

62244174

Enquire Vehicle & Owner Information (Vehicle No. SHD4162Z As At 28 Sep 2018 / 13:30:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: 17926,2018.MA

Current Owner Details

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHD4162Z

Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name: INDIA INT'L INS PTE LTD



EROFIA MOTOR TRADING PTE LTD

1 Kaki Bukit Avenue 6 #02-62

AutoBay @ Kaki Bukit

Singapore 417883

E-Mail: erofia@singnet.com.sg / erofia2@gmail.com

Tel: 67527740 Fax: 67528669

TO ARRANGE PRE-REPAIR SURVEY

BIKE IS IN / NOT IN WORKSHOP

TEL: 90696165 – MR TEO

EROFIA MOTOR TRADING PTE LTD

No 1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883

Tel : 67527740 / 97761091 Fax : 67528669

Co. Reg No. 201202259N

Owner : Mohammad Salihan
Bin Mohamed Kairudin

Accident Date : 28-Sep-18

Vehicle No : FU 9448 B

Vehicle Model : Honda CB400

Estimated Repair Costs

<u>Qty</u>	<u>Description</u>	<u>Amount S(\$)</u>
	<u>List Items</u>	
1	Front fender	\$ 196.00
1	Headlamp	\$ 380.00
1	Headlamp bracket	\$ 65.00
1	Headlamp rear bracket	\$ 85.00
2	Fork inner tubes	\$ 620.00
2	Fork outer tubes	\$ 640.00
2	Front brake discs	\$ 910.00
1	Front rim shaft	\$ 68.00
1	Front sport rim	\$ 850.00
1	Meter	\$ 880.00
1	Handle bar	\$ 145.00
1	Handle bar end	\$ 30.00
1	Hand grip (1 set)	\$ 100.00
1	Side mirror (1 set)	\$ 150.00
1	Clutch lever	\$ 58.00
1	Front signal -L/H	\$ 185.00
1	Fuel tank	\$ 950.00
1	Front footrest -L/H	\$ 75.00
1	Front footrest bracket	\$ 245.00
1	Gear pedal	\$ 95.00
2	Rear footrests	\$ 140.00
1	Radiator	\$ 650.00
1	Radiator side cover	\$ 58.00
1	Side board - L/H	\$ 130.00
1	Rear absorber	\$ 960.00
1	Rear signal -L/H	\$ 85.00
1	Rear tailboard	\$ 335.00
1	Rear taillamp	\$ 280.00
		<u>\$ 9,365.00</u>
	Less 10%	\$ 936.50
		<u>\$ 8,428.50</u>

EROFIA MOTOR TRADING PTE LTD

No 1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883

Tel : 67527740 / 97761091 Fax : 67528669

Co. Reg No. 201202259N

Owner : Mohammad Salihan
Bin Mohamed Kairudin

Accident Date : 28-Sep-18

Vehicle No : FU 9448 B

Vehicle Model : Honda CB400

Estimated Repair Costs

	c/f:	\$	8,428.50
<u>Special Nett Items</u>			
1	Number plate (1 set)	\$	28.00
2	Fork oils	\$	30.00
2	Fork oil seals	\$	56.00
1	Steering cone (1 set)	\$	80.00
1	ERP cover	\$	38.00
1	"YOSHIMURA" exhaust pipe	\$	1,850.00
1	ERP IU	\$	175.00
1	Sticker (1 set)	\$	350.00
1	Rear box	\$	250.00
1	Rear box bracket	\$	100.00
1	Crash bar (1 set)	\$	250.00
		\$	3,207.00

<u>S/No.</u>	<u>Labour</u>		
1	To provide towing service.	\$	50.00
2	To check wiring and reset headlamp focusing.	\$	80.00
3	To provide labour.	\$	480.00
4	To respray painting.	\$	500.00
		\$	1,110.00

Grand Total	\$	12,745.50
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Dollars: Twelve Thousand Seven Hundred Forty-Five And Fifty Cents Only.



EROFIA MOTOR TRADING PTE LTD

MVA318127158 / VAC - Kaki Bukit
ENTRY DATE & TIME: 01/10/2018 15:42
SUBMITTED BY: Norhaini Bte Abdul Majid

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 01/10/2018 15:42
Date Of Accident 28/09/2018 13:30
Exact Location Of Accident CIRCUIT ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FU9448B
Insured/Policyholder
Name Of Registered Owner MOHAMMAD SALIHIN BIN MOHAMED KAIRUDIN
NRIC No S9123892F
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-90080134
Alternative Phone No OTHERS-90080134

Vehicle Particulars

Manufacturer HONDA
Model CB400SF H.V.

