



2 of 4 Report No. T/20180923/2013

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FY7011U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17372529	13/10/2017	12/10/2018	

Any Pedestrian In				200000			
No. of Pedestrian	s Injured: NIL		Use of Peo	lestrian	Cross	ing: NA	
Rider	MATERIAL PROPERTY.	Englished		SOUR BE		MARKET STREET	
Name	MUTHUKKUMAR IYAPPAN		ID No.		G6900866L		
Related Vehicle	FY7011U (Motorcycle)			Contact No.		86515783	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,3C Date of Expiry: NIL	
Date Treatment	23/09/2018	=21	Date Disci	harge	23/09	/2018	
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Slight		
Driver					中心思想		
Name	CHNG CHOO SEN			ID No		S1343057H	
Related Vehicle	SHA4122E (Car)			Conta	ct No.	96390384	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discl		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

On 23/09/2018, at around 0200hrs, I was riding my motorcycle bearing registration number, FY7011U, on lane one along Jalan Besar Road. A taxi, bearing registration number SHA4122E, was driving on lane two.

While driving at moderate speed, the taxi suddenly cut into my lane because a passenger on the right side of the road was flagging for a cab. He collided onto the left side of my motorcycle and my motorcycle collapse onto the left side.

Due to the collision, I suffered abrasions on the left side of my arm and feet. Ambulance and traffic police attended to me, however, no one was conveyed to the hospital. I was given 3 days medical leave.

No government properties were damaged.





Police Station Of Origin; Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

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4 of 4

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Report No. T/20180923/2013

#### 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 Reports E / Sgt 2 OW HUI SHI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2018 05:46
Officer In Charge Of Case: TP / AEIT / SI ANG YI-TING, STEPHANIE Contact Nor 85476414 SN 1	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	

Vahirla Huh 24/09/2018

#### Enquire Vehicle & Owner Information (Vehicle No. SHA4122E As At 23 Sep 2018 / 02:00:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

A83-MISC/JP

Current Owner Details

Owner ID Type:

Company

Owner ID:

199303821R

Owner Name:

Vehicle No.:

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:

Current Vehicle Details

SHA4122E

575717

Make Description/Model:

HYUNDAI / 140 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name:

INDIA INTLINS PTELTD



Our Ref: MAH/MR/20181016/0069 Your Ref: 18-A83-9909-VL.jp.al Dated: 17 October 2018

Legal Options LLC 23 Kaki Bukit Ave 4 #01-01 South Wing Singapore 415933

Dear Sir/Madam,

RE: Medical Report of MUTHUKKUMAR IYAPPAN (G6900866L)

MEDICAL REPORT

Dear Sir/Madam,

According to our medical records, on 23rd September 2018 Mr MUTHUKKUMAR IYAPPAN was riding his motorcycle when his bike was hit by a taxl from the right side.

During the impact, he fell onto the road.

After the accident, he felt pain at his left shoulder, lower back and sustained multiple abrasions on his body.

There was no syncope and no loss of consciousness.

He did not give a history of neck or back problems.

He came to our 24 hours Walk-in & Emergency Outpatient Department at Mount Alvernia Hospital for consultation on 23rd September 2018 at 0323 hours.

On examination, his vital signs were stable & he was alert & conscious.

Superficial abrasion wounds were noted on his right palm, left elbow/left arm region, dorsum of his left foot and on his right ankle.

His neck movements were full.

There were no neurological deficits at his upper & lower limbs: the deep tendon reflexes, skin sensation of his dermatomes, muscular tone & strength of his upper & lower limbs were normal.

There was tenderness at his left shoulder, abduction of his left shoulder was slightly limited by pain.

There was also restriction of his lumbar spinal movements due to muscle spasm & tenderness. Signs & symptoms of nerve root tension were not observed.

24HR WALK-IN CLINIC/EMERGENCY DEPT TEL: 6347-6210 FAX: 6354-5517 820 THOMSON ROAD SINGAPORE 574623

Page 1 of 2





Our Ref: MAH/MR/20181016/0069 Your Ref: 18-A83-9909-VL.jp.al Dated: 17 October 2018

Legal Options LLC 23 Kaki Bukit Ave 4 #01-01 South Wing Singapore 415933

There were no signs of head injury & no other body Injuries noted.

X ray was not done.

