

Surveyor

REF: CS3/FCI/5014381/T/5d3-1

Special Instruction:

From (Person): Karen Tan of Ref Date/Time: 26/08/2019
Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: Pro-Option Services

Workshop: Dirt wheel Motor

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: Fu 455P
at Workshop m/s Dirt wheel Motor
of Blk 9004, Tampines st 93 # 01-100

Insured: SHD 3087P

Tel:

Policy No:

Claim No: D15007320MFSH

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A.

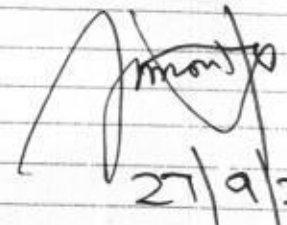
02/08
24/08/2015

12/09/2019 @ 3pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig , days (Red \$ / %; Original days)
Date/Time: Submit Final Fig , days (Red \$ / %; Original days)

| Date/Time | Action/Instruction |
|-----------|--|
| | FU455P-CS3/FCI/5014381/Fgtd1 SHD 3087P- NS/INC/5016794/Alvbn2 |
| 27/09/19 | Submit Total Loss as extensive. MV - \$ 13K (Est) LTA - \$ 3,500/- New - \$ 9,500/- |
| |  27/9/2019 |

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 27 SEP 2019

Para(3) : Nett Value

Market Value :
Salvage Value :
Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

380

1) Date/Time File Pass to

2) Date/Time

File Return to

3) Date/Time File Pass to

4) Date/Time

File Return to

5) Date/Time File Pass to

6) Date/Time

File Return to

ASS. REC. BY:

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal. or Market Value:

413K.

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

F4455R

Yr Regn:

2014 / Jh

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

Truck / Trailer or

Make:

KTM 390 Duke

C.C

373

Colour

Black / Orange

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VRK JGS 408 DC 215161

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Beant

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

110 / 70 R17

R:

150 / 70 R17

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

TOYO / YOKO or

Front

metzeler

Rear

MRF

R/Bal.

3

mm

R/Bal.

5

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

12/9/2019

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos:

Notes:

TOTAL

Report Format:

Lump Sum / L&L: (\$)

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Wheel and (\$)

Nivitha (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Monday, 26 August 2019 3:45 PM
To: assignments
Subject: Fw: Accident involving FU 455P & SHD 3087P along Pasir Drive 4 on 2nd July 2015 at 8.50pm - YR REF: D15007320MFSH/TPD/KT OUR REF: RS.20181132.ACC

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Karen Tan <karentan@msfirstcapital.com.sg>
Sent: Monday, 26 August 2019 3:27 PM
To: Rashidah <rashidah@dharmalaw.com.sg>; SUR <sur@lkkauto.com>
Subject: Accident involving FU 455P & SHD 3087P along Pasir Drive 4 on 2nd July 2015 at 8.50pm - YR REF: D15007320MFSH/TPD/KT OUR REF: RS.20181132.ACC

Dear LKK,

Please refer to the email below and assist to re-inspect third party vehicle number FU455P. Kindly contact Mr Mike Goh of Dirtwheel Motor Trading at 67833063 to arrange for the same within the next 3 days.

Best Regards,

Karen Tan

Motor Claims Dept.
MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3582 | Fax No. : 6507 3849 | Company Regn. No. 195000106C
A Member of **MS&AD** INSURANCE GROUP

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From: Rashidah <rashidah@dharmalaw.com.sg>
Sent: Monday, August 26, 2019 2:51 PM
To: Karen Tan <karentan@msfirstcapital.com.sg>
Subject: RE: Accident involving FU 455P & SHD 3087P along Pasir Drive 4 on 2nd July 2015 at 8.50pm - YR REF: D15007320MFSH/TPD/KT OUR REF: RS.20181132.ACC

WITHOUT PREJUDICE

Dear Ms Tan,

1. Our client is not agreeable to your proposal as the damage caused to the motorcycle is such that it has been deemed to be a total loss.
2. Should you wish to do a re-inspection, kindly contact Mr Mike Goh of Dirtwheel Motor Trading at 67833063 to arrange for the same within the next 3 days.
3. Kindly let us have your revised offer thereafter for our client's consideration.

