

REF: CS3/III/19020104/Eqd3.1
 Date/Time: 26/3/2020
 From (Person): Demick Pan ASSIGNMENT (Office)
 of III
 Estimated Cost: _____ Bill to: _____
 OD / TP / WS / TP RES / OD RES / KVA / INV / MV / CS
 To Inspect Vehicle No: FBI 856X Insured: SH 8283E
 at Workshop no: Universal Motor Tel: 9642 3147
 of Blok 1006 Bukit merah lane 2 #01-04
 Policy No: MCOM0015 Claim No: MC19110164
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 7/11/2019
 (Client's Record)
 CA / REV / REP. / REV 24 HRS
 Date/Time: 9:00am 13/11/19 Person Contacted: Michael Vehicle IN/OUT
 Date/Time | Action/Instruction | Lib/hold | X
 _____ | _____ | _____ | _____
 _____ | _____ | _____ | _____
 26/0/19 | Submit pds. | _____ | _____
 _____ | Dismantle: 14/11/2019 011pm | _____ | _____
 _____ | After repair: 18/11/2019 1001am | _____ | _____

Steve,

RECEIVED 01 APR 2020

Pls see my remarks.

31/3/20 submit is \$2700, 4 days.
 (Red \$1300, 33%)


 30/3/2020

290 + 11 = 261
 261 - 131 = 130

REF: Steve

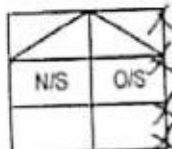
ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop in/s _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Velt: _____

Veh No F0J856X Yr Regn 2/1/14
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Royal Enfield Bullet classic c.c. 350 346
 Colour Black A/C: Insured / Std / NI / NA
 Sp. Reading 60567 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ME 34355C 000 244873
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 80/90-17
 R: 90/100-17

(Policy Condition)

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



Bal. or Market Value: _____
 IDAC Accident Report: _____ 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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 7/11/19 D.O.I. 13/11/19 12:12pm
 Survey held at UNIKU-1 mdu
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MV - 6590

RECEIVED 2019

Date/Time, File Pass to?

11/26/19 trav

Date/Time, File Return to?

2)

Pop Form

Lump Sum / P.R.

☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: 5

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Invs (\$)
☐ Wheel stud (\$)

Survey Fee: 120
 Transportation

5 + PS \$

Police

Others

(V-TAL)

11

121

Celine Fong (LKKAUTO)

From: Derrick Tan <DerrickTan@iii.com.sg>
Sent: Thursday, 26 March 2020 9:25 AM
To: SUR; Admin-D (LKKAUTO)
Cc: Sundari Nagarajan - III
Subject: PAPER SURVEY FBJ856X III REF: MCT19110164

Dear Sir/Mdm,

Please conduct paper survey for the below TP vehicle and let us have your report URGENTLY. LOD uploaded and rights granted to you in Merimen.

TP Veh No. : FBJ856X

Thank you.

Derrick Tan
Motor & Work Injury Claims Department
India International Insurance Pte Ltd
64 Cecil Street, #04/#05 IOB Building, Singapore 049711
Tel: 6347 6100, Ext – 264

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

DISCLAIMER:

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It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

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Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

RESERVES

TPPD

PRESERVE

MCT/19/10/64

TPPI

Jel 2 mod
m/b.

PRESERVE

TO ACK. DONE
20/03/2020

UNINSURED LOSS

PRESERVE

Preserve.

SUBRO

PRESERVE

LPPN

INVESTIGATION FEE

SURVEY FEES

LEGAL FEES

OTHERS

FRAUD CHECK

UPLOAD TO MERIMEN

GRANT RIGHTS

Unveiled Motor 1206 BKL 7

WITHOUT PREJUDICE

CERTIFICATE OF POSTING

COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
GAS BUILDING
SINGAPORE 575717
OWNER OF SH 8283E

CERTIFICATE OF POSTING

TAY TECK SIONG
BLK 96 LORONG 3 TOA PAYOH
#10-26
SINGAPORE 310096
DRIVER OF SH 8283E

PDX 8172

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04-00
IOB BUILDING
SINGAPORE 049711
ATTN: MOTOR CLAIMS DEPARTMENT
YOUR REF: SH 8283E