The injuries sustained due to the road traffic accident were left shoulder strain, lower back strain, abrasions on his right palm, left elbow/left arm region, dorsum of his left foot and right ankle.

Tetanus vaccine was injected and he was prescribed Diclofenac, Famotidine and Mupirocin ointment. No physiotherapy appointment was given.

3 days Outpatient Medical leave was given from 24th to 26th September 2018.

The injuries sustained were consistent to that of a road traffic accident.

For your information,

For your information,

With best regards, Yours sincerely

Ho Li Chin MBBS (SINGAPORE) MCR: 06147F

24HR WALK-IN CLINIC/EMERGENCY DEPT TEL: 6347-6210 FAX: 6354-5517 820 THOMSON ROAD SINGAPORE 574623

ALVENIA HOHITAL

820 THOMSON ROAD, SINGAPORE 574623 MAIN LINE: 6347 6688 WEBSITE, www.mtalverna.sg. GST REGN NO. M4-0003321-8

MUTHUKKUMAR IYAPPAN (FIN NO. G6900866L) M180028315

Receipt No. : Customer Name:

Date : Page :

30/10/2018

Amount (\$)

157.94 157.94

MEDICAL REPORT

Total Charges

GST @ 7%

011049 Reference No. :

CHEQUE

Mode of Payment:

Paid

169.00

This is a computer generated official receipt, no signature is required.

Report ID: PY00150R



HOUNT ALVERNIA HOSPITAL BZB THOMSON ROAD SINGAPORE S74623 SALE

DATE/TIME: 232EP18 65:05
TID:40808074 NID:168168013951
INVOICER: 0693712 BATCHR: 069156
VISA
XXXX XXXX XXXX 4365 XX/XX
APPR CODE: 080654 HOST: DBS
PAYHANE
TE:07778997214CU6 AID: 006080808031818
DBS VISA TVR: 0063808080

TOTAL SGD 142.89 NO SIGNATURE REQUERED

I ASE TO PAY THE ABOVE TOTAL AMOUNT ACCIONING TO CARD ISSUED ALPREMENT
\*\*\*\* CLISTOMER CODY \*\*\*\*

ALVERNIA SSTREEWING MENTER MANUTOWN

Patient Name : MUTHUKKUMAR IYAPPAN : 0180739321 : G69008661 Account No. ID No.

: 180118117	: 23/09/2018	: 1 of 2
-------------	--------------	----------

			7.5CM		/AMP	VICE				
	B SCMG	B 20MG	STERILE 7.5	T 5G	NORMAL SALINE INJ ZOME/AMP	SUTPATIENT MURSING SERVICE	ION FEE		D/DOSE	
	MICLOFENAC TAB			MUPIROCIN CINT 5	LSALINE	TIENT NU	CONSULTATION FEE	SE SML	TETANUS TOXOID/DOSE	Sardes
Item	DICLO	FAMOTIDINE	CAUZE	MUPIR	NORMA	OUTPA	RMO CC	SYRINGE	TETANI	Toral Charges

GST 8 78

Paid:

VISA BY MUTHURKUMAR IYAPPAN Mode of Payment : VISA

3.50 2.50 8.84 6.30 22.00 64.00 1.85 22.25 9.35 142.89 133.54 Amount (\$) Reference No. : ---0ty 10.00 2.00 1.00 1.00 2.00 3.00

ALVERNIA JETTEGANG MAGNETER AND THE STATE OF THE STATE OF

Patient Name : MUTHUKKUMAR IYAFPAN ID No. : 669008661 : 0180739321 Account No.

Receipt No. : 180118117 Date : 23/09/2018 Page : 2 of 2

This is a computer generated official receipt, no signature is required.



# Mount Alvernia Hospital Medical Certificate

24-Hour Walk-In Clinic and Emergency Department M18012957

This is to certify that MUTHUKKUMAR IYAPPAN (G6900866L) is granted medical leave for 3 day (s) from 24/09/2018 to 26/09/2018.

Type of medical leave:

**OUTPATIENT SICK LEAVE** 

HOSPITALISATION LEAVE **EXCUSE CHIT**  Note: This medical cert is not valid for absence from court or judicial proceeding unless specifically stated.