Yours faithfully,

Rashidah Saheer
Advocate & Solicitor
DHARMA LAW LLC
20 Havelock Road
#02-24A Central Square
Singapore 059765
Tel : 6428 8338
Fax: 6428 8379

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From: Karen Tan <karentan@msfirstcapital.com.sg>

Sent: Friday, 26 July, 2019 12:15 PM

To: Rashidah <rashidah@dharmalaw.com.sg>

Subject: RE: Accident involving FU 455P & SHD 3087P along Pasir Drive 4 on 2nd July 2015 at 8.50pm - YR REF: RS.20181132.ACC OUR REF: D15007320MFSH/TPD/KT

**WITHOUT PREJUDICE
SAVE AS TO COSTS**

Dear Sirs/Madam,

We refer to your email dated 19.07.2019.

We have reviewed the matter and in a final attempt to settle amicably and save as to costs, we are prepared to revise our offer to \$2,000.00 all-in.

Kindly revert with your client's acceptance within 7days. If not acceptable, we would like to carry out a re-inspection. Please advise the date, time, venue and person to contact at least 7 working days in advance of the appointment.

Best Regards,

Karen Tan

Motor Claims Dept.

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3582 | Fax No. : 6507 3849 | Company Regn. No. 195000106C

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From: Rashidah <rashidah@dharmalaw.com.sg>

Sent: Friday, July 19, 2019 5:13 PM

To: Karen Tan <karentan@msfirstcapital.com.sg>

Subject: RE: Accident involving FU 455P & SHD 3087P along Pasir Drive 4 on 2nd July 2015 at 8.50pm - YR REF: RS.20181132.ACC OUR REF: D15007320MFSH/TPD/KT

Dear Ms Tan,

As parties' positions are so far apart, we are instructed to proceed with the filing of the Writ of Summons.

In this regard, please let us know the firm of solicitors you will be appointing in this matter.

Kindly let us hear from you soon.

Best Regards,

Rashidah Saheer
Advocate & Solicitor
DHARMA LAW LLC
20 Havelock Road
#02-24A Central Square
Singapore 059765
Tel : 6428 8338
Fax: 6428 8379

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From: Karen Tan <karentan@msfirstcapital.com.sg>

Sent: Monday, 10 June, 2019 11:54 AM

To: Rashidah <rashidah@dharmalaw.com.sg>

Subject: Accident involving FU 455P & SHD 3087P along Pasir Drive 4 on 2nd July 2015 at 8.50pm - YR REF: RS.20181132.ACC OUR REF: D15007320MFSH/TPD/KT

**WITHOUT PREJUDICE
SAVE AS TO COSTS**

Dear Sirs/Madam,

We refer to the captioned matter.

Without prejudice and admission of liability, we are prepared to settle this claim as follows:

| | |
|------------------------------------|--|
| Cost of repair | 800.00 (attached our survey report) |
| Loss of use (\$20/day x 4 days) | 80.00 |
| @80% liability | 704.00 |
| Survey report fee | 150.00 |
| Towing fee | 50.00 |
| Costs incl Disbs | 350.00 |
| Total: | 1254.00 |

Kindly confirm acceptance to enable us to proceed further.

Best Regards,

Karen Tan

Motor Claims Dept.

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3582 | Fax No. : 6507 3849 | Company Regn. No. 195000106C

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Text size: -

Enquire Transfer Fee**Vehicle Details**

Vehicle No.: FU455P
 Vehicle Type: P00 - Passenger Motorcycle/Auto-cycle/Moped
 Vehicle Attachment: No Attachment
 Vehicle Scheme: Normal
 Vehicle Make: K.T.M.
 Vehicle Model: 390 DUKE
 Chassis No.: VBKJGJ408DC215161
 Propellant: Petrol
 Engine No.: 0390203829
 Engine Capacity: 373 cc
 Maximum Power Output:
 Maximum Laden Weight: 335 kg
 Unladen Weight: 143 kg
 Year Of Manufacture: 2013
 Original Registration Date: 03 Jul 2014
 Lifespan Expiry Date: -
 COE Category: D - Motorcycle
 Quota Premium: \$3,890.00
 COE Expiry Date: 02 Jul 2024
 Lay Up Expiry Date: 24 Jul 2017
 Inspection Due Date: 02 Jul 2017
 Intended Transfer Date: 06 Sep 2016
 CO2 Emission: -

D.A. 27/2015

Bal = 9 yrs

M.V. \$13,000 — \$14,000

$$\frac{\$3,890.00}{120} \times 108 \text{ mths} = \$3,500$$

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use [Enquire Road Tax Payable](#) for fee(s) payable.
 Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

| | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|------------------------------|----------------------------|---------------------|---------------------------|
| Transfer Fee: | 11.00 | - | 11.00 |
| Total Amount Payable: | | | 11.00 |

You may print this page for reference.

Land Transport Authority

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Class
Any

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SEARCH

[VIEW ALL LISTING/USED Bikes LISTING/](#)

REPORT ERROR [5 \(LISTING/LISTING/ERROR/USADIRK/141116\)](#) + ADD TO SHORTLIST   

© SHARE WHATSAPP/SENDMAIL/HTTP://WWW.SGDIRKART.COM SG/LISTING/USADIRK/141116-RTM-260-DUNE/141116

| | |
|-------------------|--|
| Listing Type | Paid Ad |
| Brand | KTM (/listing/usedbike/brand/ktm/) |
| Model | KTM 390 Duke (/listing/usedbike/model/ktm-390-duke/) |
| Engine Capacity | 373cc |
| Classification | Class 2A (/listing/usedbike/model/motorcycle-for-sale/class/class-2a/) |
| Registration Date | 24/04/2014 |
| COE Expiry Date | 23/04/2024 (4 years 6 months left) |
| Mileage | - |
| No. of owners | 1 |
| Type of Vehicle | Street Bikes (/listing/usedbike/model/motorcycle-for-sale/street-bikes/) |

Price: SGD\$8800

DETAILS

KTM 390 Duke For Sale. Interested Parties Are Welcome To Neg. Trade/Loan Available. Do Visit Us At Wing Fui @ Sims Place. No Early Settlement Fee.

SIMILAR BIKES

[VIEW ALL \(/LISTING/USED/BIKES/LISTING/2\)](#)

54mths - \$8800.
DOA - 107mths - \$17,334.
Estimated MV \uparrow
Recommended \$13,200.
MV \rightarrow



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- [Used Bikes](#)

| |
|----------------------------------|
| KTM 390 Duke |
| Type <input type="text"/> |
| Price Range <input type="text"/> |
| Class <input type="text"/> |
| 2014 <input type="text"/> |

[Advanced Search](#) |

Used Bikes » Search Result



| Bike Model | Price | Registration Date | Bike Type |
|--|----------|-------------------|--------------|
| KTM 390 Duke | \$15,800 | 17 Jun 2014 | Street Bikes |
| Engine Capacity: 373 Selling due to under usage and upgrading. Mint condition and no modification Never parked in the sun and | | | |



...always parked in condo car park. Bike is fully paid, thus pls find your own financing. Posted: 17 Aug 2015 [★ PAID AD](#) [CONTACT OWNER](#)

KTM 390 Duke - 29 Apr 2014 Street Bikes

Engine Capacity: 373 Used KTM 390 for sale! Bike available for viewing at : Unique Motorsports Pte Ltd- 1007/1009 Serangoon Road Singapore 328168. Tel: 63415378 Trade in welcome. Loan available. 0% interest credit card installment plans available.

Posted: 15 Aug 2015 [★ PAID AD](#) [DEALER AD](#)

Compare Selected

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Events & Guides

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 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 | 03/07/2015 13:53 |
| Date Of Accident | 02/07/2015 20:55 |
| Exact Location Of Accident | PASIR RIS DR 4 TWDS DR 1 AT SPC STN ENTRANCE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3087P |
| Insured/Policyholder | |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No | 199303821R |
| Email Address | FLEETSAFETY@CDGTAXI.COM |
| Mobile Phone No | |
| Alternative Phone No | Office-65508768 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HYUNDAI |
| Model | SONATA-2.0 (A) |
| 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 | Reporting Only |
| Vehicle Category | Taxi |

Insurance Company

| | |
|---------------------------|-------------------------------|
| Name of Insurance Company | First Capital Insurance Ltd |
| Type Of Coverage | Third Party Fire and/or Theft |
| Fleet Policy | Yes |
| Policy Number | D-1572701MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOW KIM VOON |
| NRIC No | S2530187J |
| Date Of Birth | 26/01/1957 |
| Occupation | Outdoor |
| Date Of Driving Pass | 26/10/1976 |
| Driving Experience | 38 Years And 8 Months |
| Gender | Male |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EMail Address | LOWKV1957@GMAIL.COM |

| | |
|---|------------------------------------|
| Address | BLK 196 RIVERVALE DRIVE #16-721 |
| Postcode | 540196 |
| Was driver an employee of the Insured's Company | No |
| If No, Relationship of the Driver with the Insured | Other - TAXI DRIVER |
| 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 Side |
| Weather Conditions | Clear |
| Road Surface | Dry |

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 |
| Was there any video captured by Car Camera? | 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 | SengKang Neighbourhood Police Centre |
| Police Station Address | ROAD: 2 Sengkang Square #01-02 Singapore , POSTCODE: 545025 , COUNTRY: Singapore |
| Police Station Contact | TEL NO: 1800 - 3438999 - FAX NO: |
| Was notice of intended Prosecution given? | No |
| If Yes, against whom? | |