Writer / Secretary Contact
Email: jeekin@jklc.com.sg /
theresa@jklc.com.sg /
prestina@jklc.com.sg

Date:
13 March 2020

Our Ref:
JK.jia.19.0267.UM.PDPI

Dear Sir,

**ACCIDENT ON 07 NOVEMBER 2019 INVOLVING FBJ 856X AND SH 8283E
ALONG NORTH BRIDGE ROAD AFTER PASSING SEAH STREET**

We act for Muhammad Agus Bin Othman.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 07 November 2019 along North Bridge road after passing Seah Street involving our client's vehicle registration no. FBJ 856X and vehicle registration no. SH 8283E driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligence in the driving and/or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-



JK LAW CHAMBERS

(UEN No.: 53394571B)

6A Shenton Way
#04-02 to 08
OUE Downtown Gallery
Singapore 068815

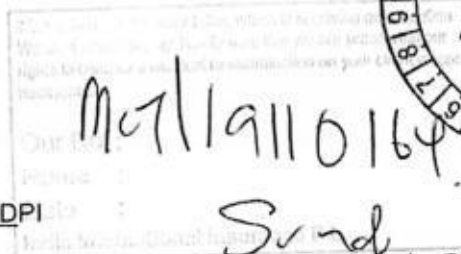
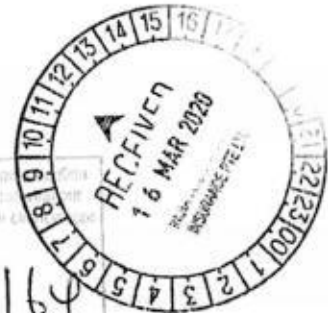
Tel: +65 6914 2682
Fax: +65 6429 1048
E-mail: general@jklc.com.sg

PDX Intercompany Exchange Pte Ltd



010808814918

FROM JK LAW CHAMBERS
PDX Box No. 8010



CONFIDENTIALITY CAUTION

This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address at our expenses. Thank you.

1) Costs of repairs	\$4,280.00
2) Loss of use (12 days @ \$60.00/day)	\$ 720.00
3) Survey report fee	\$ 400.00
4) Costs	\$ 600.00
5) Facsimile, photocopying, printing, postage, transport, telephone charges and other incidental disbursements.	<u>\$ 150.00</u>
	<u>\$6,150.00</u>

A copy each of the following supporting documents is enclosed for your consideration:-

- a) Our client's GIA report;
- a) Our client's police report;
- b) GIA report of SH 8283E;
- c) LTA search on vehicle no. SH 8283E.
- d) Repair Bill;
- e) Survey invoice;
- f) Survey report;
- g) Seventy-three (73) copies of scanned coloured photographs showing damage to our client's vehicle.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter. Please also inform us, within 14 days of your acknowledgment of receipt of this letter.

Should you fail to acknowledge receipt of this letter within 14 days, our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours Sincerely

JK Law

JK LAW CHAMBERS

Enc. (to India International Insurance Pte Ltd)

CONFIDENTIALITY CAUTION

This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address at our expenses. Thank you.

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	08/11/2019 11:22
Date Of Accident	07/11/2019 07:50
Exact Location Of Accident	ALONG NORTH BRIDGE ROAD A/F PASSING SEAH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ856X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AGUS BIN OTHMAN
NRIC No	S1194757C
Email Address	WAK856@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93557578
Alternative Phone No	OTHERS-93557578

Vehicle Particulars

Manufacturer	ROYAL ENFIELD
Model	BULLET CLASSIC 350-346CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5063662292-05
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AGUS BIN OTHMAN
NRIC No	S1194757C
Date Of Birth	24/08/1956
Occupation	INDOOR
Date Of Driving Pass	13/05/1975
Driving Experience	44 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93557578
Fax Number	
Contact Number	OTHERS-93557578
EMail Address	WAK856@GMAIL.COM

Address	BLK 972 HOUGANG STREET 91 #02-188
Postcode	530972
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : FATIMAH AZZAHRA BINTE MUHAMMAD AGUS GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191107/2111

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	SH8283E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN TECK SIONG
NRIC/Passport Number	S1171009C
Contact Number	96234054

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AGUS BIN OTHMAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ856X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name	FATIMAH AZZAHRA BINTE MUHAMMAD AGUS
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ856X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

Accident Sketch Plan

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.

