23/03/2002 ASS. REC. BY:	REF: (S) (11 2006	3856/ EAf3	Specia	1 Instruction:	
Surveyor: Stave From (Person); Imne Tay	ASSIGNMI of C11	ENT (Office)	Do	ate/Time: 10.3. mo 5.04p m	
Estimated Cost:	01	Bill to:		ice Time.	
OD TP WS TP RES OD T To Inspect Vehicle No: PBG		CS	nsured:	YN 5773 A	
at Workshop m/s EL Many of Bukit Barok Go	's Gurange	29 #02-11	Tel:	96933405	
Policy No:	7.1		M 201	201103/YN5773A/IRG	VE
Sum Insured:		Excess:			
Make of Veh: (Client's Record)			D.	O.A. 29.1.2020	
Date/Time: 11/3/20 1100		Shahid	Veh	H.O.D. Endorsement:	
Date/Time Action/Instructi		ζ			
YN 543	A - NA   IN ( 2000)	1434/24 D	UP 11	1001200	

SS, REC. BY:	Steve	ASSIGNMENT	1. 1.
	1	ERGIOK	Yr Regn: 16/2/16
rom:	Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry	// Taxi / Prime Mover /
stimated Cost:			
	ES / OD RES / EVA / INV / MV	Truck / Trailer or	c.c 999
To Inspect Vehicle N		Make: BMW S1990XR	A/C: Insured / Std / NI / NA
at Workshop m/s	4.00	Colour Red	T/Radio; Insured / Std / NI / NA
of		Sp.Reading 28557	(Madio, meares
Insured:		Eng/No: W\$1900399	671118970
Service Control		Olivoi	02440110
Policy No.		Gen. Cond: Sodd / Fair / Poor / Burnt	zano ano co
Claims No.	Excess:	Steering: Inorder / Jammed / Leaked /	Burnt or
Sum Insured:	30	Brake: Inorder / Jammed / Leaked /	Burnt or
(Client's Record)	8 8	Modi: Nil / S/Rim / STD A/Rim or	1017
Make of Veh:	21	Tyre Size: F: 120/702	K1 /
	2	R: 189/55	
(Policy Conditio	NI/C	O/S BS / DUN / EXNOVA / GY / FS / LIZA	MIC / OHTSU / PIR / SUMI /
	had commenced its N/S at the time of inspection.	TOYO / YOKO OF PIPE!	11
геран	it the time of meperature	Front	Rear
Bal, or Market Va	consistent? : Yes or No	R/Bal. 5 mm	R/Bal. S mm
IDAC Accident F	tport.	L/Bal. mm	L/Bal. mm
GIA / PR Seer	D. Vee or No	D.O.A. 29/2/20	D.O.I. 11/3/2°
Est. Repairs:	days Res.; Yes or No	Survey held at E   Mgn	o's garye
Lum Sum:	% 3 Val.; Yes or No	Des. of Damages : Ert / Rear / O/S	I NIS I UIC I Rooftop or
CA / REV	REP. J 24 HRS	XXXXXXXX	
	Person Contacted:	The U/C / Chassis frame / Bo	dy Structure affected due to collision
Date:			
Date / Time	Action / Instruction  MV - 30 K		
	14/1-001/		
-			
			Here were an arranged to the second
Gettle Gettle			
			The second secon
Date/Time, File	Pass to? : Preli. Report	Days Of Repair:	la surana l
our own collection of participation	: Final Report	Resurvey No. of Trip:	Survey Fee:
100	- Inches		Transportation:
1) Date/Time, File		Add Fee: Site Insp (\$	)s+Rssi
Date/Time, File		and the contract of the contra	) Photos
		: Interview (\$	
Date/Time, File	office) :	:Tech. Invs (\$	) Others
Date/Time, File 2) Frep	ormet :	Appropriate Control of the Control o	

