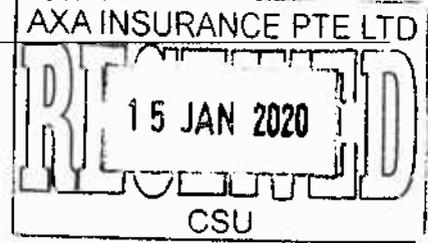


CHIA S ARUL LLC  
ADVOCATES & SOLICITORS 3019869998 ---  
UEN 201330709H

60181553

ARULCHELVAN S • A. RAVIDASS • DON TAN

Our ref: AS. 191486-9j  
Your ref: To be advised



13 JAN 2020

VEHICLE TRADING  
56 SEMBAWANG ROAD  
#01-03 HONG HENG MANSION  
SINGAPORE 779086

BY CERTIFICATE OF POSTING  
(WITHOUT ENCLOSURES)

AXA INSURANCE PTE LTD  
8 SHENTON WAY  
#24-01 AXA TOWER  
SINGAPORE 068811  
ATTENTION: MOTOR CLAIMS DEPARTMENT



Dear Sirs,

**ACCIDENT INVOLVING FBE 6447E & YK 7644S ALONG TUAS SOUTH BOULEVARD ON 23 OCTOBER 2019**

We refer to the above matter.

We act for **KRISHNANSAMY S/O K SARAVANAMUTHU**, the owner of motorcycle **FBE 6447E** involved in the captioned accident.

We were instructed by our client to claim damages against you in connection with a road traffic accident on **23 OCTOBER 2019 ALONG TUAS SOUTH BOULEVARD** involving our client's motorcycle **FBE 1539G** and your motor vehicle **YK 7644S** driven by you or your authorized driver and/or your insured at the material time.

We are instructed that the accident was caused by your negligent driving and/or management of your 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:

a)	Total Loss	S\$ 1,422.00
b)	Towing fees	S\$ 50.00
c)	Administrative charges	S\$ 500.00
d)	Cost of Survey	S\$ 500.00
e)	LTA & GIA searches	S\$ 22.49
f)	Costs (inclusive of 7% GST)	S\$ 1,070.00
	<b>Total</b>	<b>S\$ 3,654.49</b>

A copy of each of the following supporting documents is enclosed.

- a) Our client's GIA & Police report;
- b) A copy of the LTA & GIA searches;
- c) A copy of Towing fees;
- d) A copy of Repairer Tax Invoice;
- e) A copy of the Survey Report & Invoice;
- f) A copy of PARF/COE Rebate;
- g) A copy of Certificate of Insurance.

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 acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which 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 faithfully,



**CHIA S ARUL LLC**

### 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	04/11/2019 11:30
Date Of Accident	23/10/2019 19:10
Exact Location Of Accident	TUAS SOUTH BOULEVARD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6447E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KRISHNANSAMY S/O K SARAVANAMUTHU
NRIC No	S7383464C
Email Address	SAMYJOHOR1973@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82452280
Alternative Phone No	OFFICE-82452280

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150-150CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MTMC01004889
Cover Note Number	

#### Driver

Name of Driver	KRISHNANSAMY S/O K SARAVANAMUTHU
NRIC No	S7383464C
Date Of Birth	13/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82452280
Fax Number	
Contact Number	OFFICE-82452280
EEmail Address	SAMYJOHOR1973@GMAIL.COM

- Address 413 JLN SCIENTEX MAJU N14 TMN SCIEN TEX KULAI 2  
81000 KULAI JOHOR

Postcode

- 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 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? 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 10 UBI AVENUE 3  
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT FOR THE INCIDENT DETAIL.

#### 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 YK7644S  
Vehicle Make/Model/Colour  
Details Cf Properties  
Vehicle Category GOODS VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

KRISHNANSAMY S/O K SARAVANAMUTHU

Approx mate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

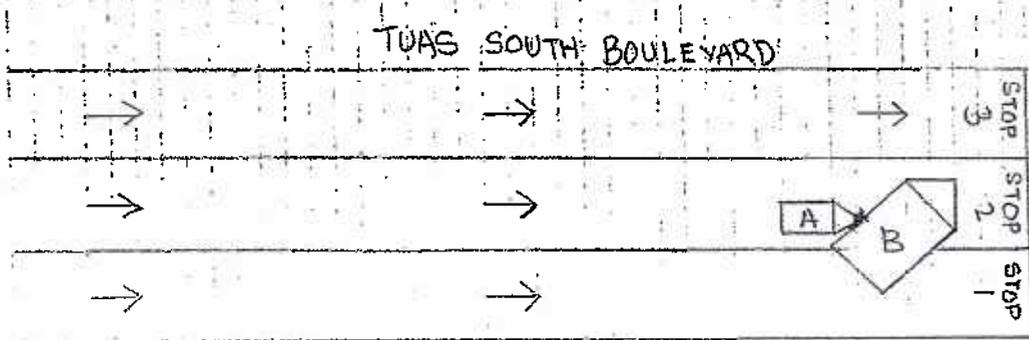
Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER to police Report T/2019103012076