Circumstances of Accident

REFER POLICE REPORT

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
|---|-----|

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|------------|
| Vehicle Registration Number | FU455P |
| Vehicle Make/Model/Colour | MOTORCYCLE |
| Details Of Properties | |
| Name of Driver | UNKNOWN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRONT |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF INJURED PERSON 1

| | |
|-----------------|----------------|
| Name | UNKNOWN(RIDER) |
| Approximate Age | |

| | |
|--|--------|
| Injuries Sustain | HEAD |
| Injured person in which vehicle? | FU455P |
| Were seat belts worn? | No |
| Was 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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

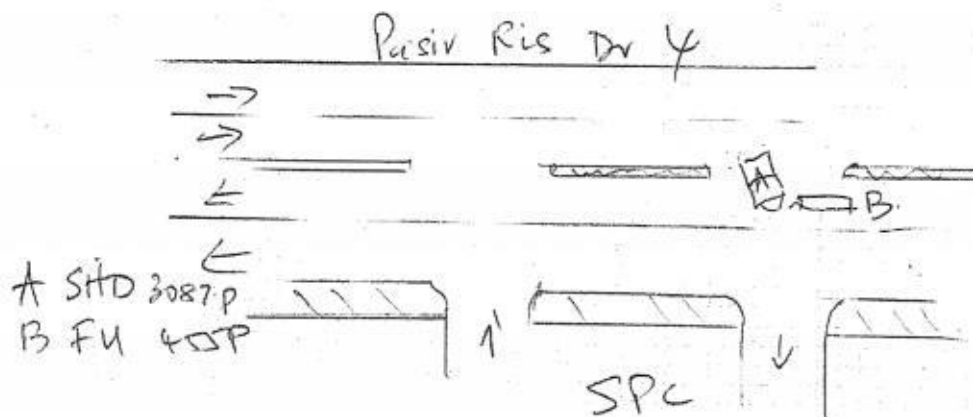
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer Police Report T/2015 0703/2004

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189503824R

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan Pg.3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 54502
Tel No: 1800-343 8999



T/20150703/2004

1 of 3

Report No. T/20150703/2004

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|-------------------------|----------------------------|
| Date/Time Report Made: 03/07/2015 00:29 | | Vide Report No.: g/20150702/0226 | | Station Diary No.: 6 | |
| Informant's Particulars | | | | | |
| Name of Informant: LOW KIM VOON | | | Address: APT BLK 196 RIVERVALE DRIVE #16-721 SINGAPORE 540196 | | |
| ID Type / ID No.: NRIC NO / S2530187J | | | Contact No.: Home/Office: Mobile: 96261460 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 58 | Date of Birth: 26/01/1957 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: taxi driver | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

| | | | | |
|---|---------------------------------|------------------------------------|--|---|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 02/07/2015 20:55 | Type of Location: Straight Road |
| Location: Along Road 1 PASIR RIS DRIVE 4 | | | | |
| Along Pasir Ris Drive 4 towards Pasir Ris Drive 1. Near to SPC petrol station | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|--------------|---------|----------|-------|---------------------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| FU455P | Motorcycle | KTM | 390 Duke | Black | Totally Damaged | 0 |
| SHD3087P | Comfort taxi | HYUNDAI | Sonata | Blue | Slightly Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 54502
Tel No: 1800-343 8999



T/20150703/2004

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Report No. T/20150703/2004

CONTINUATION OF REPORT

| | | | |
|--|-------------------------|------------------|---|
| Driver | | | |
| Name | LOW KIM VOON | | ID No. S2530187J |
| Related Vehicle | SHD3087P (Comfort taxi) | | Contact No. 96261460 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave (MC) | NIL | Degree of Injury | NIL |

Brief Details.

On 02/07/2015@ about 2057hrs, I was driving along Pasir Ris Drive 4 towards Pasir Ris Drive 2. There was a SPC petrol station on the opposite side of the road thus after making sure the opposite traffic was clear I had made a right turn into the petrol station. However as I was executing the right turn into the petrol station, there was one FU455P collided into my left side of the taxi. At that point of time the motorcycle did not have its headlight on. I had then called for ambulance as the rider was injured and he was subsequently conveyed to CGH. I did not manage to get the particulars of the other driver. There were slight damage to my taxi, however the motorcycle was badly damage. Traffic police also came Vide G/20150702/0226 TP IO Yazid 65472075.

Sengkang NPC
2 Sengkang Square
#01-02 SINGAPORE 54502
Tel: 1800-3438999

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 54502
Tel No: 1800-343 8999



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Report No. T/20150703/2004

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:
F /
NOOR RAUDAH BTE MOHAMED NAIM

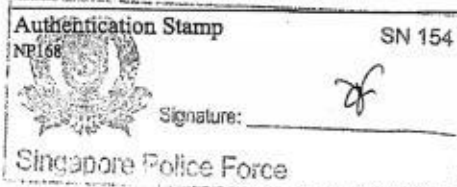
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
NEO CHIN LOONG
Contact No.: 65476435

Signature Of Informant:

Date/Time:
03/07/2015 00:29

Classification Of Case:



SN 154

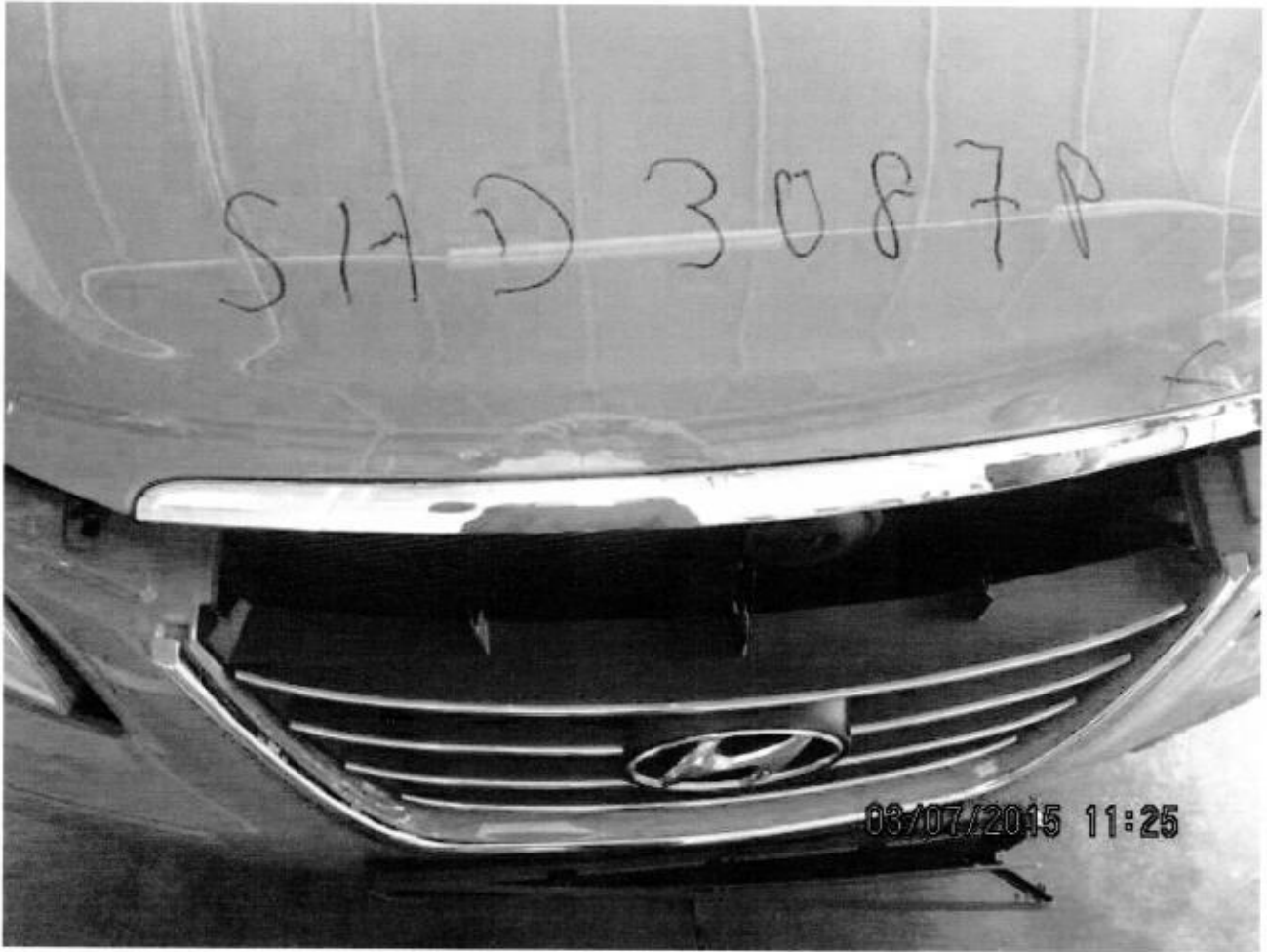
Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo

