHC1923U

9 July 2018



**INDIA INTERNATIONAL INSURANCE PTE LTD**  
64 Cecil Street  
#04/05 IOB Building  
Singapore 049711

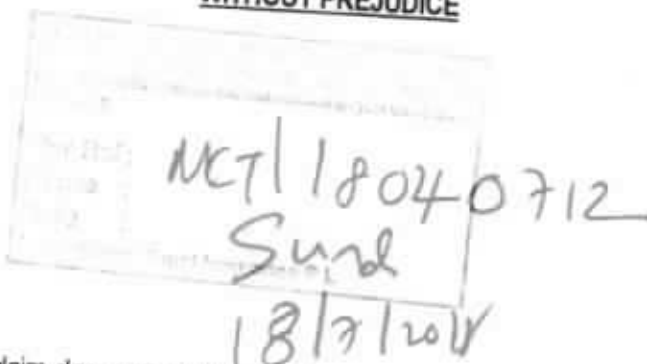
**BY PDX  
WITHOUT PREJUDICE**

**ANG SAY KOK**  
Blk 217 Pasir Ris Street 21  
#06-148  
Singapore 510217

**CERTIFICATE OF POSTING  
WITHOUT PREJUDICE**

Dear Sirs

Alnuradzan Bin Abdul Malek  
Blk 869A Tampines Avenue 8  
#14-504  
Singapore 521869



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We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHC1923U.

As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical and specialist reports annexed to this letter. He has been put to loss and expense, particulars of which are as follows:

**A. Special Damages**

a)	Transport Expenses (and continuing)	S\$	20.00
b)	Medical Expenses (and continuing)	S\$	29.00
c)	Motorcycle Lump Sum Repair	S\$	3,000.00
d)	Loss of Use (3+2 days @ \$50 per day)	S\$	250.00

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# JusEquity Law Corporation

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Telephone (65) 6536 9339, (65) 6253 1812, (65) 6397 2008, (65) 6533 2327

Fax : (65) 6253 0120 (Conveyancing) , (65) 6536 5388 (Litigation)

Email : [juseq@singnet.com.sg](mailto:juseq@singnet.com.sg)

website: [www.juseq.com.sg](http://www.juseq.com.sg)

### B. General Damages

#### 1) Pain and suffering

##### Brief description of injuries

a. Left foot strain S\$ 1,500.00

### C. Disbursements

a) Medical Report fees from Allhealth Family Clinic S\$ 400.00

b) GIA / TP/ LTA search and report fees (\$29 + \$30 + \$7.49) S\$ 66.49

c) Survey Fees S\$ 487.00

D. Legal cost (at this stage) + GST S\$ 2,675.00

A copy each of the following supporting documents is enclosed:-

- a) GIA Report lodged by our client and the driver of SHC1923U together with sketch plan and accident photographs;
- b) Traffic Police lodged by our client and the driver of SHC1923U;
- c) Medical Report and Official Receipt from Allhealth Family Clinic;
- d) Medical Expenses amounting to S\$29.00;
- e) One (1) Medical Certificate from Allhealth Family Clinic;
- f) Final Repair Bill from Speedy Motor Cycle Service Centre;
- g) Surveyor Report and Invoice from L H Teo Appraisal Services;
- h) Forty-Seven original photographs depicting the damage to our client's vehicle no. FBF3224X;
- i) Certificate of Insurance in respect of our client's motor vehicle no. FBF3224X;
- j) LTA search result; and
- k) Our letter dated 30<sup>th</sup> April 2018 to 3<sup>rd</sup> party and his insurers.

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Email : [juseq@singnet.com.sg](mailto:juseq@singnet.com.sg)

website: [www.juseq.com.sg](http://www.juseq.com.sg)

We had on 30<sup>th</sup> April 2018 notified you / your insurer of the accident, and a pre-repair survey of our client's vehicle was carried out.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter **within 14 days** of your receipt of this letter. If you or your insurer wish to have our client examined by your own medical expert, this should be stated in your acknowledgement of receipt. Please also advise **within 14 days** of the acknowledgement of receipt, where and when the examination of our client is to take place so that we may arrange for him to attend.

Should you fail to acknowledge receipt of this letter **within 14 days**, our client can commence court proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents **within 8 weeks** of your receipt of this letter.

Yours faithfully

ents  
cc client

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[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	7711E
<b>Vehicle Details</b>	
Vehicle No.:	FBF3224X
Vehicle to be Exported:	No
Intended De-registration Date:	03 Aug 2018
Vehicle Make:	YAMAHA
Vehicle Model:	T135
Primary Colour:	Red
Manufacturing Year:	2010
Engine No.:	5YP303246
Chassis No.:	5YP303246
Maximum Power Output:	-
Open Market Value:	\$1,740.00
Original Registration Date:	24 May 2011
First Registration Date:	24 May 2011
Transfer Count:	1
Actual ARF Paid:	\$261.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	23 May 2021
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$2,253.00
COE Rebate Amount:	\$631.00
<b>Total Rebate Amount:</b>	<b>\$631.00</b>

The information contained herein is correct as at 03 Aug 2018

OK

## 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 28/04/2018 14:29  
Date Of Accident 25/04/2018 19:50  
Exact Location Of Accident ALEXANDRA ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF3224X  
Insured/Policyholder  
Name Of Registered Owner ALNURADZAN BIN ABDUL MALEK  
NRIC No S8307711E  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-97947969  
Alternative Phone No OTHERS-97947969

### Vehicle Particulars

Manufacturer YAMAHA  
Model T135-135CC  
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 MSIG INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
Fleet Policy NO  
Policy Number MSD/VMS/T17365302  
Cover Note Number