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
Fleet Policy NO
Policy Number 5083973625-01 TP

Cover Note Number

Driver

Name of Driver KANNIAH NEDUMARAN
NRIC No S1458525G
Date Of Birth 04/05/1960
Occupation OUTDOOR
Date Of Driving Pass 27/05/2004
Driving Experience 14 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90080134
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 365 TAMPINES STREET 34 #07-147
 Postcode 520365
 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 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 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4162Z
 Vehicle Make/Model/Colour HYUNDAI I40
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver LIM SIM
 NRIC/Passport Number S2687760A
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KANNIAH NEDUMARAN
Approximate Age	58
Injuries Sustain	
Injured person in which vehicle?	FU9448B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 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.

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Policyholder's Signature

Date & Time:

- 1 OCT 2018

Driver's Signature

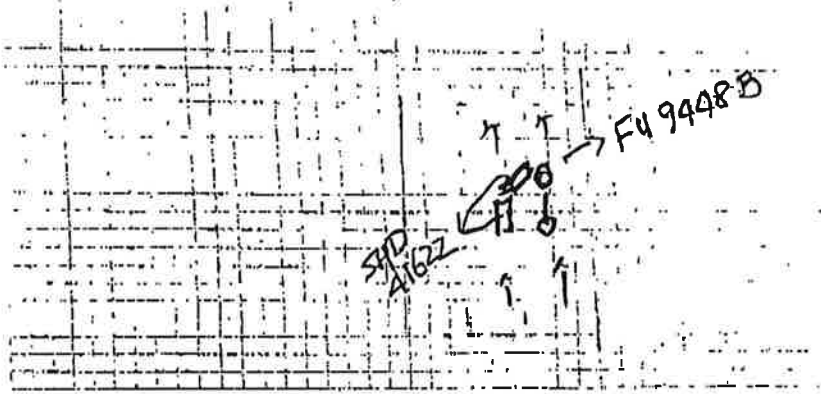
(If driver is not the policyholder)

Date & Time:

 Report to Email: work@idac.com.sg
 Name:
 NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report no T/26180929/2018

2

DECLARATION

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

Policyholder's Signature

Date & Time: - 1 OCT 2018

L10101010101010101010

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg



SINGAPORE POLICE FORCE



T/20180929/2075

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180929/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2018 14:24		Vide Report No.:		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: KANNIAH NEDUMARAN			Address: APT BLK 365 TAMPINES STREET 34 #07-147 SINGAPORE 520365		
ID Type / ID No.: NRIC NO / S1458525G			Contact No.: Home/Office: Mobile: 90080134		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 04/05/1960	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Security Officer			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/09/2018 13:30	Type of Location: Straight Road
Location: CIRCUIT ROAD Along Circuit Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Rider				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FU9448B	Motorcycle	HONDA	CB400SF H.V.	White		0
SHD4162Z	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0



**SINGAPORE
POLICE FORCE**



T/20180929/2075

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20180929/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KANNIAH NEDUMARAN	ID No.	S1458525G
Related Vehicle	FU9448B (Motorcycle)	Contact No.	90080134
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	28/09/2018	Date Discharge	28/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	LIM SIM	ID No.	S2687760A
Related Vehicle	SHD4162Z (Car)	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 28/09/2018 at about 1330hrs, I was riding my motorcycle (FU9448B) along Circuit Road on lane 1. The road consists of 3 lane road.

I noticed there was a taxi (SHD4162Z) ahead on lane 2 stopped. Suddenly, the taxi swerved to the right without signalling and collided on my motorcycle. I lost balance and fell to the left. I sustained abrasions on the left part of my body.

There was a passer-by who assisted me to exchange particulars with the taxi driver. Shortly, ambulance arrived at scene and I was conveyed to Changi General Hospital.

I was given 3 days of outpatient sick leave from 28/09/2018 to 30/09/2018.