DECLARATION

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

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 Pg. 2

### 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.:



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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/10/2019 12:41	Vide Report No.: J/20191023/0115	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars			
Name of Informant: KRISHNANSAMY S/O K SARAVANAMUTHU		Address:	
ID Type / ID No.: NRIC NO / S7383464C		Contact No.: Home/Office: 0107663774      Mobile: 82452280	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 46	Date of Birth: 13/02/1973	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: TRAILER DRIVER		Driving Licence Information: Class: 2B,3,4A,4,5      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2019 19:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TUAS SOUTH BOULEVARD TUAS SOUTH AVENUE 14				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6447E	Motorcycle	YAMAHA	FZ150I	Black	Slightly Damaged	0
YK7644S	Lorry				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FEE6447E	TENET SOMPO INSURANCE PTE. LTD.	D19MTMC01004889	15/07/2019	14/07/2020



**SINGAPORE  
POLICE FORCE**



T/20191030/2076

2 of 3

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

Report No. T/20191030/2076

**CONTINUATION OF REPORT**

**Brief Details.**

On 23/10/2019 at about 7.08pm, I was riding motorcycle FBE6447E, along Tuas South Boulevard. I had just finished work and was heading to Tuas Checkpoint to return home. I was travelling on lane 1 of the 3-lane road. There were motor lorries stationary on lanes 2 and 3. Motor lorry, YK7644S, was stationary on lane 2. As I proceeded straight, the said motor lorry moved off and made a right lane change from lane 2 to lane 1, in front of me. Once I had driven past the other 2 stationary motor lorries on lane 2, I made a lane change from lane 1 to lane 2. I was then travelling on lane 2, alongside, motor lorry, YK7644S. The said motor lorry then made a left lane change from lane 1 to lane 2 and was encroaching into my travel path. I sounded my horn, but the motor lorry continued to make the lane change. The left centre portion of the motor lorry then collided into the right side of my motorcycle.



**SINGAPORE  
POLICE FORCE**



T/20191030/2076

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

3 of 3

Report No. T/20191030/2076

**CONTINUATION OF REPORT**

**Sketch Plan**

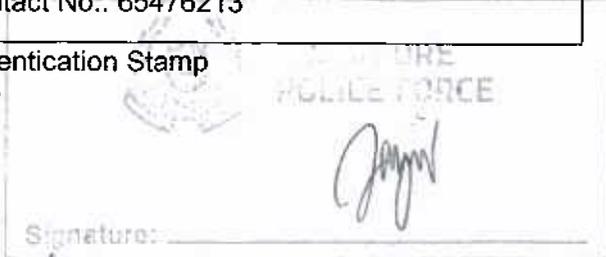
Informant is not able to provide sketch plan

**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 / S- Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213

Signature Of Informant: 
Date/Time: 30/10/2019 12:41
Classification Of Case:

Authentication Stamp  
NP168



Signature: \_\_\_\_\_

## Enquire Vehicle & Owner Information ( Vehicle No. YK7644S As At 23 Oct 2019 / 19:10:00 )

### Law Firm Search Details

**Search Reason:** Insurance claim in relation to traffic accident  
**Law Firm Case No.:** FBE6447E

### Current Owner Details

**Owner ID Type:** Business  
**Owner ID:** 52942958J  
**Owner Name:** VEHICLE TRADING  
**Registered Address Type:** Private Residential (Condo Apt or House) / Shopping / Office Complexes  
**Registered Block/House No.:** 56  
**Registered Street Name:** SEMBAWANG ROAD  
**Registered Unit No.:** # 01 - 03  
**Registered Building Name:** HONG HENG MANSION  
**Registered Postal Code:** 779086

### Current Vehicle Details

**Vehicle No.:** YK7644S  
**Make Description/Model:** MITSUBISHI / FUSO FK617MJ  
**Insurance Company Name:** AXA INSURANCE PTE LTD



Chia See Kim Angela Sharon has successfully logged out.

Your last login date and time was 10 Dec 2019, 09:36:20.

To return to ONE.MOTORING, please [click here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

#### Session Transaction History

S.No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	YK7644S -		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	10 Dec 2019 / 09:37:15

## SEARCH RESULTS

Our Ref No: GR-19-196759

Date of Request: 28/11/2019

Your Ref No:

WALK IN TAN

MOTO 51 PTE LTD  
2 KAKI BUKIT AVENUE 2, #01-17, KAKI BUKIT AUTOHUB  
SINGAPORE 417921

Dear Sir/Madam,

Your Vehicle No: FBE6447E

Date of Accident: 23/10/2019

Place of Accident: TUAS

Involving Vehicle No: YK7644S (NO REPORT) VALID TILL 29-9/12

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

DOCUMENTS	ACCIDENT LOCATION	ACCIDENT DATE	PER DOC (S\$)
No match found.			