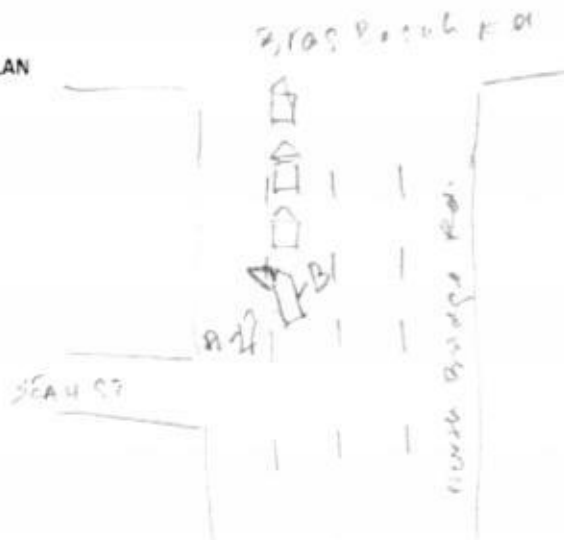
Policyholder's Signature
Date & Time

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

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

Accident Sketch Plan

SKETCH PLAN



A) FBJ856X

B) SH223E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*DIS REFHR 20 Police Report
1/2019/1107/2011*

DECLARATION

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

[Signature] 2/1/19
Policyholder's Signature
Date & Time

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

[Signature] 08/11/2019
Reporting Centre Personnel's Signature
Name: *Kos J. Wootton*
NRIC/FIN No.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191107/2111

1 of 3

Police Station Of Origin:
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/20191107/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2019 15:29	Vide Report No.:	Station Diary No.: 77
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD AGUS BIN OTHMAN			Address: APT BLK 972 HOUGANG STREET 91 #02-188 SINGAPORE 530972		
ID Type / ID No.: NRIC NO / S1194757C			Contact No.: Home/Office: Mobile: 93557578		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 24/08/1956	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: Civil engineer (general)			Driving Licence Information: Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry:		

General information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2019 07:50	Type of Location:
Location: Along Road 1 NORTH BRIDGE ROAD				
Along North Bridge road after passing Seah Street Road				
Weather:		Road Surface:	Road Speed Limit	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ856X	Motorcycle	ROYAL ENFIELD	BULLET CLASSIC 350 MANUAL	Black	Slightly Damaged	1
SH8283E	TAXI				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191107/2111

2 of 3

Report No: T/20191107/2111

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ856X	NTUC Income Insurance Co-Operative Limited	5063662292-05	02/01/2019	01/01/2020

Brief Details.

On 07/11/2019 at about 0750hrs, I was travelling along North Bridge road on the left most lane in my motorcycle (FBJ 856X) and everything was normal. Shortly after, I passed by Seah Street and there was another taxi (Registration plate no: SH 8283E) on the second most lane.

As the traffic was congested, I slowed down my vehicle. The taxi then cut into my lane without signalling and because of the traffic congestion, I did not manage to brake in time and fell off my motorcycle. I then suffered abrasions from my right elbow and right Hip area. My daughter (Pillion) also suffered some bruises from her toes and both of us were given two day s medical certificate after seeing the doctor. I wish to state that I collided onto this left side mirror and the damages to my motorcycle are from the right foot rest. I am lodging this report for record and insurance purposes.

Details of the taxi driver
S1171009C
Tay Teck Siong
contact no: 9623 4054

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191107/2111

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No: T/20191107/2111

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 /

Sgt 1 ONG YU HAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/11/2019 15:29

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No: 65476172

Authentication Stamp

NP168

Classification Of Case:

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	07/11/2019 15:10
Date Of Accident	07/11/2019 08:05
Exact Location Of Accident	NORTH BRIDGE ROAD AFTER SEAH ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8283E
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAY TECK SIONG
NRIC No	S1171009C
Date Of Birth	19/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1984
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96234054
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 96 LORONG 3 TOA PAYOH #10-26
Postcode	310096
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ856X
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH CENTRE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

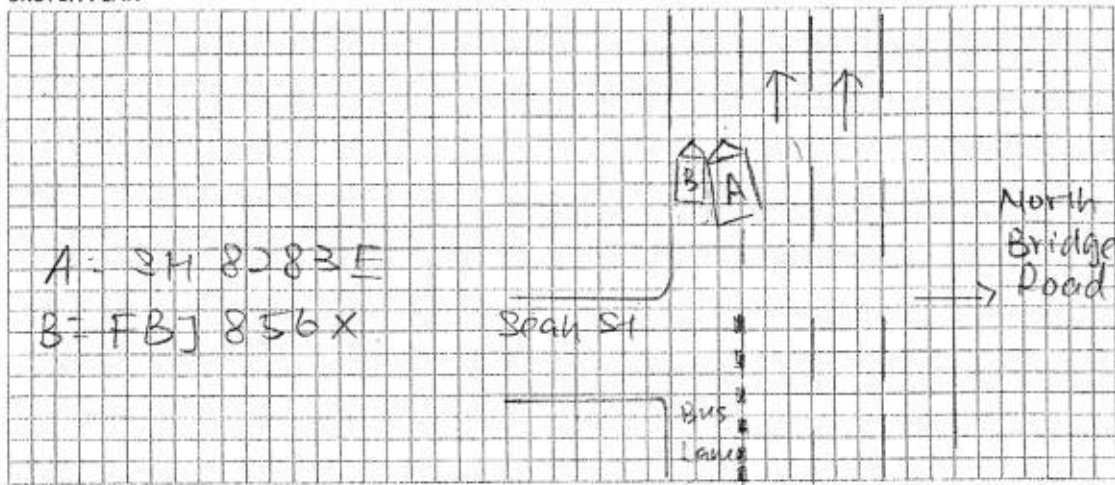
Name	UNKNOWN(RIDER)
Approximate Age	
Injuries Sustain	ABRASION ON RIGHT ARM
Injured person in which vehicle?	FBJ856X
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN(PILLION)
Approximate Age	
Injuries Sustain	ABRASION ON RIGHT TOE
Injured person in which vehicle?	FBJ856X
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/11/19 at about 08:05 hrs, I veh
A was driving on second left lane at above said
location without passenger. I switched on signal
light to indicate my intention then after to
legalized bus lane after I checked bus lane
traffic is clear. In the midst, Veh B come
out from left hand side in speedy manner.
Due to this, Veh B motorcycle hit onto my taxi
left wing mirror and sprawled on the road.
The rider suffered slight abrasion on right arm, pillion
have some abrasion on her right toe. They refused.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD.
CO. REG. NO. 190302871R

Policyholder's Signature
Date & Time:

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

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

GIABMAC SketchPlanForm_V3

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.

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

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.: Loke Wei Yieng

GIA/RC Sketch Plan Form_V3



UNIVERSAL MOTORS PTE LTD

*Your Complete Motorcycle Company
For Best Quality And Service*

www.umpi.com.sg

HEAD OFFICE
1006 BUKIT MERAH LANE 2
#01-04 SINGAPORE 159762
TEL: 65 - 6278 2029
FAX: 65 - 6273 2039

SHOWROOM
356 ALEXANDRA ROAD
SINGAPORE 159949
TEL: 65 - 6479 3126
65 - 6479 0326

Co. Reg. No.199003243

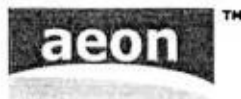
Date : 15-Dec-19

FINAL REPAIR COST OF FBI 856X

Date of accident : 7-Nov-19
Make / Model : ROYAL ENFIELD BULLET CLASSIC 350 MANUAL
Name : MUHAMMAD AGUS BIN OTHMAN
Address : C/o: Universal Motors Pte Ltd
Blk 1006 Bukit Merah Lane 2,
#01-04 Singapore 159762

Lump Sum Repair Costs	\$	4,000.00
Plus 7% GST	\$	280.00
	\$	<u>4,280.00</u>

Singapore Dollars: Four Thousand Two Hundred and Eighty Only.