### Driver

Name of Driver ALNURADZAN BIN ABDUL MALEK  
NRIC No S8307711E  
Date Of Birth 19/03/1983  
Occupation OUTDOOR  
Date Of Driving Pass 08/10/2002  
Driving Experience 15 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97947969  
Fax Number  
Contact Number OTHERS-97947969  
Email Address NOEMAIL

Address	BLK 569 TAMPINES AVE 08 #14-504
Postcode	521869
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 - 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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : NORLINA RAZA ALI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20180426/7011

#### 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	SHC1923U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ALNURADZAN BIN ABDUL MALEK
Approximate Age	35
Injuries Sustain	
Injured person in which vehicle?	FBF3224X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 869 TAMPINES AVE 08 #14-504
Postcode	521869

**DETAILS OF INJURED PERSON 2**

Name	NORLINA RAZA ALI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBF3224X
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**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 Authorized 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 renege 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 purposes) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation 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 stored / 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.

Insurer's Signature  
re: 8.12.16

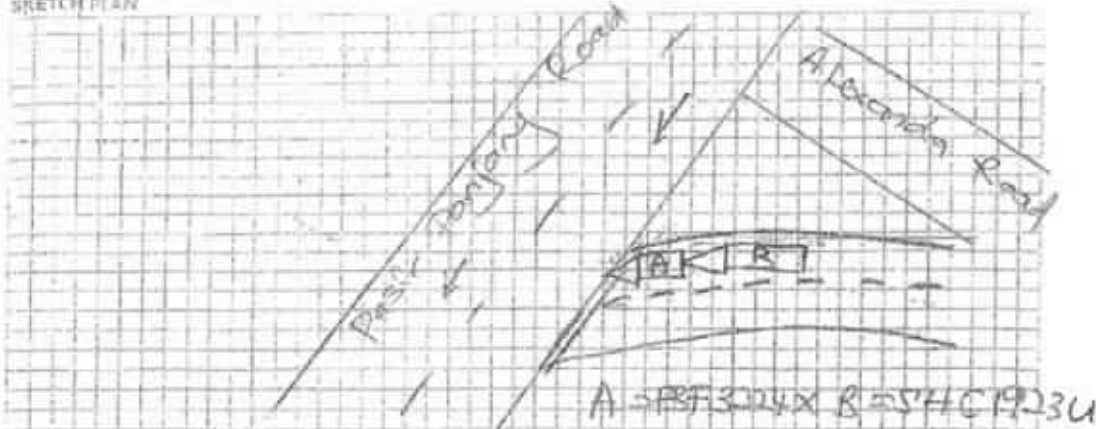
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Officer's Signature  
Name:  
NRIC/FIN No.:  
Date: 28 APR 2016

28 APR 2016

# Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report NO: T/2018 0426/7011

DECLARATION

We declare the foregoing particulars are true to the best of our knowledge

*[Signature]*  
Witness's Signature  
Date & Time

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

100% ROAD INSURANCE  
10 KNOT DIST AVE 8  
Glasgow G11 5JL  
Tel: 0744 6093

Reporting Officer's Signature  
Name: [Signature]  
Rank/Title: [Signature]

100% ROAD INSURANCE



## 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	26/04/2018 11:11
Date Of Accident	25/04/2018 19:45
Exact Location Of Accident	ALEXANDRA RD TWDS TELOK BLANGAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1923U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	SONATA
Vehicle Category	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
<b>Driver</b>	
Name of Driver	ANG SAY KOK
NRIC No	S0223773C
Address	BLK 217 PASIR RIS STREET 21 #06-148

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	3

### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20180426/2167

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBF3224X  
Vehicle Make/Model/Colour  
Name of Driver  
Insurance Company Name

DETAILS OF INJURED PERSON 1

Name UNKNOWN  
Injured person in which vehicle? FBF3224X

**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.

COMFORT TRANSPORTATION PTE LTD  
CO REG. NO 199303821R

Policyholder's Signature  
Date & Time:

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

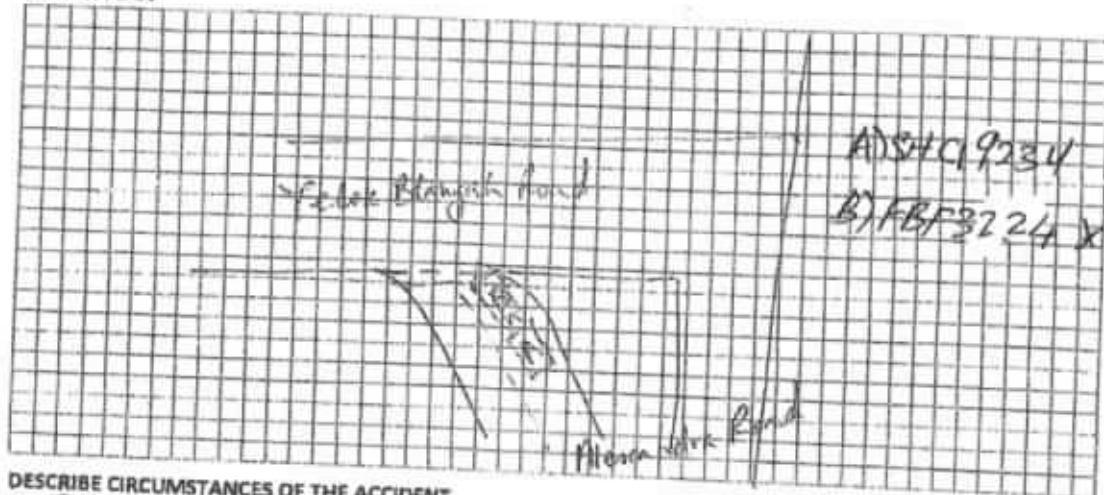
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*S R Moorthy*  
CSO