With reference to your application for the accident report, we were unable to process your application and we draw your attention to the following:

- The requested party is not found in our database. We will continue to check daily for a period of one week, after which if there are no records found, your application will be deemed as cancelled and no notification will be sent to you.
- Your vehicle's accident report is not found in our database. Please lodge your non-injury accident report with your insurer.
- Your client's vehicle accident report is not found in our database. Please inform your client accordingly.
- Others

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE**  
**RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## TAX INVOICE

Our Ref No: GR-19-196759  
Date of Request: 28/11/2019

Your Ref No: WALK IN TAN

MOTO 51 PTE LTD  
2 KAKI BUKIT AVENUE 2, #01-17, KAKI BUKIT AUTOHUB  
SINGAPORE 417921

Dear Sir/Madam,

Your Vehicle No: FBE6447E  
Date of Accident: 23/10/2019  
Place of Accident: TUAS  
Involving Vehicle No: YK7644S (NO REPORT) VALID TILL 29-9/12

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	4.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	5.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

GIRO  Cash  Cheque



# BIKEBULANCE

9D, Yuan Ching Road #03-38 S(618646)  
 Tel: 6425-5333 96880928  
 Email: bikebulance@yahoo.com  
 MOTORCYCLE / SCOOTER Haulage Company

- DELIVERY ORDER
- CASH SALE
- INVOICE

M/S FBE 6447E

NO : 18958

Bill to HSI MOTO

RE : \_\_\_\_\_

DATE: 26/11/2019.

ITEM	QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1		Comfort Cycle Pte Ltd.	\$	\$ 50/-
2		ONGI MOTO @ macpherson.	\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
12			\$	\$
13			\$	\$

50% of quoted Price or min \$20 (which ever is higher) is liable for cancellation of booking (Not For Contract Basis) **Total** \$50/-

注意: 本公司對所拖的電單車, 在拖運中如有任何損壞, 一概由車主自行負責

NOTE: Vehicle is hauled at owner's risk. The Company accepts no responsibility for damages or other misdemeanor to your vehicle whilst being towed. E & OE

YM 2E  YM3C  GY 2E  GBB 2K  GZ 2320T  GBB4376E  Other

Customer's Signature & Chop

Issued By \_\_\_\_\_  
 Bikebulance Is The Solution To Your Motorcycle / Scooter Conveying Needs (Local & West Malaysia)

# MOTO 51 PTE LTD

Kaki Bukit Autohub  
2 Kaki Bukit Ave 2 #01-18  
Singapore 417921  
Tel No: +65 6842 0051 Fax No: +65 6741 0510  
E-Mail: moto51@n51.com.sg  
Company Reg. No.: 201536417C

KRISHNANSAMY S/O K SARAVANAMUTHU  
413 JLN SCIENTEX MAJU N14  
TMN SCIEN TEX JULAI 2  
81000 KULAI JOHOR  
MALAYSIA 81000

Contact : 8242 2280

## TAX INVOICE

Date : 26/12/2019  
Date in : 23/10/2019  
Vehicle Num. : FBE 6447 E  
Make/Model : YAMAHA FZ150I-2010  
Chassis/Eng# : PMYKG0250A0007717/G372EE007717  
Accident Date : 23/10/2019  
Claim No : CLM13393  
Reference : DEC-02/2019  
Policy No. : D19MTMC01004889 (17/07/2020)

ADMINISTRATIVE CHARGES

Amount S\$

500.00

---

E. & O.E.	Sub S\$ :	500.00
	Total Amount S\$ :	500.00

---



---

for MOTO 51 PTE LTD

# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters  
Blk 2 Rivervale Link, #09-02 Singapore 545040  
Tel/Fax: 6886 1106 Mobile: 9007 5234  
Email: constant\_as@yahoo.com.sg  
RCB No. 53138015K

## INVOICE

To: Krishnansamy S/O K Saravanamuthu  
413 Jln Scientex Maju N14  
Tmn Scien Tex Kulai 2  
81000 Kulai Johor

Date : 13/12/2019  
Invoice No : IV19-12025/CAS

Particulars	Amount
Fee For Services Rendered In Respect Of:  Inspecting And Submitting A Constructive Total Loss Report Of Accident Damaged Vehicle FBE 6447E (Inclusive Of Photographs And Transport Charges)  Our reference : CAS/19-12/025	\$500.00
<b>Total</b>	<b>\$500.00</b>

E. & O.E

**Constant Appraiser Services**



Cheque Should Be Crossed And Made Payment To 'Constant Appraiser Services'

# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant\_as@yahoo.com.sg

RCB No. 53138015K

Date: 13/12/2019

Our ref: CAS/19-12/025

To: Krishnansamy S/O K Saravanamuthu  
413 Jln Scientex Maju N14  
Tmn Scien Tex Kulai 2  
81000 Kulai Johor

Dear Sir,

## Aspect of Constructive Total Loss

Registration No. : FBE 6447E  
Make/Model : Yamaha FZ150I  
Chassis No. : PMYKG0250A0007717  
Engine No. : G372EE007717  
Date of Registration : 13.07.2010  
Accident Date : 23.10.2019

We thank you for the above assignment on 26.11.2019 to conduct an inspection of the above stated damaged vehicle at the premises of Moto 51 Pte Ltd, 2 Kaki Bukit Ave 2, #01-17 / #01-18 Kaki Bukit Autohub, Singapore 417921.

The vehicle sustained damages at the left, right and frontal portion. (Details see photographs enclosed) The estimated repair cost of such damages is \$2,000.00 (SIN DOLLARS: Two Thousand Only)

In view of this repair work, we are of the opinion that it would be **not economical** to proceed with the repair due to extensive repair cost and recommend it to be written off as "**Total Loss**".

The market value of a similar type, make and model as the said vehicle is in the region of \$1,500.00. The COE rebate is about \$78.00. Hence, the nett adjusted amount basing on constructive total loss calculation is \$1,422.00. (See computation below)

(a) If the vehicle to be 'Total Loss'

Market Value : \$1,500.00  
Less Salvage Value : (\$78.00)  
Nett Liability : \$1,422.00

(b) If the vehicle to be 'Repair'

Repair Cost : \$2,000.00

(a) - (b) = : (\$578.00)

The amount of estimated saving of \$578.00 if the vehicle to be written off as "**Total Loss**" instead of to be repair.

# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant\_as@yahoo.com.sg

RCB No. 53138015K

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## Remark

The inspection was conducted entirely on WITHOUT PREJUDICE basis and the information given is to the best of our knowledge.

Yours faithfully,

Constant Appraiser Services

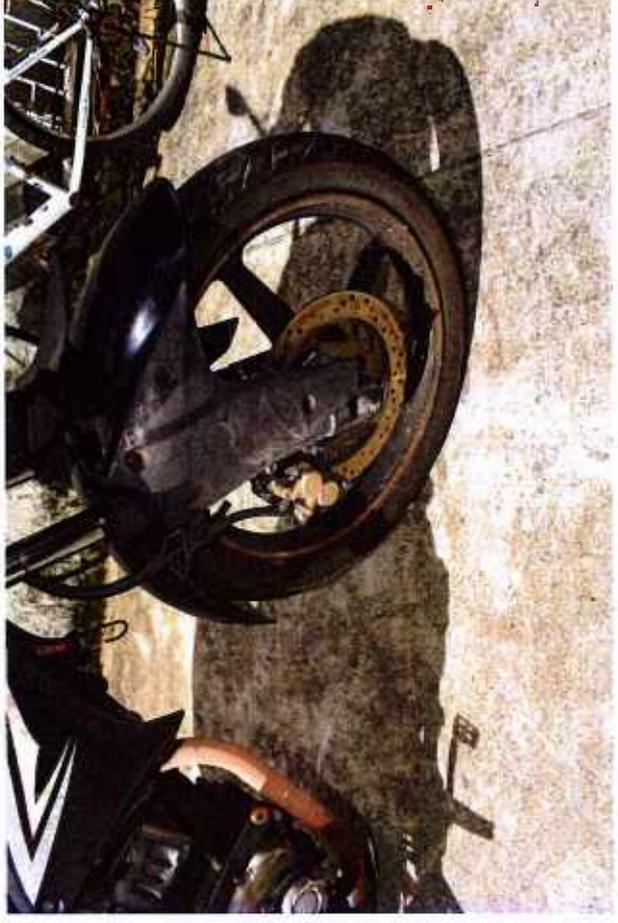
A circular blue stamp with the text "CONSTANT APPRAISER SERVICES" around the perimeter and "CAS" in the center. A handwritten signature in blue ink is written over the stamp.

Lim Yong Tian (Sebastian)

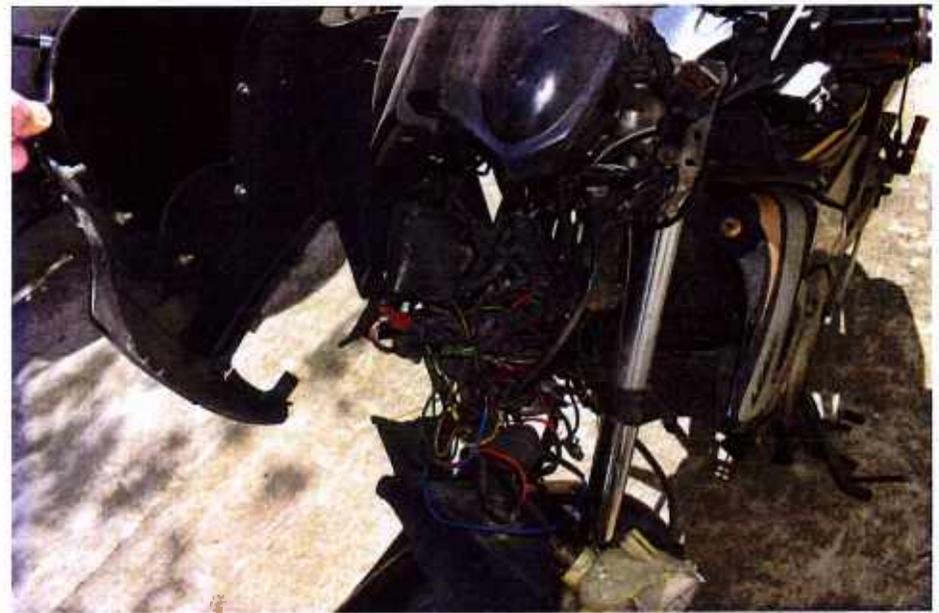
Licensed Appraiser

Adv. Dip. In Mechanical Engineering (AUS)