CHENG WEI RAY

MCR: M18305I

ASE / 24-HOUR WALK-IN CLINIC Mount Alverton Hospital ASO Thomson Road Singapore 574623 Tel: 63476210

23/09/2018

Date

#### OH APPRAISAL SERVICES

BLK 34,#02-309,TOA PAYOH,LORONG 5 SINGAPORE (310034)

Mobile: 97982959 Fax: 63975857 email: <u>ch3434@yahoo.com.sq</u> Business Regn No 53214975X

#### INVOICE

Mr.

Muthukumar Iyappan

Blk 113 Upper Paya Lebar Road

#04-91

Singapore 534832

Invoice No

:2018/0122

Our Ref

:FY7011U/TP50122

Date

: 16 November 2018

Claim T	уре	Third Party	Date of Accident	23-09-2018
Vehicle No.		FY7011U	Date of Inspection	12-10-2018
No	l D	escription		Amount (S\$)
1	S	urvey fees inclusive or ransportation and hotographs (79) cop		
	-	notographs (75 ) oo	Total	459.00
).== 1183 				

For Oh Appraisal Services

#### OH APPRAISAL SERVICES

BLK 34,#02-309,TOA PAYOH,LORONG 5 SINGAPORE (310034)

Mobile: 97982959 Fax: 63975857 email: oh3434@yahoo.com.sg Business Regn No 53214975X

#### VEHICLE DAMAGE INSPECTION REPORT

Mr.

Muthukumar Iyappan

Blk 113 Upper Paya Lebar Road

Singapore 534832

Our Ref :FY7011U/TP50122

Date

:16 November 2018

REFERENCES

Claim Type Vehicle No.

Make

: FY7011U

: Honda

Model Reg. Date

Color Odometer : Third Party

Phantom 200 M

: 07 December 2004

: Black :38806 km Date of Accident

Date of Assignment : 12 October 2018 Date of Inspection

Date of Re-inspn. Chassis No

Engine No

: 23 September 2018

: 12 October 2018

: 15 October 2018 : TA2000022832

: Blocked

TYRE CONDITION

Make

Michelin Front Michelin Rear

Size

120-70/14 140/60-13 Thread Balance

3 4

GENERAL DESCRIPTION OF DAMAGE (PHOTOGRAPHS ATTACHED)

Front and Lh side portion

INSPECTION AND ADJUSTMENT

Original Quotation

: \$2,755.30

Revised

Assessment

\$1500.00 Lump sum

In accordance to your instruction, we have not authorized repairs.

In normal circumstances, repairs to the vehicle would take approximately (4) days to complete.(Survey at All Wheel Motoring.)

This survey was conducted on a "WITHOUT PREJUDICE" basis.

N Description Material Handle bar	Qty	Condition	Quotation	Quotation
	1			CAULTON CONTRACTOR
Handle bar	10,000			55.00
	1 pc	Bent	55.00	55.00
Handle balancer	1 set	Grazed	36.00	36.00
Handle grip	1 set	Cut	28.00	28.00
Clutch lever	1 pc	Bent	20.00	20.00
Clutch holder	1 pc	Cracked	18.00	× 18.00
Mirror @\$28.00	2 pcs	Grazed Lh	56.00	28.00
Head lamp assy	1 pc	Grazed	110.00	110.00
Front signal lamp LH	1 pc	Grazed Lh	48.00	48.00
Front mudguard	1 pc	Grazed	48.00	48.00
0 Front fork assy@\$285.00	2 pcs	Align	570.00	S.N.200.00
1 Steering stem	1 pc	Distorted	185.00	X 185.00
2 Fuel tank	1 pc	Dented-Repair	480.00	S.N.150.00
3 Chrome cover (2T) LH	1 pc	Grazed Lh	38.00	38.00
4 Front footrest	1 pc	Bent Lh	45.00	45.00
THE THE PART OF STREET SHOWN COUNTY	D#.1 2000000	• • • • • • • • • • • • • • • • • • • •	1737.00	659.00
	Less 10	)% discount	173.70	65.90
			1563.30	593.10
Special nett				350.00
5 Front number plate	1 set	Bent	12.00	10.00
6 Steering cone & bearing	1 pc	Necessary	55.00	X 27.50
7 Hp holder	1 pc	Cracked	35.00	X 35.00
8 Rear box	1 pc	Grazed	300.00	280.00
9 Rear rack	1 pc	Bent	150.00	X 120:00
Towing fee (Two ways)			60.00	50.00
Rim alignment			100.00	60.00
Check electrial			80.00	60.00
Labour charges			400.00	350.00
		Ì	2755.30	1935.60

840.4. 20%: 650 3 Days

#### OH APPRAISAL SERVICES

Vehicle No: FY7011U

Our Ref : FY7011U/TP50122

#### ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

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For Oh Appraisal Services



## 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 Inter-	nationale Des Experts En Automo	obile
IND	IA INTERNATIONA	AL INSURANCE PL	Ref : CS3/III1801845	5/Gtbs2-1
	CECIL STREET -02 IOB BUILDING	SINGAPORE 049711	Date: 17-12-2018 Code: III2	
1.		Policy Particul	ars :- THIRD PARTY CLAIR	N
	Insured Veh.	SHA 4122E	Veh. Inspected	FY 7011U
	Policy No.	MCOM0015	Coverage (\$)	0.00
	Claim No.	MCT18090633	Excess (\$)	0.00
	Assign From	SHERINI	Assign Date	05/12/2018
2.		Vehicle P	articulars & Condition	
	Make & Model	HONDA PHANTOM	c.c	197
	Engine No.	HIDDEN	Year of Reg.	2004
	Chassis No.	TA2000022832	Colour	BLACK
	Odometer	38808	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Cor	nditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	90/90-17	MICHELIN	4 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	130/90-15	CITY DEMON	4 mm
	L/H Rear Tyre			mm
4.		Descr	iption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE ETAILS.	N/S BODY.	
5.		Gen	neral Information	
	Accident Date	23/09/2018	Inspection Date	11/10/2018
	Survey held at	BLK 5032 ANG MO KIO IND	OUSTRIAL PARK 2 #01-307	
	Repairer	ALL WHEEL MOTORING		
5a.			Remarks	
			WITHOUT PREJUDICE" BASI: S, WE HAVE NOT AUTHORISE	
5b.		Estim	ate Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Working Days	3



### 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. FY 7011U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	HANDLE BAR	BENT	55.00	55.00
1	SET HANDLE BALANCER	GRAZED	36.00	36.00
- 1	SET HANDLE GRIP	CUT	28.00	28.00
1	CLUTCH LEVER	BENT	20.00	20.00
1	CLUTCH HOLDER	NOT NECESSARY	18.00	
2	MIRROR @ \$28.00	N/S GRAZED	56.00	28.00
1	HEAD LAMP ASSY	GRAZED	110.00	110.00
1	FRONT SIGNAL LAMP LH	GRAZED	48.00	48.00
1	FRONT MUDGUARD	GRAZED	48.00	48.00
2	FRONT FORK ASSY @ \$285.00	NOT NECESSARY	570.00	
1	STEERING STEM	NOT NECESSARY	185.00	
1	CHROME COVER (2T) LH	GRAZED	38.00	38.00
1	FRONT FOOTREST LH	BENT	45.00	45.00
	LESS 10% DISCOUNT	ACCORD X	-125.70	-45.60
			1,131.30	410.40
1	FUEL TANK (SN)	DENTED	480.00	100.00
	LESS 10% DISCOUNT	VS-416PAGREGES	-48.00	
			432.00	100.00
	SPECIAL NETT ITEMS			
1	SET FRONT NUMBER PLATE (SN)	BENT	12.00	10.00
1	STEERING CONE & BEARING (SN)	NOT NECESSARY	55.00	
1	HP HOLDER (SN)	NOT NECESSARY	35.00	
1	REAR BOX (SN)	GRAZED	300.00	140.00
1	REAR RACK (SN)	NOT NECESSARY	150.00	
			552.00	150.00
	LABOUR			
	TOWING FEE (TWO WAYS)		60.00	40.00
	RIM ALIGNMENT.		100.00	40.00
	CHECK ELECTRICAL.	NOT NECESSARY	80.00	
	LABOUR CHARGES.		400.00	100.00
			640.00	180.00

Report Ref No. CS3/III18018455/Gtbs2-1



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GRAND TOTAL	2,755.30	840.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		650.00

Report Ref No. CS3/III18018455/Gtbs2-1

XING GUO QIANG

M.MATAI, AMSAE-A

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

**Automotive Assessor** 

Licensed Appraiser

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