GIA/RC SketchPlanForm\_V3



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/4/18 at about 19.45 hrs while I Veh A just moved behind Veh B along the slip road leading to Telok Blangah Road from Alexandra Road, collided on the rear of Veh B. There was no visible injuries to the pillion or the rider. I was advised to make a police report because the pillion was pregnant and also ~~the~~ another road user took the pillion to NUH.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199303821R

Policyholder's Signature  
Date & Time:

GARMC SketchPlanForm\_V3

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

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



**SINGAPORE  
POLICE FORCE**



T/20180426/2167

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20180426/2167

## 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	AZAN	ID No.	NIL
Related Vehicle	FBF3224X (Motorcycle)	Contact No.	97947969
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
<b>Driver</b>			
Name	ANG SAY KOK	ID No.	S0223773C
Related Vehicle	SHC1923U (Car)	Contact No.	96378958
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 25/04/2018 at about 7.45pm, I was driving my vehicle, SHC1923U along Alexandra Rd and was at the traffic junction off Telok Blangah Rd. As I was intending to turn left onto Telok Blangah Rd, I have to stop at the stop line to check for oncoming vehicles from my right side before making the turn. At the time, there was a motorcycle, FBF3224X, in front of my vehicle which was also looking out for oncoming vehicles before turning left. While I was looking to my right side for oncoming vehicles, I unknowingly released my right foot which was placed on the brake pedal slightly and thus, my vehicle inched forward slightly. As a result, the front of my vehicle bumped onto the rear of the motorcycle which was in front of me and it fell towards the ground. I immediately stop my vehicle and got out of the vehicle to check on the condition of the motorcyclist. The motorcyclist managed to get up and told me that he was fine. Together with the motorcyclist, we both moved our vehicles to the left side of the road and exchanged particulars thereafter. Both vehicles only suffered minor scratches.



**SINGAPORE  
POLICE FORCE**



T/20180426/2167

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20180426/2167

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: G / Staff Sgt ANG ZHILONG, JEFFERY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/04/2018 21:26
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP165	SINGAPORE POLICE FORCE   <hr/> SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048880  
Tel (65) 6324 0010 Fax (65) 6324 0050  
Operating Hours : Monday to Friday, 09:00 - 17:00  
URN: 968808200 / GYT Reg. No.: MR00017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCD618054815 Vehicle Registration No: SHC1923U  
Name (as shown in NRIC) : ANG SAY KOK NRIC/FIN/Passport No : S0223773C  
☒ (\*Vehicle Driver / ☐ Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 217 PASIR RIS STREET 21 #06-148 Singapore ( 510217 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 25/04/2018 Time of Accident : 19:45  
Place of Accident : ALEXANDRA RD TWDS TELOK BLANGAH RD  
Insurance Company : India International Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\_\_\_\_\_

Upload Police Report : T/20180426/2167

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

  
Reporting Centre Personnel's Signature  
Name: xiao yan  
NRIC/FIN No.: \_\_\_\_\_  
Date: 27.04.2018



**GENERAL  
INSURANCE  
ASSOCIATION**

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## SEARCH RESULTS

Date of Request: 18/05/2018

Your Ref No: 180381 SM

JusEquity Law Corporation  
No. 171 Chin Swee Road,  
#02-06 CES Centre  
Singapore 169877

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 25/04/2018  
 Place of Accident: ALEXANDRA ROAD  
 Client Vehicle No: FBF3224X

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION
2007 Ford Focus	10000 Highway 101

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SHC1923U	ALEXANDRA RD TWDS TELOK BLANGAH RD	25/04/2018 19:45

Thank You

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.





RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-076072

Date of Request: 18/05/2018

Your Ref No: 180381 SM

JusEquity Law Corporation  
No. 171 Chin Swee Road,  
#02-06 CES Centre  
Singapore 169877

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 25/04/2018  
Place of Accident: ALEXANDRA ROAD  
Client Vehicle No: FBF3224X

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	
GST Amount	14.02
Total Amount Due (GST Inclusive)	0.98
	15.00

Thank You,

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## TAX INVOICE

Our Ref No: GR-18-076093  
Date of Request: 18/05/2018

Your Ref No: 180381 SM

JusEquity Law Corporation  
No. 171 Chin Swee Road,  
#02-06 CES Centre  
Singapore 169877

Dear Sir/Madam,

Date of Accident: 25/04/2018  
Vehicle No: FBF3224X  
Place of Accident: ALEXANDRA ROAD  
Involving Vehicle No: SHC1923U

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHC1923U	ALEXANDRA ROAD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



**SINGAPORE  
POLICE FORCE**



T/20180426/7011

1 of 3

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

Report No. T/20180426/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/04/2018 21:14	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

<b>Informant's Particulars</b>			
Name of Informant: ALNURADZAN BIN ABDUL MALEK		Address: APT BLK 869A TAMPINES AVENUE 8 #14-504 SINGAPORE 521869	
ID Type / ID No.: NRIC NO / S8307711E		Contact No.: Home/Office: Mobile: 97947969	
Nationality: SINGAPORE CITIZEN		Email: akasyah_zen@hotmail.com	
Sex: Male	Age: 35	Date of Birth: 19/03/1983	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: F&B MANAGER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2018 19:50	Type of Location: Slip Road
Location:  ALEXANDRA ROAD  On the slip road to Pasir Panjang Road towards Habourfront				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
FBF3224X	Motorcycle	YAMAHA	T135	Multi-Colored	Seriously Damaged	1
SHC1923U	Taxi	HYUNDAI	Sonata	Blue	No Damage	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBF3224X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT17385302	29/05/2017	28/05/2018



SINGAPORE  
POLICE FORCE



T/20180426/7011

2 of 3

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

Report No. T/20180426/7011

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Pillion</b>			
Name	Norlina Raza Ali	ID No.	S8735868B
Related Vehicle	FBF3224X (Motorcycle)	Contact No.	93892360
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/04/2018	Date Discharge	25/04/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Rider</b>			
Name	ALNURADZAN BIN ABDUL MALEK	ID No.	S8307711E
Related Vehicle	FBF3224X (Motorcycle)	Contact No.	97947969
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	26/04/2018	Date Discharge	26/04/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

I, Alnuradzan Bin Abdul Malek S8307711E and my pillion Norlina Raza Ali S8735868B were riding on my motorcycle Yamaha FBF3224X were on the slip road going towards Pasir Panjang road , When Suddenly a blue Hyundai Sonata comfort delgro taxi (SHC1923U) hit the abovesaid motorcycle on its rear. Thus the impact of the collision thrust the motorcycle forward and make us fall to the left. Injuring both of us which whereby we seek medical treatment at the National University Hospital.



**SINGAPORE  
POLICE FORCE**



T/20180426/7011

3 of 3

Report No. T/20180426/7011

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

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

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

Date/Time:  
26/04/2018 21:14

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

TRAFFIC POLICE  
10 UBI AVE 3  
SINGAPORE 408865  
Tel : 65476244/43  
Fax : 65474749

Your Ref: 180381 sm

Our Ref: T/20180426/7011(TP110576/SR)

Date : 21/06/2018

JUSEQUITY LAW CORPORATION  
171 CHIN SWEE ROAD #02-06  
CES CENTRE  
SINGAPORE 169877

Dear Sir / Madam

**ACCIDENT INVOLVING VEHICLE NOS: FBF3224X AND SHC1923U ON 25/04/2018.**

I refer to your application dated 04/05/2018. I wish to draw to your attention to the item(s) marked "X" hereunder:-

- ☒ Please be informed that Traffic Police will not investigating into the accident as it is a non-injury case which did not fall within the various categories of exception. You may wish to know that this is pursuant to the Non-injury Accident Reporting Scheme which was implemented on 1 May 1999.
- ☐ This case is still under investigation by IO \_\_\_\_\_. Tel no: \_\_\_\_\_.
- ☐ No action is being taken against anyone in this case. This does not preclude further prosecution should new evidence emerge later. Our findings do not affect insurance and civil claims.
- ☐ Action is being taken against the driver of vehicle no: \_\_\_\_\_ for Inconsiderate Driving.
- ☐ The driver of vehicle no: \_\_\_\_\_ has accepted the offer of composition on \_\_\_\_\_ for Careless Driving.
- ☐ The driver of vehicle no: \_\_\_\_\_ has been given a warning for Inconsiderate Driving.
- ☐ The driver of vehicle no: \_\_\_\_\_ has pleaded guilty in Court no: 24 on \_\_\_\_\_ for Careless Driving.
- ☐ Please be informed that we are unable to release the report of vehicle no: \_\_\_\_\_, as your client has not lodged any accident report.
- ☒ A copy of Police Report T/20180426/2167 is attached as requested.
- ☐ There is no Police Report for vehicle no: \_\_\_\_\_.
- ☐ The Sketch Plan will be sent later.
- ☐ The Coroner's Inquiry was held on \_\_\_\_\_ in Court no: 22 C.I. No: \_\_\_\_\_.

Yours Faithfully

  
SITI ROHAJAH KASMANI  
for HEAD INVESTIGATION  
TRAFFIC POLICE

\*Delete where inapplicable

A FORCE FOR THE NATION

NP 510



# SINGAPORE POLICE FORCE



T/20180426/2167

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180426/2167

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2018 21:26	Vide Report No.:	Station Diary No.: 111
--	------------------	---------------------------

### Informant's Particulars

Name of Informant: ANG SAY KOK			Address: APT BLK 217 PASIR RIS STREET 21 #06-148 SINGAPORE 510217	
ID Type / ID No.: NRIC NO / S0223773C			Contact No.: Home/Office:	Mobile: 96378956
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 19/06/1951	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:	Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2018 19:45	Type of Location: Bend
Location: Along Road 1 ALEXANDRA ROAD				
Along Alexandra Rd at traffic junction of Telok Blangah Rd.				
Weather: Clear	Road Surface: Dry	Road Speed Limit: No Traffic		
Traffic Flow: One Way	Traffic Control: Not Controlled	Anyone conveyed by ambulance: No		
Type of Collision: Between Moving Vehicles - Head To Rear		<p>Certified True Copy pursuant to Sec. 78 of the Evidence Act, Cap 97</p> <p>Siti Rohaiyah Kasman (A/S) Traffic Police Date: 21 JUN 2018</p>		

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3224X	Motorcycle	YAMAHA	T135	Red	No Damage	0
SHC1923U	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue	No Damage	2



# SINGAPORE POLICE FORCE



T/20180426/2167

2 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180426/2167

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Rider</b>			
Name	AZAN	ID No.	NIL
Related Vehicle	FBF3224X (Motorcycle)	Contact No.	97947969
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
<b>Driver</b>			
Name	ANG SAY KOK	ID No.	S0223773C
Related Vehicle	SHC1923U (Car)	Contact No.	96378956
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 25/04/2018 at about 7.45pm, I was driving my vehicle, SHC1923U along Alexandra Rd and was at the traffic junction off Telok Blangah Rd. As I was intending to turn left onto Telok Blangah Rd, I have to stop at the stop line to check for oncoming vehicles from my right side before making the turn. At the time, there was a motorcycle, FBF3224X, in front of my vehicle which was also looking out for oncoming vehicles before turning left. While I was looking to my right side for oncoming vehicles, I unknowingly released my right foot which was placed on the brake pedal slightly and thus, my vehicle inched forward slightly. As a result, the front of my vehicle bumped onto the rear of the motorcycle which was in front of me and it fell towards the ground. I immediately stop my vehicle and got out of the vehicle to check on the condition of the motorcyclist. The motorcyclist managed to get up and told me that he was fine. Together with the motorcyclist, we both moved our vehicles to the left side of the road and exchanged particulars thereafter. Both vehicles only suffered minor scratches.

Certified True Copy  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

*[Signature]*  
Nohalyah Kasmani (MX)  
Police

21 JUN 2018





**SINGAPORE  
POLICE FORCE**



T/20180426/2167

3 of 3

Report No. T/20180426/2167

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

**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:

G /

Staff Sgt ANG ZHILONG, JEFFERY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:  
26/04/2018 21:26

Certified True Copy  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

Classification Of Case:

Itzhayen Kaunang (fax)  
To Police

21 JUN 2018

Authentication Stamp

NP168



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ELECTRONIC POLICE CENTRE

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THE  
ORIGINAL

CorpPass ID: S7606283H

STEP 1: SIGN IN	STEP 2: SIGNATURE	STEP 3: SIGNATURE	STEP 4: SIGNATURE	STEP 5: OTHER INFO	STEP 6: SUMMARY
-----------------	-------------------	-------------------	-------------------	--------------------	-----------------

Please confirm the details of your application. If you wish to make further amendment, please click on the relevant tabs above.

**DRAFT**

**Date of Application** 18/05/2018

**Applicant Information**

**Title :** Ms  
**NRIC :** S7606283H  
**Email Address :** ml\_tan@juseq.com.sg  
**Name of Company :** Jusequity Law Corporation  
**Company Internal Reference No :** 180381 sm  
**Registered Company Address :**

**Full Name :** Tan Mei Ling  
**Contact No :** 65369339

**Company Type :** Law Firm

**Block No :** 171  
**Building Name :** CES CENTRE

**Street Name :** CHIN SWEE ROAD  
**Postal Code :** 169877

**Preferred Correspondence Address :**

**Block No :** 171  
**Building Name :** CES CENTRE  
**Street Name :** CHIN SWEE ROAD  
**Postal Code :** 169877

**Brief Facts of Case :**

**Date of Violation/Accident :** 25/04/2018  
**Place of Accident/Violation :** alexandra road

Other Party - Record: 1

Accident Report No :

Vehicle No : SHC1923U

S/No.	Types of Report/Document	Document Fee Per Copy(\$S)	No. of Copies Applying	Sub- Total
1	Report of a Traffic Accident (NP168)	16.0	1	16.0
2	Vehicle Damage Report (VDR) (concluded cases ONLY)	16.0	1	16.0
3	First Information Report	16.0	1	16.0
4	Cautioned Statement	16.0	1	16.0
5	Outcome of Investigation	0.0	1	0.0
6	Charge Sheet	16.0	1	16.0
7	Sketch Plan	95.0	1	95.0

**Comments**

Reason of Application : FOR INSURANCE CLAIMS  
 Name of Investigating Officer :  
 Date of Mention/Hearing :  
 Remarks : require all report except our client's vehicle no. FBF3224X (T/20180426/701)

**Estimated Cost of Application**

Search Fee : (Mandatory) S\$ 14  
 Estimated Total of Document Fees : S\$ 175

Please note that total document fees depends on the reports/documents available and approved for release.

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**Merchant Name** : SINGAPORE POLICE FORCE  
**Reference No** : SPFEACR2018051800454  
**Amount** : SGD 14.00  
**Card Type** : MasterCard  
**Approval Code** : 576147  
**Transaction date/time** : 18 May 2018 15:33:01

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**SINGAPORE  
POLICE FORCE****PAYMENT****TAX INVOICE**

Invoice No: SPF2018051801000302

Date/Time: 18/05/2018 15:32:02

Application Paid Via: Master

GST Reference No: MG-8400000-5

Transaction Ref No: TP000110576

Service Type	Service Fee	eService Reference No	Unit Price (S\$)	GST (S\$)	Qty	Amount (S\$)
1 Police Document	Search Fee	0050000001867178	14.00	0.00	1	14.00
Total (S\$)						14.00

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Transaction Reference Number: **TP000110576**

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Tan Mei Ling &lt;meilinyu@gmail.com&gt;

**Application Approved**

1 message

SPF\_C\_EACRS@spf.gov.sg &lt;SPF\_C\_EACRS@spf.gov.sg&gt;

Wed, May 23, 2018 at 2:35 PM

To: ml\_tan@juseq.com.sg

Cc: Suriati\_BUANG@spf.gov.sg

Your Ref: 180381 sm  
Our Ref: TP000110576

Traffic Police Department  
10 Ubi Avenue 3  
Singapore 408865  
Tel: 65476243/6244/6237  
Fax: 65474885

23 May 2018

Ms Tan Mei Ling  
Jusequity Law Corporation  
171 CHIN SWEE ROAD  
# 02-06  
CES CENTRE  
Singapore 169877  
Tel: 65369339

Dear Mdm

**APPLICATION FOR CERTIFIED TRUE COPIES OF REPORT(S) / DOCUMENT(S)**

I refer to your application dated 18/05/2018 with Transaction Reference No. TP000110576.

2 I am pleased to inform you that your application for the following documents has been approved:

(1) Report of a Traffic Accident (NP168) (for Vehicle No: SHC1923U, Qty: 1 at S\$ 16 per copy)

3 A fee of S\$ 16, being the document fee, is payable for the above-mentioned documents. If the payment is not received within 30 days from the date of this notification, your application will lapse. Please pay the document fee online at <https://eacrs.police.gov.sg/eacrsinternet/EnqAndPayCTC.xhtml>

4 If you do not want to purchase any of the above-stated reports/documents, please contact me at 65476243/6244/6237.

Yours faithfully

SUPERVISOR GENERAL OFFICE  
for COMMANDER  
TRAFFIC POLICE DEPARTMENT

\*\*\*\*\* Disclaimer Message for SPF \*\*\*\*\*

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**Merchant Name** : SINGAPORE POLICE FORCE  
**Reference No** : SPFEACR2018061200183  
**Amount** : SGD 16.00  
**Card Type** : MasterCard  
**Approval Code** : 305349  
**Transaction date/time** : 12 June 2018 10:54:48

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**SINGAPORE  
POLICE FORCE****PAYMENT****TAX INVOICE**

Invoice No: SPF2018061201000103

Date/Time: 12/06/2018 10:53:43

Application Paid Via: Master

GST Reference No: MG-8400000-5

Transaction Ref No: TP000110576

Service Type	Service Fee	eService Reference No	Unit Price (S\$)	GST (S\$)	Qty	Amount (S\$)
1 Police Document	Document Fee	0050000001869567	16.00	0.00	1	16.00
Total (S\$)						16.00

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ALLHEALTH FAMILY CLINIC

BLK 872C TAMPINES STREET 86 #01-01 SINGAPORE 523872

TEL: 67026467 FAX: 67026468

---

Our Ref: MR003-18

Your Ref: JEQ/180381/0518/SM-PI

22 May 2018

JusEquity Law Corporation

171 CHIN SWEE ROAD

#02-06 CES CENTRE

SINGAPORE 169877

Attn: To Personnel in charge

**MEDICAL REPORT FOR ALNURADZAN BIN ABDUL MALEK (NRIC NO. S8307711E)**

Mr Alnuradzan consulted our clinic on 26 April 2018 and was seen by myself around 2002HR.

He informed that he was involved in a road traffic accident around 1945HR to 2000HR the day before. The accident occurred along Alexandra Road towards Pasir Panjang Road.

He informed that he was the rider of a motorcycle with his pregnant wife as pillion rider. He informed that he was stopping his motorcycle at the stop line of the slip road to check traffic before entering the main road, when he was hit from behind by a taxi. The impact caused his motorcycle to thrust forward and fall over towards the left side.

ALLHEALTH FAMILY CLINIC

BLK 872C TAMPINES STREET 86 #01-01 SINGAPORE 523872

TEL: 67026467 FAX: 67026468

---

The motorcycle was damaged as a result and he was unable to continue riding it.

He informed that his helmet was intact and that he did not feel any pain or injury on impact.

He informed that he was worried about his wife, who was subsequently sent to a hospital emergency department by a passer-by.

He only realised his left foot felt "funny" after trying to pray upon going back. He described it as a ""stretch"" sensation upon bending foot

On examination, he was alert and comfortable.

His neck was supple and displayed full range of motion.

There was no step deformity noted over his cervical spine.

There was no obvious scalp haematoma

There was no clavicular tenderness.

Chest and pelvic compression performed was unremarkable

There was full range of motion for his shoulder, elbow, wrist, and finger joints.

There was full range of motion for his hip, knee and ankle joints.

Slight tenderness was noted over the dorsal aspect of his left foot around the 3<sup>rd</sup> and 4<sup>th</sup> metatarsal region. There was no open wound, swelling or bruise.

His gait was normal.

There was no other injury noted on examination.

The impression was that he sustained a left foot strain.

He was prescribed Anarex tablets and Fastum gel.

He was covered with a Medical Leave of 1-day duration (27/04/18).

He was advised to seek medical attention should there be persistent or worsening symptoms.

ALLHEALTH FAMILY CLINIC

BLK 872C TAMPINES STREET 86 #01-01 SINGAPORE 523872

TEL: 67026467 FAX: 67026468

---

Regards,



DR ONG JOON HONG, DERRICK  
MEDICAL DIRECTOR  
ALLHEALTH FAMILY CLINIC

**Allhealth Family Clinic**

Blk 872C Tampines Street 86 #01-01  
Singapore 523872 Tel: 67026467

**INVOICE**

JUSEQUITY LAW CORPORATION  
171 CHIN SWEE ROAD  
#02-06 CES CENTRE  
SINGAPORE 169877

ACCOUNT : JEQ  
INVOICE NO : 3715  
DATE : 22/05/2018  
CO REG NO : 201706900W


NO	DATE	NAME	NRIC/REF	REMARKS	AMOUNT	SUB TOTAL
1	22/05/18	ALNURADZAN BIN ABDUL MALEK	S8307711E	MEDICAL REPORT	400.00	
				ref: JEQ/180381/0518/SM-PI	0.00	
						400.00
					Grand Total	400.00

All cheques should be crossed and made payable to :  
ALLHEALTH MEDICAL PTE. LTD.

This is a computer generated invoice which does not require signature.

E. & O.E.

MEDICAL REPORT WILL BE POSTED OUT UPON  
RECEIPT OF PAYMENT.

  
DR ONG JOON HONG, DERRICK  
MCR NO. 13099J  
DIRECTOR  
ALLHEALTH FAMILY CLINIC

**ALLHEALTH FAMILY CLINIC**

872C Tampines st86 #01-01 Singapore 523872

Tel: 6702 6467 Fax: 6702 6468

## Receipt

---

Date : 26 Apr 2018

Receipt No. : 3373

Ref : 00700

For medical services rendered to

Name : ALNURADZAN BIN ABDUL MALEK

NRIC : S830771 IE

Total amount \$ 29.00

( Dollars Twenty Nine Only )

in payment of invoice no. 3234

**ALLHEALTH FAMILY CLINIC**

Blk 872C, Tampines Street 86,

#01-01 Singapore 523872

TEL: 6702 6467 FAX: 6702 6468

---

Signature

**ALLHEALTH FAMILY CLINIC**

872C Tampines st86 #01-01 Singapore 523872

Tel: 6702 6467 Fax: 6702 6468

---

**Medical Certificate**

---

Date : 26 Apr 2018

MC No. : 0000001872

This is to certify that :

Name : ALNURADZAN BIN ABDUL MALEK

NRIC : S830771 IE

is Unfit for Duty for 1 day

on 27/04/2018 only.

DR ONG JOON HONG, DERRICK  
MCR NO. 13099J  
DIRECTOR  
ALLHEALTH FAMILY CLINIC

---

Dr Derrick Ong Joon Hong

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*





Block 10, Ang Mo Kio Industrial Park 2A #05-20/21 Singapore 568047  
Tel: 6481 5567 Fax: 6482 5567 H/P: 9790 4440

Messer

FBF3224X

**INVOICE**

No: 2331

I/C No:

Tel / Hp:

Date \_\_\_\_\_

24/5/2018

數量 Quantity	貨名 DESCRIPTION	單 PRICE 價 \$ cts.	總 AMOUNT 計 \$ cts.
	Motorcycle lump Sum Repair		3,000-00
		總計 TOTAL \$	3,000-00

收貨人 Received by

總千人 Issued by

**Loss Adjuster, Consulting Automotive Engineer, Accident Reconstruction & Analyst.**

Mr Alnuradzan Bin Abdul Malek  
Blk 869 # 14-504  
Tampines Ave 08  
Singapore - 521869

Bill No : AA180515  
OurRef : TP/1804/BBF3224/SPD  
Date : 22 May 2018

To our Services rendered in connection with the below matters: -

<u>Description</u>	<u>Amount</u>
Survey fees	\$ 260.00
Transportation and	180.00
Photographs ( 47 ) Copies	47.00
<b>Total</b>	<b>\$ 487.00</b>

Dollars: Four hundred and eighty seven only

Please quote our bill No, or return a copy of our bill with your remittance. Cheque should be made payable to **L H Teo Appraisal Services**.

L H TEO APPRAISAL SERVICES



Teo Liak Hoo  
Advance Automotive Engineer (UK)  
Dip. Mech. Engr. M Prof BTM(Dip.BTM)  
MIIE, MIMI, AMSIM

**Loss Adjuster, Consulting Automotive Engineer, Accident Reconstruction & Analyst.****VEHICLE APPRAISAL REPORT**

Mr Alnuradzan Bin Abdul Malek  
Blk 869 # 14-504  
Tampines Ave 08  
Singapore - 521869

Our Ref : TP/1804/FBF3224/SPD  
Date : 22 May 2018

**REFERENCE PARTICULARS**

Your Reference No	: Not Advised	Date of Assignment	: 30 Apr 2018
Date of Accident	: 25 Apr 2018	Date of Inspection	: 30 Apr 2018
		Date of Re-inspn.	: 04 May & 08 May 2018

**PARTICULARS OF VEHICLE**

Regn. No	: FBF 3224X	Odometer	: 04780km
Make	: YAMAHA	Color	: Red
Model	: T 135	Chassis No.	: 5YP303246
Year	: 2011 (COE.Exp : May 2011)	Engine No	: 5YP303246

**TYRE / CONDITION**

<u>Location</u>	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front	Bridgestone	120 / 70 -17	5 mm
Rear	Bridgestone	160 / 60 -17	5 mm

**DAMAGE PROFILE**

The motor cycle sustained damage on rear and left side.

Please refer to photographs and assessment of repairs for details.

**ASSESSMENT SUMMARY**

Repair cost to the vehicle is assessed as \$ **3,000ump sum.**

Survey conducted at: Speedy Motor Cycle Service Centre.

Enclosed (47) photographs depicting damage to the vehicle.

Estimated time required for repairs: (3) days.

The survey was conducted on a **WITHOUT PREJUDICE BASIS**

**ASSESSMENT FOR REPAIR : BBF 3224X**

Qty	Description	Condition	Repairer's Estimate	Our Assessment
1 pc	Front fender	Grazed	75.00	75.00 R X
2 pcs	Fork tube inner @ \$143.00	Distorted	286.00	286.00 R X
1 pc	Fork bracket	Usable	156.00	-
1 pc	Clutch lever	Cut	17.00	✓17.00 CUT ✓
2 pcs	Mirror @ \$24.00	Grazed LH	48.00	24.00 SVC X
1 pc	Handle bar	Bent	136.00	75.00 136.00 BT ✓
1 set	Handle bar grip	Usable	31.00	-
2 pcs	Signal @ \$43.00	Cracked LH	86.00	43.00 CRA ✓
1 pc	Cowling	Deformed	98.00	98.00 SVC X
1 pc	Leg shield LH	Grazed	137.00	137.00 R X
1 set	Footrest rubber	Grazed	34.00	✓34.00 CUT ✓
1 pc	Footrest bar	Bent	51.00	51.00 BT ✓
2 pcs	Rear side cover @ \$167.00	Cracked	234.00	✓234.00 CRA ✓
1 pc	Rear exhaust assy	Bent	301.00	301.00 R X
1 pc	Rear lock mechanism	Bent	76.00	76.00 BT ✓
1 pc	Rear fender	Bent	91.00	91.00 BT ✓
1 pc	Rear swing arm	Distorted	367.00	367.00 R X
1 set	Rear swing arm bush	Necessary	64.00	64.00 NEC ✓
1 pc	Rear wheel hub rubber	Necessary	43.00	43.00 NEC ✓
1 pc	Rear sprocket set	Sounded	106.00	106.00 NN X
1 set	Rear rim bearing	Necessary	68.00	68.00 NEC ✓
1 pc	Rear rim	Warped	341.00	341.00 R X
			2,846.00	2,592.00 796.00
	Less 10%		284.60	259.20 70.60
			2,561.40	2,332.80 716.40
<u>Special nett Items</u>				
1 pc	IU Meter	Grazed	165.00	✓165.00 SCR ✓
1 pc	Number plate rear	Bent	30.00	20.00 BT ✓
1 pc	Rear box	Grazed	500.00	180.00 350.00 CUT ✓
1 set	Steering cone & bearing	Necessary-50%	80.00	40.00 NEC ✓
1 set	Fork oil seal	Necessary-50%	86.00	43.00 NEC ✓
1 set	Fork oil	Necessary	60.00	40.00 NEC ✓
			921.00	658.00 488.00
<u>Labour Charges</u>				
1)	Towing		60.00	40.00 NN X
2)	Check electrical		50.00	30.00 ✓
3)	Alignment rear body		500.00	300.00 200.00
4)	Transfer tyre		60.00	40.00 ✓
5)	Workmanship		500.00	350.00 200.00
			1,170.00	760.00 470.00
Total Parts & Labour Concluded			4,652.40	3,750.80 1673.40
Lump Sum Adjusted Repair				3,000.00 1580.00

Our Ref.: TP/1804/BBF3224/SPD

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle. We have listed the breakdown of our findings and our recommendation as per assessment above.

Faithfully Yours  
L H TEO Appraisal Services



---

Teo Liak Hoo  
Advance Automotive Engineer (UK)  
Dip. Mech. Engr. M Prof BTM(Dip.BTM)  
MIE, MIM, AMSIM an



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
INDIA INTERNATIONAL INSURANCE PL			Ref : CS3/III18008084/Brbe2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711			Date : 10-08-2018	
			Code : III2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 1923U	Veh. Inspected	FBF 3224X	
Policy No.	MCOM0015	Coverage (\$)	0.00	
Claim No.	MCT18040712/01/02/sn	Excess (\$)	0.00	
Assign From	SUNDARI	Assign Date	01/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	YAMAHA T135	c.c	135	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	5YP303246	Colour	BLUE / BLACK	
Odometer	4780	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	80/80 R17	DUNLOP	7 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	80/80 R17	CORSA	7 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	25/04/2018	Inspection Date	03/05/2018	
Survey held at	SPEEDY MOTOR CYCLE SERVICE CENTRE BLK 10 ANG MO KIO IND.PARK 2A #05-21 SINGAPORE 568047			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:			<b>4 Working Days</b>	



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBF 3224X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT FENDER	TO REPAIR SEE LABOUR	75.00	-
2	FRONT TUBE INNER @\$143.00	TO REPAIR SEE LABOUR	286.00	-
1	FORK BRACKET	USABLE	156.00	-
1	CLUTCH BRACKET	CUT	17.00	17.00
2	MIRROR @\$24.00	SERVICEABLE	48.00	-
1	HANDLE BAR	BENT	136.00	75.00
1	SET HANDLE BAR GRIP	USABLE	31.00	-
2	SIGNAL @\$43.00	N/S CRACKED	86.00	43.00
1	COWLING	SERVICEABLE	98.00	-
1	LEG SHIELD LH	TO REPAIR SEE LABOUR	137.00	-
1	SET FOOTREST RUBBER	CUT	34.00	34.00
1	FOOTREST BAR	BENT	51.00	51.00
2	REAR SIDE COVER @\$167.00	CRACKED	234.00	234.00
1	REAR EXHAUST ASSY	TO REPAIR SEE LABOUR	301.00	-
1	REAR LOCK MECHANISM	BENT	76.00	76.00
1	REAR FENDER	BENT	91.00	91.00
1	REAR SWING ARM	TO REPAIR SEE LABOUR	367.00	-
1	SET REAR SWING ARM BUSH	NECESSARY	64.00	64.00
1	REAR WHEEL HUB RUBBER	NECESSARY	43.00	43.00
1	SET REAR SPROCKET	NOT NECESSARY	106.00	-
1	SET REAR RIM BEARING	NECESSARY	68.00	68.00
1	REAR RIM	TO REPAIR SEE LABOUR	341.00	-
	LESS 10% DISCOUNT		-284.60	-79.60
			2,561.40	716.40
<b>SPECIAL NETT ITEMS</b>				
1	IU METER (SN)	SCRATCHED	165.00	165.00

Report Ref No. CS3/III18008084/Brbe2-1

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	NUMBER PLATE REAR (SN)	BENT	30.00	20.00
1	REAR BOX (SN)	CUT	500.00	180.00
1	SET STEERING CONE & BEARING (50%)(SN)	NECESSARY	80.00	40.00
1	SET FORK OIL SEAL (50%) (SN)	NECESSARY	86.00	43.00
1	SET FORK OIL (SN)	NECESSARY	60.00	40.00
			921.00	488.00
	<b>LABOUR</b>			
	TOWING.	NOT NECESSARY	60.00	-
	CHECK ELECTRICAL		50.00	30.00
	ALIGNMENT REAR BODY, INCLUSIVE OF THE REPAIR OF FRONT FENDER, FRONT TUBE INNER, LEG SHIELD LH, REAR EXHAUST ASSY, REAR SWING ARM AND REAR RIM		500.00	200.00
	TRANSFER TYRE.		60.00	40.00
	WORKMANSHIP.		500.00	200.00
			1,170.00	470.00
<b>GRAND TOTAL</b>			<b>4,652.40</b>	<b>1,674.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>1,300.00</b>

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**LIM TEOW GUAN**

Asst. Automotive Assessor

**HO LEONG CHUAN**

Automotive Assessor

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