**SINGAPORE
POLICE FORCE**

T/20180929/2075

3 of 3

Police Station Of Origin:

Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

Report No. T/20180929/2075

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 /

Sgt 2 MUHAMMAD ISA BIN MD RASHID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Signature Of Informant:

Date/Time:

29/09/2018 14:24

Classification Of Case:-

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1458525G



Name

KANNIAH NEDUMARAN

Race

INDIAN

Date of birth

04-03-1960

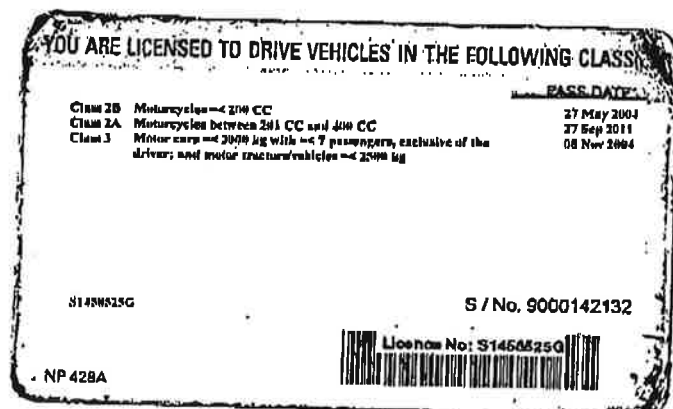
Sex

M

S1458525G

Country of birth

SINGAPORE



3827113



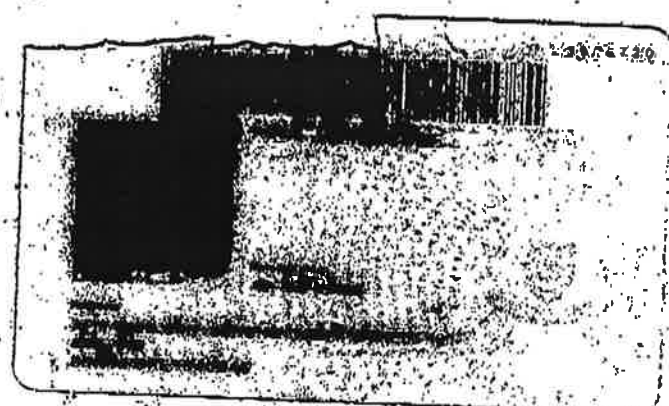
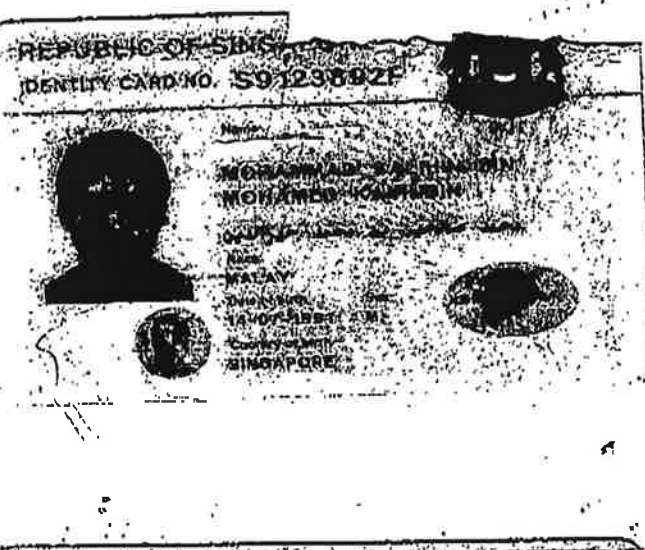
NRIC No. S1458525G

Date of issue

27-12-2005

Address

APT BLK 365 TAMPINES STREET 34
#07-147
SINGAPORE 520365





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5083973625-01

Cover : Third Party

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : FU9448B |
| Chassis Number | : NC391031475 |
| 2. Name of Policyholder | : MOHAMMAD SALIHIN BIN MOHAMED KAIRUDIN |
| 3. Effective Date of Insurance | : 23 Jan 2018 |
| 4. Expiry Date of Insurance | : 22 Jan 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) Named Driver(s) Only. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| This Policy does not cover | |
| (a) Use for hire or reward. | |
| (b) Use for racing, pace-making, reliability trial or speed-testing. | |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business. | |
| (d) Use for any purpose in connection with the Motor Trade. | |

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MOHAMMAD SALIHIN BIN MOHAMED KAIRUDIN
NAMED DRIVER (2)	: KANNIAH NEDUMARAN
HIRE PURCHASE COMPANY	: A.S. PHOON PTE LTD
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : A S PHOON PTE LTD (00000571911)

Date of Issue : 18 Dec 2017 21:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive