



南方摩哆
SOUTHERN MOTOR

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

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

Date: 5th December 2018

Motor Claims Department
Indra International Insurance Pte Ltd
64 Cecil St. # 04-00
10 B Building
Singapore 049711



Dear Sirs

Re: Gilera Runner \$7200 - FRG 8474

1 pc of Front signal LH	\$4.00
" Front fairing	\$4.00
" Side stand	60.00
" Brake lever LH	4.00
	<hr/> \$75.00
Tens 10%	\$7.50
	<hr/> \$17.12

Nett

Transport	\$0.00
Rear box	11.00
Spray painting	200.00
Labour	180.00
	<hr/> \$491.00

Yours faithfully
SOUTHERN MOTOR

Tel 63476100
Fax 62244174



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SOUTHERN MOTOR

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

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

Date: 12 December 2018

Motor Claims Department
Smaller International Insurance Pte Ltd
64 Raffles St. # 01-00
10 B Building
Singapore 049711

Dear Sirs

Re: Gilera Runner 57200 - FMS 5474

1 pc of Front signal LH	RM 85.00
" Front fairing	385.00
" Side stand	60.00
" Brake lever LH	45.00
	<u>575.00</u>
Ten 10%	57.50
	<u>517.50</u>

Nett

Transport	20.00
Rear box	110.00
Spray painting	200.00
Labour	180.00
	<u>510.00</u>

Yours faithfully
SOUTHERN MOTOR

Tel 63476100
Fax 62244174

Date: 5th December 2018

Your Ref: _____

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

Motor Claims Department

Indra International Insurance Pte Ltd
64 Cecil St. #01-00
10 B Building
Singapore 049711

Dear Sirs,

RE: ACCIDENT INVOLVING FBG 847H AND SHD 7113K ALONG
Newton Circus turning into Orchard Rd ON 23-11-2018 AT 18.00

Please be informed that the above-said motorcycle bearing registration no: FBG 847H
was seriously damaged during the above-said accident and was beyond economic repair.

Kindly arrange for your surveyor to survey the above-mentioned motorcycle at Blk
1006, Bt. Merah Lane 2, #01-10, Singapore 159762. (Tel. 62730369)

Thanking you in advance,

Yours Faithfully,


Enc.

Tel 6247 6100
Fax 6244 4074

Address BLK 59 STRATHMORE AVENUE
#17-97
Postcode 142058
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 -
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) 1

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 - SINGAPORE CITY
Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408885, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181126/2101 (TYPE OF COLLISION IS HEAD TO SIDE)

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 SHD7113X
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

Indika International Insurance Pte Ltd
6p Leck St #05-50
108 Building
Singapore 049711
Tel 6247 6100
Fax 6244 4174

MNA416164230 / National Assessment Centre Services - Bukit Merah
 ENTRY DATE & TIME: 28/11/2018 16:45
 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

PA HUAT
 Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 28/11/2018 17:17

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 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. 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	28/11/2018 15:45
Date Of Accident	23/11/2018 18:00
Exact Location Of Accident	ALONG ORCHARD ROAD TURNING INTO ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG947H
Insured/Policyholder	
Name Of Registered Owner	LIM HUAY KWAN
NRIC No	S1532849E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98285352
Alternative Phone No	OTHERS-98285362
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	GILERA RUNNER-198CC ST 200
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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/18-380070-CA
Cover Note Number	

Driver

Name of Driver	LIM HUAY KWAN
NRIC No	S1532849E
Date Of Birth	10/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	27/05/1988
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98285352
Fax Number	
Contact Number	OTHERS-98285362
Email Address	NOEMAIL

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1


Name	LIM HUAY KWAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBG947H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN**IMPORTANT NOTICE**

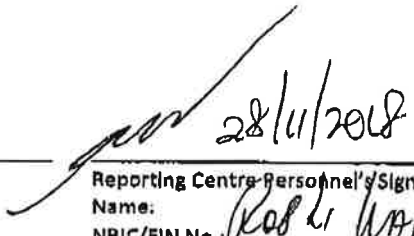
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
4. The Issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

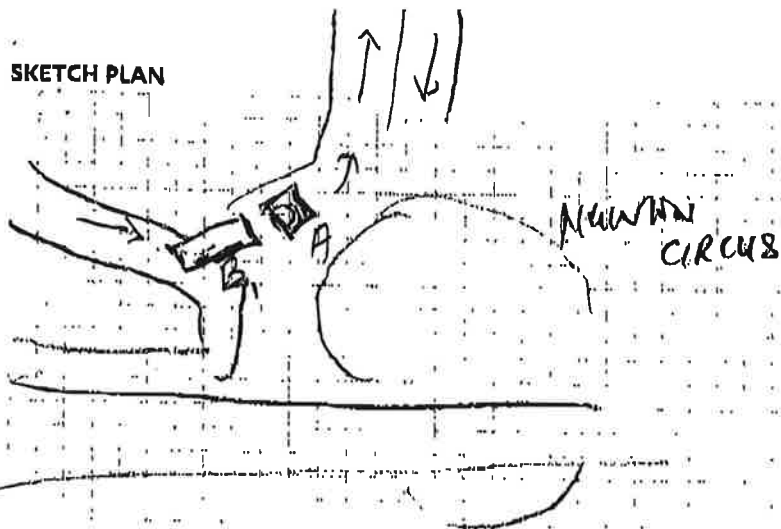
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:


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


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

SKETCH PLAN



A) FBG 947 H

B) SHD 7113X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Report to Police

7/2018/126/2101

REPORT

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

28/11/2018

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

[Signature]



SINGAPORE POLICE FORCE



T/20181126/2101

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

1 of 3

Report No. T/20181126/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2018 15:14		Video Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM HUAY KWAN		Address: 59 STRATHMORE AVENUE #17-97 SINGAPORE 142059			
ID Type / ID No.: NRIC NO / S1532849E		Contact No.: Home/Office: Mobile: 98285352			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 56	Date of Birth: 10/08/1962	Type of Informant: Rider		
Race: Chinese		Language:		Institution / School Name:	
Occupation: HOUSE RENOVATION		Driving Licence Information: Class: 2B,2A Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/11/2018 18:00	Type of Location:
Location: Along Road 1 NEWTON CIRCUS Turning Into Orchard Road				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG947H	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG947H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT183B0070	22/03/2018	21/03/2019

**SINGAPORE
POLICE FORCE**

T/20181126/2101

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

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Report No. T/20181126/2101

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM HUAY KWAN	ID No.	S1532849E
Related Vehicle	FBG947H (Motorcycle)	Contact No.	98285352
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I was travelling along Newton Circus turning into orchard Rd when suddenly a taxi collided and hit onto my left side and I fell down and was conveyed to hospital.

**SINGAPORE
POLICE FORCE**

T/20181126/2101

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

3 of 3

Report No. T/20181126/2101


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: TP / SEBASTIAN NG JING PEI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247

Authentication Stamp
NP168

Signature Of Informant: 
Date/Time: 26/11/2018 15:14
Classification Of Case: 