## Nivitha (LKK Auto)

MIVITIA (ERR AUTO)	
-	
From:	Irene Tay <irene.tay@sg.cntaiping.com></irene.tay@sg.cntaiping.com>
Sent:	Tuesday, 10 March 2020 5:04 PM
To:	pamela@yoga-legal.com
Cc:	winnie@yoga-legal.com; assignments; 甯珺 ©
Subject:	FW: [URGENT] - Your Ref: SNM20D201103/YN5773A/IRENE Our Ref: CY.FBG10K.20.EMG(HW).wp(PT)
Attachments:	PRI - FBG 10K.pdf
Dear Sir (LKK),	
We refer to the above n	natter.
Please get your surveyo	r to liaise with CYOGA to conduct survey.
Regards,	
Irene Tay	
Executive	
Claims Department (N	Motor Division)
3 Anson Road #15-00 S	pringleaf Tower Singapore 079909 F:(65) 62247478/62247175
W: www.sg.cntaiping.co	m   FB: www.facebook.com/chinataipingsg/   WeChat: 太平狮城 Taiping SG
unauthorized disclosure, use of	ny files transmitted with it is intended only for the named recipients and may contain confidential information. Any or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please Please delete the e-mail and any copies of it thereafter.
	mailto:pamela@yoga-legal.com]
Sent: Tuesday, March 1	
To: Irene Tay <irene.tay< td=""><td></td></irene.tay<>	
Cc: Winnie Phee <winni Subject: [URGENT] - You</winni 	e@yoga-legal.com> ur Ref: SNM20D201103/YN5773A/IRENE Our Ref : CY.FBG10K.20.EMG(HW).wp(PT)
Dear Irene,	
Attached herewith our	PRI on 2nd March 2020.
Kindly revert and let u	as know who is your appoint surveyor Urgently, thank you.
Regards,	

Pamela

M/s C. YOGARAJAH LLC

883 North Bridge Road

#11-03 Southbank

Singapore 198785

Tel: (65) 6292 5838

Fax: (65) 6292 5938

(UEN No. 201333127N) (GST Reg No. 201333127N)

Important Note: This electronic mail transmission (including any attachments) is private and confidential and may contain legally privileged information. If you are not the intended recipient, you may not use, copy or disseminate the information contained herein. Please delete this message and its attachments immediately and contact us at (65) 6292 5838, if you have received this message in error. Thank you.



883 North Bridge Road #11-03 Southbank Singapore 198785 T. 6292 5838 F. 6292 5936

(UEN No. 201333127N) (GST Reg No. 201333127N)

Our Ref

CY.FBG10K.20.EMG(HW).wp(PT)

Your Ref

Your insured vehicle - YN 5773A

2 March 2020

Ng Nam Bee Marketing Pte Ltd c/o China Taiping Insurance (Singapore) Pte Ltd (Motor Claims Department) 3 Anson Rd #16-00 Springleaf Tower Singapore 079909

By Email

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES ROAD TRAFFIC ACCIDENT INVOLVING MOTOR FBG 10K & YN 5773A ON 29.02.2020 @ 11:00HRS ALONG BENDEMEER ROAD

We are instructed by Mohammed Helmi Bin Ansari to notify you of a road traffic accident on 29.02.2020 @ 11:00hrs along Bendemeer Road involving our client's customer's vehicle registration number FBG 10K and vehicle registration number YN 5773A driven by you at the material time. A copy of the Singapore accident statement report is enclosed.

As the result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

At the same time, our proposed list of surveyors is appended as below:-

Amas Ong Poh Meng
 Ong Ah Keng, Kent

3. Alan Chong

Yours faithfully,

C. Yogarajah LLC

Enc

Cc:

M/s. El Mano's Garange 1 Bukit Batok Crescent

Wcega Plaza #02-11 S(658064)

Contact person: Syahid Contact number: 96933405 93571393

MVA120026671 / VAC - Buiki Batok ENTRY DATE & TIME: 29/02/2020 13/28 SUBMITTED BY: Ng Wing Kin James

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 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
- 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.

<ol> <li>By the lodgement of this report to the insurers.</li> <li>aforesaid.</li> </ol>		
	ACCIDENT STATEMENT	
The state of the s	29/02/2020 13:28	
Date Of Report	29/02/2020 11:00	
Date Of Accident	BENDEMEER ROAD	
Exact Location Of Accident		
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

FBG10K Vehicle Registration Number

Insured/Policyholder

MOHAMMED HELMI BIN ANSARI Name Of Registered Owner

SXXXX192C NRIC No. NOFMAIL **Email Address** 

(LOCAL) +65-91526059 Mobile Phone No OTHERS-91526059 Alternative Phone No

Vehicle Particulars

**BMW** Manufacturer S1000XR Model

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No. Please state action to be taken THIRD PARTY MOTORCYCLE Vehicle Category

Insurance Company

LIBERTY INSURANCE PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

SI20V02031/VMS/R04 Policy Number

Cover Note Number

Driver

MOHAMMED HELMI BIN ANSARI Name of Driver

NRIC No SXXXX192C 25/04/1981 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 25/10/2005

**Driving Experience** 14 YEARS AND 4 MONTHS

MALE Gender

(LOCAL) +65-91526059 Mobile Number

Fax Number

OTHERS-91526059 Contact Number

NOFMAIL **EMail Address** 

BLK 815B CHOA CHU KANG AVENUE 7 #12-23

Address 682815

Postcode

Was driver an employee of the Insured's Company NO OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PARKED VEHICLE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

**YES** Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

0 Number of Passengers (Including Driver)

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER STATEMENT (ATTENDED BY: JAMES NG)

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

94848891

Vehicle Registration Number YN5773A

Vehicle Make/Model/Colour ISUZU MK11250 / WHITE

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MAGESWARAN A/L NADARAJAN

GXXXX045K NRIC/Passport Number

Address Postcode

Insurance Company Name

Nature Of Damage

Contact Number

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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
- B. 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)
  - (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
- (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
  - 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

icyholder's Signature Date & Time

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

2 9 FEB 2020

Reporting Centre Personnel's Signature

NUC NG WING KIN JAMES admin.vac@vicom.com.sg SKETCH PLAN

BENDEMNEK KD

A FBG LOK

B: YN5773A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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					t. The			1/220	
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The	di	neiden	× My	motory	cle way	s kno	cked	down	and
Ava	sged	, resu	Hing	Severe	dame	ige.			
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#### DECLARATION

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

Policyholder's Signature

Date & Time:

2 9 FEB 2020

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

### Sketch Plan #3 Pg. 1





Liberty Insurance Pte Ltd

Registration no 199002791D 51 Club Street #03-00 Liberty House Singapore 059428 Tel: (65) 0221 8511 Fax: (65) 6225 6890

# 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 No

SI20V02031 /VMS /R04

Form

Date of Torne

15-Feb-2020

1 Index Mark and Registration No. of Vehicle

FBG10K

2 Chassis number of Vehicle

WB10D0300GZ448970

3 Name of Policyholder

MOHAMMED HELMI BIN ANSARI

4 Effective date of Commencement of Insurance

16-FEB-2020 00:00

for the purposes of the Act

15-FEB-2021 23:59

5 Date of Expiry of Insurance

MOHAMMED HELMI BIN ANSARI, AZHAR BIN ABDUL AZIZ

6 Persons or Classes of Persons

entitled to drive\*

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 it not disqualified by order of a Court of Line or by reason of any ensurement or regulation in that behalf from dissing the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been carcilled at the time of the accident loss or damage

A) Use only for the Policyholder's business or profession.

B) Use only for social, domestic and pleasure purposes by:

AZHAR BIN ABDUL AZIZ, MOHAMMED HELMI BIN ANSARI

# The Policy does not cover

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials 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.

\*Laurences rendered cooperative by Section 8 of the Monte Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these locatings:

I/We hereby certify that the Policy to which this Certificate relates is assert 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.

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

> Down Authorised Signature

For Information only:

COVERAGE

SUM INSURED (SS)

MARKET VALUE AT THE TIME OF LOSS

Section 1 \$700.00, Theft (Outside Singapore) \$2,500.00

FINANCE COMPANY

SPEEDWAY MOTOR PTE LTD

PRODUCER NAME

AXIS LINK PIELTD

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	192C	
Vehicle No.:	FBG10K	
Vehicle to be Exported:	No	
Intended Deregistration Date:	11 Mar 2020	
Vehicle Make:	B.M.W.	
Vehicle Model:	S1000XR ABS MANUAL	
Primary Colour:	Red	
Manufacturing Year:	2015	
Engine No.:	104EC41153241	
Chassis No.:	WB10D0300GZ448970	
Maximum Power Output:		
Open Market Value:	\$24,830.00	
Original Registration Date:	05 Oct 2015	
First Registration Date:	16 Feb 2016	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$3,725.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	2	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	15 Feb 2026	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$6,502.00	
COE Rebate Amount:	\$3,854.00	
Total Rebate Amount:	\$3,854.00	

The information contained herein is correct as at 11 Mar 2020

OK