INVOICE

TO : MUHAMMAD AGUS BIN OTHMAN
C/O: UNIVERSAL MOTORS PTE LTD
1006 BUKIT MERAH LANE 2 #01-04
SINGAPORE 159762

Invoice No.: 1119/UM368
Date: 15-Dec-2019

PARTICULARS

Vehicle Registration No.: FBJ 856 X
Date of Loss: 07-Nov-2019
Date of Assessment: 13-Nov-2019

SERVICES

FEES

1. Assessment with report Photographs -
Including films, developing, storage and Transport. \$400.00

TOTAL \$400.00

SINGAPORE DOLLARS FOUR HUNDRED ONLY

We would appreciate your cheque crossed and made payable to:
"AEON AUTO CONSULTANTS LLP" with our invoice no. written on the back of the cheque.

AEON AUTO CONSULTANTS LLP



AEON AUTO CONSULTANTS LLP

50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874
Telephone +65 97687958 Facsimile +65 68264112 Email amas@aeonac.com
Reg. No. LL0701273L (registered with limited liability)

AUTOMOBILE ASSESSMENT REPORT

TO: MUHAMMAD AGUS BIN OTHMAN
C/O: UNIVERSAL MOTORS PTE LTD
1006 BUKIT MERAH LANE 2 #01-04
SINGAPORE 159762

Our Reference: 1119/UM368
Date: 15-Dec-2019

ASSESSMENT OF VEHICLE NO. FBJ 856 X
DATE OF LOSS: 07-Nov-2019

We have carried out a physical assessment at **UNIVERSAL MOTORS PTE LTD**,
1006 Bukit Merah Lane 2 #01-04 Singapore 159762, according to your instruction
on **13-Nov-2019** and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No.:	FBJ 856 X
Make & Model:	ROYAL ENFIELD BULLET CLASSIC 350 MANUAL
Year of Registration:	2014
Engine Capacity:	315
Chassis No.:	ME3U3S5C0DD249873
Engine No.:	U3S5C0DD249873
Colour:	BLACK

2. VEHICLE CONDITION

Body Paint:	GOOD
Steering:	SERVICEABLE
Foot Brake:	SERVICEABLE
Parking Brake:	SERVICEABLE
Modification:	NIL

3. TYRE PARTICULARS & CONDITION

Front	
Make/Size/Thread:	DUNLOP 3.25 R19 – 70%
Rear	
Make/Size/Thread:	DUNLOP 4.25 R18 – 70%

4. DESCRIPTION OF DAMAGE

At the time of the inspection, the vehicle sustained damages hit to the FRONT portion.

5. REMARKS

Market Value: Na
Salvage Value: Na
Repair Limit: Na

Estimated Amount: \$5,545.15
Adjusted Amount: \$4,773.15
Lump Sum: \$4,000.00
Estimated Repair Days: 8 days



Pursuant to your instruction, we have **NOT AUTHORISED** repair.

The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by Aeon Auto Consultants LLP for any reliance on this report by any third party.

ASSESSMENT REPORT FOR VEHICLE NO. FBJ 856 X

PARTS (LIST ITEMS)

Qty	Description	Condition	Workshop's Estimate	Our Assessment
✓ 1	FRONT FENDER	Bent	420.00	420.00 ✓
1	FRONT FORK ASSY	Bent	720.00	720.00 ✓
X 1	FRONT WHEEL BEARING	Jammed	38.00	38.00 ✓
1	FRONT WHEEL	Repair	580.00	-
1	HANDLE BAR	Bent	145.00	145.00 ✓
1	FRONT BRAKE LEVER	Bent	22.00	22.00 ✓
1	MIRROR RH	Bent	62.00	62.00 ✓
✓ 2	HANDLE BALANCER L/R	RH Cut, LH - ND	80.00	40 80.00 ✓
1	FRONT FOOT REST RH	Bent	46.50	46.50 ✓
1	FOOT BRAKE LEVER	Bent	168.00	168.00 ✓
1	EXHAUST GASKET PACKING	Necessary	12.00	12.00 ✓
1	EXHAUST GUARD SHIELD	Bent	60.00	60.00 ✓
1	EXHAUST PIPE ASSY	Bent	850.00	850.00 ✓
			3,203.50	2,623.50 ✓
Less 10% discount			320.35	262.35
Parts Total:			2,883.15	2,361.15