**Constant Appraiser Services**



**Constant Appraiser Services**



## Constant Appraiser Services



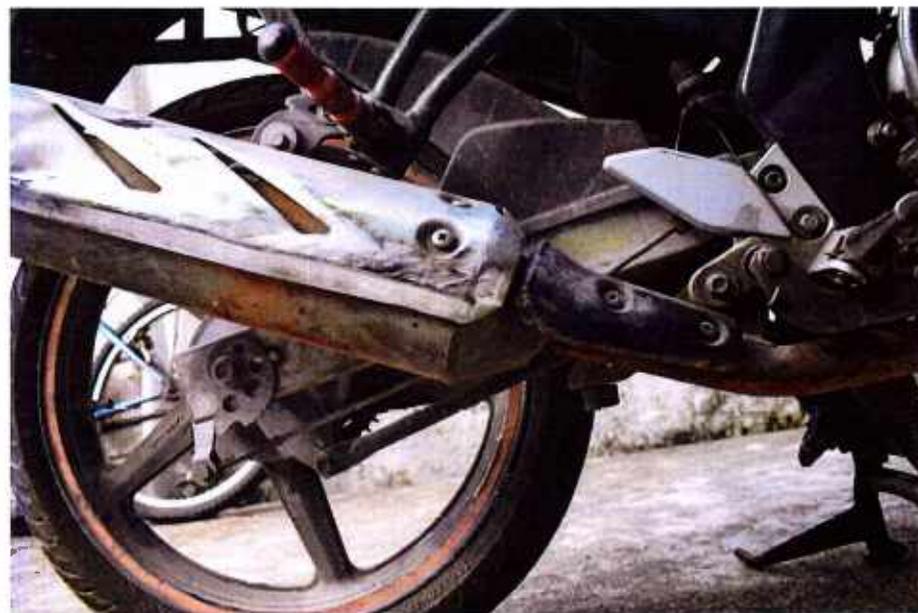
## Constant Appraiser Services



## Constant Appraiser Services



## Constant Appraiser Services



## Constant Appraiser Services



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 464C

### Vehicle Details

Vehicle No.: FBE6447E  
Vehicle to be Exported: No  
Intended Deregistration Date: 09 Dec 2019  
Vehicle Make: YAMAHA  
Vehicle Model: FZ150I  
Primary Colour: Black  
Manufacturing Year: 2010  
Engine No.: G372EE007717  
Chassis No.: PMYKGO250A0007717  
Maximum Power Output: -  
Open Market Value: \$2,533.00  
Original Registration Date: 13 Jul 2010  
First Registration Date: 13 Jul 2010  
Transfer Count: 2  
Actual ARF Paid: \$380.00

### Intended PARF Rebate Details

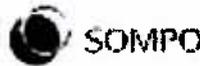
PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 12 Jul 2020  
COE Category: D - Motorcycle  
COE Period(Years): 10  
QP Paid: \$1,320.00  
COE Rebate Amount: \$78.00  
Total Rebate Amount: \$78.00

The information contained herein is correct as at 09 Dec 2019

OK



**Certificate of Insurance**

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 109)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1930  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)**

Dist. No./Policy No. : 019MTN00104283  
 Insured : KRISHNANBAMY S/O K. SARAYANAMUTHU  
 Motor Vehicle (Regn. No.) : FE8847E  
 Cover : Third Party  
 Policy Commencement Date : 15 JULY 2015 00:00  
 Policy Expiry Date : 14 JULY 2016 23:59  
 Maximum Liability (Section II) : Third Party  
 Excess\* : Nil  
 Named Driver : KRISHNANBAMY S/O K. SARAYANAMUTHU  
 Third Party Insured : Nil

\* Subject to OBT wherever applicable

The above Classes of Perils are applied to cover  
 KRISHNANBAMY S/O K. SARAYANAMUTHU

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or  
 Risk being covered and is not disqualified or liable to a Court of Law or by reason of any enactment or regulation in that behalf  
 made during the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 270) and  
 its registration under the Road Traffic Act (Chapter 270) has not been cancelled at the time of the accident, loss or damage.

**Conditions As To Use**

This policy is issued for social, domestic and pleasure purposes and  
 (a) by the insured person in connection with his business or profession or  
 (b) in connection with the insured's business or profession

**The Policy does not cover**

- (1) Use for hire or reward
- (2) Use for racing, speed trials, or other sports involving
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business
- (4) Use for any purpose not covered by the Motor Traffic

**Accident Reporting**

It is a condition precedent to liability that the insured shall call at the Company's Accident Reporting Centre within the Motor Vehicle  
 within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline (24) 6481 6262

Reference is made to the Policy and the Conditions of Insurance which are incorporated by reference in the User Guide (Terms, Conditions and Coverages) and  
 Chapter 109 and 110 of the Motor Vehicle (Third Party Risks and Compensation) Rules, 1930 and the Motor Vehicle (Third Party Risks) Rules, 1989 (Malaysia).

Sompo Insurance Singapore Pte. Ltd.

Authorized Signatory

Date/Time of issue: 20 JUNE 2015 15:29

**IMPORTANT NOTICE**

- 1. This policy covers the Motor Vehicle.
- 2. Under this Motor Vehicle Third Party Risks and Compensation Act (Chapter 109) of the Motor Vehicle (Third Party Risks and Compensation) Rules, 1930 and the Motor Vehicle (Third Party Risks) Rules, 1989 (Malaysia).
- 3. On the date of the Motor Vehicle Third Party Risks and Compensation Act (Chapter 109) of the Motor Vehicle (Third Party Risks and Compensation) Rules, 1930 and the Motor Vehicle (Third Party Risks) Rules, 1989 (Malaysia), the insured person shall be liable to pay the excess of the Motor Vehicle Third Party Risks and Compensation Act (Chapter 109) of the Motor Vehicle (Third Party Risks and Compensation) Rules, 1930 and the Motor Vehicle (Third Party Risks) Rules, 1989 (Malaysia) in respect of the Motor Vehicle Third Party Risks and Compensation Act (Chapter 109) of the Motor Vehicle (Third Party Risks and Compensation) Rules, 1930 and the Motor Vehicle (Third Party Risks) Rules, 1989 (Malaysia).
- 4. The Policy is issued to the insured person in accordance with the Motor Vehicle Third Party Risks and Compensation Act (Chapter 109) of the Motor Vehicle (Third Party Risks and Compensation) Rules, 1930 and the Motor Vehicle (Third Party Risks) Rules, 1989 (Malaysia).

Printed by Date & Issue: 20 JUNE 2015 15:29. E-MAIL: FE.112@MU/CHY/LEI @ Sompo MTS #0110/RAFFLES/MSGA

## 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	04/11/2019 11:30
Date Of Accident	23/10/2019 19:10
Exact Location Of Accident	TUAS SOUTH BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6447E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KRISHNANSAMY S/O K SARAVANAMUTHU
NRIC No	S7383464C
Email Address	SAMYJOHOR1973@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82452280
Alternative Phone No	OFFICE-82452280

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150-150CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MTMC01004889
Cover Note Number	

### Driver

Name of Driver	KRISHNANSAMY S/O K SARAVANAMUTHU
NRIC No	S7383464C
Date Of Birth	13/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82452280
Fax Number	
Contact Number	OFFICE-82452280
EEmail Address	SAMYJOHOR1973@GMAIL.COM

Address	413 JLN SCIENTEX MAJU N14 TMN SCIEN TEX KULAI 2 81000 KULAI JOHOR
Postcode	
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	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?	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	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT FOR THE INCIDENT DETAIL.

#### 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	YK7644S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

KRISHNANSAMY S/O K SARAVANAMUTHU

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

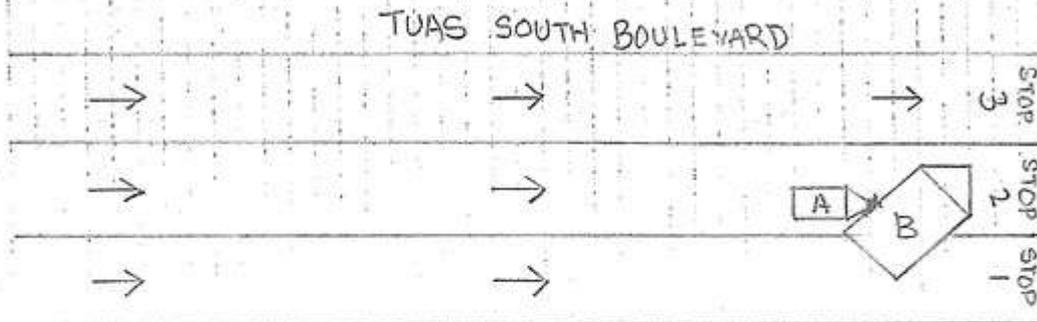
Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN



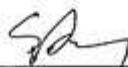
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

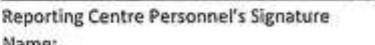
PEPPER to Police Report T/2019103012076

DECLARATION

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

  
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

### 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.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7383464C**  
 Name: **KRISHNANSAMY S/O K SARAVANAMUTHU**

Birth Date: **13 Feb 1973**  
 Issue Date: **29 Dec 2003**

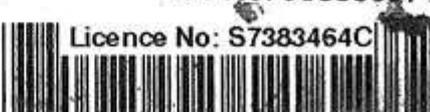




**ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS**

	PASS DATE
Class 2B Motorcycles =< 200 CC	03 Jan 1997
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	03 Jan 1997*
Class 4A Omnibuses	24 Mar 1997
Class 4 Heavy motor cars and motor tractors > 2500 kg	23 Jan 2006
Class 5 Motor vehicles > 7250 kg not constructed to carry any load	18 Jun 2007

S7383464C S / No. 9000065711



NP 42

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7383464C**



Name



**KRISHNANSAMY S/O K  
SARAVANAMUTHU**

Race

**INDIAN**

Date of Birth

**13-02-1973**

Sex

**M**

S7383464C

Country of Birth

**MALAYSIA**

8490873



NRIC No. **S7383464C**



Nationality

**MALAYSIAN**

Blood Group

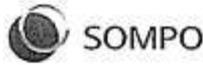
Date of issue

**12-12-2002**

413 JLN SCIENTEX MAJU N14 TMN SCIEN  
TEX KULAI 2 81000 KULAI JOHOR

NRIC No: **S7383464C**

Date: **12/12/2017**



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01105 Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg  
Co. Reg. No.: 198905420E | GST Reg. No.: M200203199

## Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES,1960  
ROAD TRANSPORT ACT,1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES,1959 (MALAYSIA)

Cert No./Policy No. : D19MTMC01004889  
Insured : KRISHNANSAMY S/O K SARAVANAMUTHU  
Motor Vehicle (Regn No.) : FBE6447E  
Cover : Third Party  
Policy Commencement Date : 15 JULY 2019 00:00  
Policy Expiry Date : 14 JULY 2020 23:59  
Maximum Liability (Section I) : Third Party  
Excess\* : NIL  
Named Driver 1 : KRISHNANSAMY S/O K SARAVANAMUTHU  
HIRE PURCHASE OWNER : NIL

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
KRISHNANSAMY S/O K SARAVANAMUTHU

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 is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

### Limitations As To Use

Use only for social, domestic and pleasure purposes and  
(a) by the Insured in person in connection with his business or profession or  
(b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

### Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref MCY-MTMC 02)

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 20 JUNE 2019 15:29

### IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle.
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company, if the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 FJDLCC4K40MLMKAJ

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MEDICAL CERTIFICATE	ORIGINAL	NUH192931
NAME: KRISHNANSAMY S/O K SARAVANAMUT		NRIC: S738346

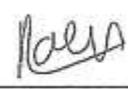
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Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 16 day(s) from 24-Oct-2019 to 08-Nov-2019 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 24-Oct-2019 02:23 to 25-Oct-2019 10:20

<u>25-Oct-2019</u>	<u>TAN WEI CHYI RAE-ANN</u> (P1494D)	<u>NW43</u>	<u></u>
Date	Issued by	Location	Signature

A member of the NUHS

MEDICAL CERTIFICATE	AMENDED ORIGINAL	NUH19296295
NAME: KRISHNANSAMY S/O K SARAVANAMUT		NRIC: S7383464C

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 21 day(s) from 09-Nov-2019 to 29-Nov-2019 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 30-Oct-2019 08:40 to 30-Oct-2019 10:15

30-Oct-2019  
Date  
A member of the NUS

JOYCE TIE LIN (61315J)  
Issued by

HRM Centre  
Location

  
Signature



**SINGAPORE  
POLICE FORCE**



T/20191030/2076

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

1 of 3

Report No. T/20191030/2076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/10/2019 12:41		Vide Report No.: J/20191023/0115		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KRISHNANSAMY S/O K SARAVANAMUTHU			Address:		
ID Type / ID No.: NRIC NO / S7383464C			Contact No.: Home/Office: 0107663774      Mobile: 82452280		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 13/02/1973	Type of Informant: Rider		
Race: Indian		Language: English		Institution / School Name:	
Occupation: TRAILER DRIVER		Driving Licence Information: Class: 2B,3,4A,4,5		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2019 19:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TUAS SOUTH BOULEVARD TUAS SOUTH AVENUE 14				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6447E	Motorcycle	YAMAHA	FZ150I	Black	Slightly Damaged	0
YK7644S	Lorry				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE6447E	TENET SOMPO INSURANCE PTE. LTD.	D19MTMC0100488 9	15/07/2019	14/07/2020



**SINGAPORE  
POLICE FORCE**



T/20191030/2076

2 of 3

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

Report No: T/20191030/2076

CONTINUATION OF REPORT

**Brief Details.**

On 23/10/2019 at about 7.08pm, I was riding motorcycle FBE6447E, along Tuas South Boulevard. I had just finished work and was heading to Tuas Checkpoint to return home. I was travelling on lane 1 of the 3-lane road. There were motor lorries stationary on lanes 2 and 3. Motor lorry YK7644S, was stationary on lane 2. As I proceeded straight, the said motor lorry moved off and made a right lane change from lane 2 to lane 1, in front of me. Once I had driven past the other 2 stationary motor lorries on lane 2, I made a lane change from lane 1 to lane 2. I was then travelling on lane 2, alongside, motor lorry, YK7644S. The said motor lorry then made a left lane change from lane 1 to lane 2 and was encroaching into my travel path. I sounded my horn, but the motor lorry continued to make the lane change. The left centre portion of the motor lorry then collided into the right side of my motorcycle.



**SINGAPORE  
POLICE FORCE**



T/20191030/2076

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

3 of 3

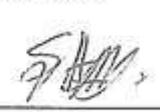
Report No. T/20191030/2076

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 / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/10/2019 12:41
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## 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	13/12/2019 11:20
Date Of Accident	23/10/2019 19:05
Exact Location Of Accident	ALONG TUAS SOUTH BOULEVARD TWS TUAS SOUTH AVE 14
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK7644S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VEHICLE TRADING
Co Reg No	52942958J
Email Address	VEHICLETRADING@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91181402

### Vehicle Particulars

Manufacturer	mitsubishi
Model	FUSO
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	VFX/P1814731
Cover Note Number	

### Driver

Name of Driver	VINOD MATTAMANA
Passport No/FIN	G7869597N
Date Of Birth	10/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/05/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91181402
Fax Number	
Contact Number	
EEmail Address	VEHICLETRADING@YAHOO.COM.SG

Address	NO.3 SOON LEE STREET #04-04 PIONEER JUNCTION
Postcode	627606
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	JURONG WEST NPC
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER POLICE REPORT.

#### 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	FBE6447E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBE6447E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer as traffic police report.

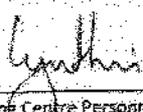
The driver of the company using to delivery the goods

DECLARATION

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

  
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.:



**POLICYHOLDER ACKNOWLEDGEMENT FORM**

Date: 13/12/19

To: Owner of Vehicle Number: YK 76443

The following has been advised to you via your workshop, S & H Motor Pte Ltd through their staff.

Lynthia

Please tick the applicable box if you had been advised on any of the following:

- You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- You had been advised by the workshop on the liability and merits of the case accordingly.
- You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
  - > if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
  - > if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ The estimated arrival time does not include the repair period.
- You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- Others \_\_\_\_\_

Signed and acknowledged by:



Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191023/2202

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20191023/2202

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/10/2019 22:44		Vide Report No.: J/20191023/0115		Station Diary No.: 224	
<b>Informant's Particulars</b>					
Name of Informant: VINOD MATTAMANA			Address: APT BLK 989D JURONG WEST STREET 93 #02-657 SINGAPORE 644989		
ID Type / ID No.: FIN NO / G7869597N			Contact No.: Home/Office:		Mobile: 93378309
Nationality: INDIAN			Email:		
Sex: Male	Age: 50	Date of Birth: 10/05/1969	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: ASSISTANT PRODUCTION SUPERVISOR			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

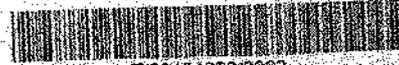
<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2019 19:05	Type of Location: Straight Road
Location: Along Road 1 TUAS SOUTH BOULEVARD  Along Tuas South Boulevard towards Tuas South Avenue 14				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FB6447E	Motorcycle	YAMAHA	FZ150I		Slightly Damaged	1
YK7644S	Lorry	MITSUBISHI	FUSO FK617MJ		No Damage	35

<b>Details of Person Involved</b>	
Any Pedestrian involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191023/2202

2 of 3

Report No. T/20191023/2202

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**CONTINUATION OF REPORT**

Driver Name		VINOD MATTAMANA		ID No.		G7869597N	
Related Vehicle		YK7644S (Lorry)		Contact No.		93378309	
Hospital/Clinic		NIL		Class of Driving Licence & Expiry Date		Class: 2B,3,4 Date of Expiry: NIL	
Date Treatment		NIL		Date Discharge		NIL	
No. of Days granted Medical Leave		NIL		Degree of Injury		NIL	

**Brief Details.**

On 23/10/2019 at about 1900hrs, I was driving my company vehicle, YK7644S, along Tuas South Boulevard towards Tuas South Ave 14 on the center lane of 3 lanes as there are a lot of vehicle parked along the extreme left lane. Subsequently, there no longer vehicle parking along the extreme left lane thus signaled left to indicate changing to left lane. I then check my blind spots and made a lane changed to the left.

While I was changing my lane, suddenly I heard a loud sound from my left. I then noticed a motorcyclist hit onto the left side of my vehicle and fell to the ground.

I then stopped my vehicle and render assistance to the motorcyclist. my vehicle does not have any damages however the motorcycle's head light was damaged. The motorcyclist sustain injuries on his fingers. Moments later, Traffic Police and Ambulance arrived. The motorcyclist was conveyed to hospital and I did not managed to exchange his particular.

I was given a case card vide report J/20191023/01115, In-Charge case TP IO Zaid.



SINGAPORE  
POLICE FORCE



T/20191023/2202

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

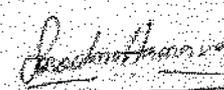
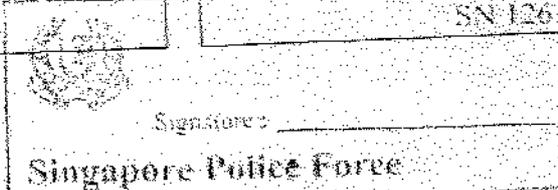
Report No: T/20191023/2202

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: J/ Sgt 1 IBRAHIM BIN ROSLI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/10/2019 22:44
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:  SN 126
Authentication Stamp NP168	



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 625

To : AXA Insurance Pte Ltd

2/3/2020

### Survey details

Date of loss	23-Oct-19
Date of appointment	12-Dec-19
Date of survey	12-Dec-19
Location of survey	Ong Motor Trading

### Vehicle Details:

Claim Type:	Third Party
Vehicle number	FBE 6447E
Make and Model	YAMAHA FZ150I
Date of registration	13-Jul-10
Excess	
Market Value	\$2,300
Parf Rebate	\$75
Nett Loss	\$2,225

### Repair details

Initial Estimate	
------------------	--

#### Proposed/Revised repair cost:

Parts	
Check item	
Labour	
Total	
Lump Sum(if applicable)	

Number of days of repair	4
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#### **Remarks:**

The estimated repair cost of the damaged vehicle is in the region of \$3,500.00 - \$4,800.00