ASSESSMENT REPORT FOR VEHICLE NO. FBJ 856 X

SPECIAL NETT ITEMS

- 1 FRONT NUMBER PLATE
- 1 REAR TOP BOX
- 1 REAR TOP BOX BRACKET/RAIL SET

Bent	12.00	SK 12.00 X
Cracked	280.00	190 280.00 X
Bent	120.00	SK 120.00 X
Special Nett Total :	412.00	412.00

LABOUR

S/N	Description	Workshop's Estimate	Our Assessment
1	To provide towing charge.	50.00	40/ 50.00 30/
2	To check, align and balance body main frame	400.00	SK X 350.00
3	Spray painting.	800.00	400/ 700.00
4	Labour Charges.	1,000.00	840/ 900.00
Labour Total :		2,250.00	2,000.00
TOTAL (PARTS & LABOUR) \$		5,545.15	4,773.15

The workshop has agreed to undertake the repair on a Lump Sum basis.
The final adjusted Lump Sum contract amount is
\$4,000.00 (SINGAPORE DOLLARS FOUR THOUSAND ONLY)



Amas Ong
Automobile Assessor


P- 2623.50
NI- 280
L- 840
3743.50
LIS- 2994.80
= 3000
4 days

**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 Internationale Des Experts En Automobile			
INDIA INTERNATIONAL INSURANCE PL		Ref : CS3/III19020104/Eqd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 03-04-2020	
		Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SH 8283E	Veh. Inspected	FBJ 856X
Policy No.	MCOMOO15	Coverage (\$)	0.00
Claim No.	MCT19110164	Excess (\$)	0.00
Assign From	DERRICK TAN	Assign Date	26/03/2020
2. Vehicle Particulars & Condition			
Make & Model	ROYAL ENFIELD BULLET CLASSIC	c.c	346
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	ME3U3S5C0DD249873	Colour	BLACK
Odometer	60567	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	80/90-17	DUNLOP	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	90/100-17	DUNLOP	6 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	07/11/2019	Inspection Date	13/11/2019
Survey held at	UNIVERSAL MOTORS PTE LTD BLK 1006 BUKIT MERAH LANE 2 #01-04 SINGAPORE 159762		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	



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. FBJ 856X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT FENDER	BENT	420.00	420.00
1	FRONT FORK ASSY	BENT	720.00	720.00
1	FRONT WHEEL BEARING	JAMMED	38.00	38.00
1	FRONT WHEEL	TO REPAIR SEE LABOUR	580.00	-
1	HANDLE BAR	BENT	145.00	145.00
1	FRONT BRAKE LEVER	BENT	22.00	22.00
1	MIRROR RH	BENT	62.00	62.00
2	HANDLE BALANCER L/R	O/S CUT / N/S NOT DAMAGED	80.00	40.00
1	FRONT FOOT REST RH	BENT	46.50	46.50
1	FOOT BRAKE LEVER	BENT	168.00	168.00
1	EXHAUST GASKET PACKING	NECESSARY	12.00	12.00
1	EXHAUST GUARD SHIELD	BENT	60.00	60.00
1	EXHAUST PIPE ASSY	BENT	850.00	850.00
	LESS 10% DISCOUNT		-320.35	-258.35
			2,883.15	2,325.15
SPECIAL NETT ITEMS				
1	FRONT NUMBER PLATE (SN)	SERVICEABLE	12.00	-
1	REAR TOP BOX (SN)	CRACKED	280.00	180.00
1	REAR TOP BOX BRACKET / RAIL SET (SN)	SERVICEABLE	120.00	-
			412.00	180.00
LABOUR				
	TO PROVIDE TOWING CHARGE.		50.00	40.00
	TO CHECK, ALIGN AND BALANCE BODY MAIN FRAME.	NOT NECESSARY	400.00	-
	SPRAY PAINTING.		800.00	400.00
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF FRONT WHEEL.		1,000.00	400.00
			2,250.00	840.00
GRAND TOTAL			5,545.15	3,345.15

Report Ref No. CS3/III19020104/Eqd3e2-1



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,700.00
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Report Ref No. CS3/III19020104/Eqd3e2-1

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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