Report no: 450M1019.SH
Vehicle no: FBQ4583U


MH3SH0848KK008025


F8Q
4583U


Consumption
Average
322
km / L
1243
1803
Odo
km
F
H
E
C
140
160
4
3
2


FBQ4583U


FBQ4583U


FBQ4583U


FBQ

POST REPAIR

Report no: 450M1019.SH
Vehicle no: FBQ4583U

POST REPAIR

Report no: 450M1019.SH
Vehicle no: FBQ4583U

POST REPAIR

Report no: 450M1019.SH
Vehicle no: FBQ4583U

POST REPAIR

Report no: 450M1019.SH
Vehicle no: F8Q4583U

POST REPAIR

Report no: 450M1019.SH
Vehicle no: FBQ4583U

MSD19136811 / STA INSPECTION PTE LTD - Boon Lay
ENTRY DATE & TIME: 15/10/2019 15:11
SUBMITTED BY: Woodford Richard Vincent

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	15/10/2019 15:11
Date Of Accident	14/10/2019 12:20
Exact Location Of Accident	ALONG JALAN MAS KUNNING
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBQ4583U
Insured/Policyholder	
Name Of Registered Owner	LAW CHEE MING
NRIC No	S7578673E
Email Address	LAWCHEEMING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-85106315
Alternative Phone No	OFFICE-85106315
Vehicle Particulars	
Manufacturer	YAMAHA
Model	CZD300A / XMAX300
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-504290-WTT
Cover Note Number	
Driver	
Name of Driver	LAW CHEE MING
NRIC No	S7578673E
Date Of Birth	04/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85106315
Fax Number	
Contact Number	OFFICE-85106315
EMail Address	LAWCHEEMING@YAHOO.COM.SG

Address	BLK 780C WOODLANDS CRESCENT #15-47
Postcode	733780
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8719M
Vehicle Make/Model/Colour	NISSAN CABSTAR -SILVER COLOR
Details Of Properties	RIGHT SIDE PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA NA
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LAW CHEE MING

Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FBQ4583U
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 780C WOODLANDS CRESCENT #15-47
Postcode	733780

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.

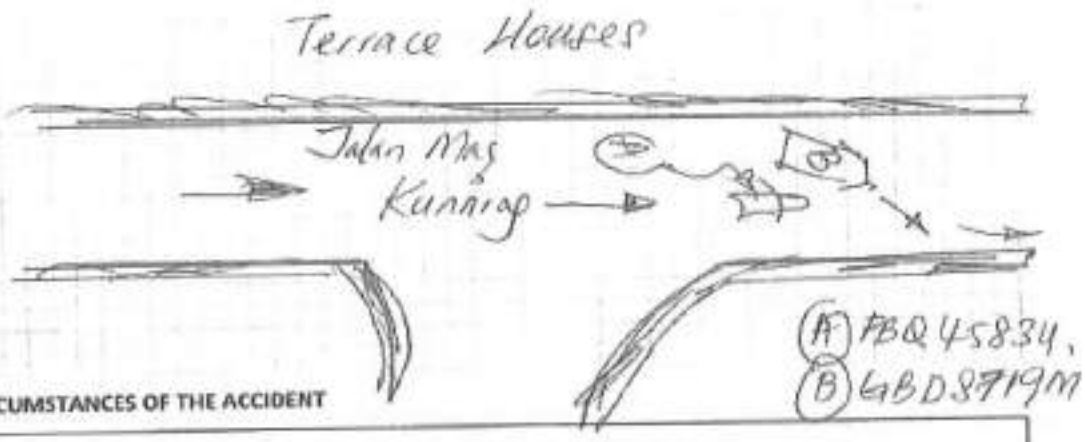
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
15/10/20

SKETCH

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight ahead on the left side was a vehicle "B". As I pass by vehicle B, the driver suddenly drive out and jolta to Right and Hit into my bike. Due to the impact my bike & myself flew to the Right of. Only 2 vehicles involved.

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.:

15/10/2019

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

SOON HIN MOTOR PTE LTD

Blk 1018 Yishun Industrial Park A, #01-342, Singapore 768760
Tel no: 67524893, 62573352

INVOICE

Law Chee Ming
Blk 780C Woodlands Crescent
#15-47
Singapore 733780

Invoice No: 003/20/SH/TP
Date: 6 July 2020

Item	Particular	Amount ($)
1	To supply labour and materials to repair below mentioned vehicle to its pre-accident condition.	$2,600.00
2	7% GST	$182.00
	Vehicle No: FBQ4583U Make/Model: Yamaha CZD300A Accident Date: 14 October 2019	
	(Sing Dollars: Two Thousand Seven hundred and Eighty-two only	
	TOTAL:	**$2,782.00**

SOON HIN MOTOR PTE. LTD.
Blk 1018 Yishun Industrial Park A
#01-342 Singapore 768760
Tel: 6752 4893 Fax: 6257 3352
Co. Reg. No. 201312345W

Authorized Signature

PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189
Mobile: 9061 0543 Email: mirage1195@gmail.com

Law Chee Ming
Blk 780C Woodlands Crescent
#15-47
Singapore 733780

Invoice no:	POS0450/19
Date:	4 July 2020
Report no:	450M1019.SH
Vehicle :	FBQ4583U

INVOICE

No	Item Description	Qty	Unit Price	Total Amount ($)
01	Being charges for the inspection of the accident vehicle, transport and photographs.			473.00
SGD($): Four Hundred and Seventy-Three only			**Grand Total:**	**473.00**

"Cheque should be crossed and made payable to "Pro-Option Services"

PRO-OPTION SERVICES

.....

Authorised Signature

PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189
Mobile: 9061 0543 Email: mirage1195@gmail.com

ACCIDENT VEHICLE INSPECTION REPORT

Report no : 450M1019.SH
Vehicle no : FBQ4583U

1 REFERENCE

Date of inspection	:	24 October 2019
Requested by	:	Law Chee Ming Blk 780C Woodlands Crescent #15-47 Singapore 733780
Type of survey	:	Independent
Repairer	:	Soon Hin Motors Pte Ltd Blk 1018 Yishun Industrial Park A, #01-342, Singapore 768760
Date of accident	:	14 October 2019

2 VEHICLE DATA

Make/model	:	**YAMAHA CZD300A / XMAX300**
Chassis no	:	MH3SH0848KK008025
Engine no	:	H336E0060529
Date of registration	:	09 Oct 2019
Engine capacity	:	292 cc
Colour	:	Matt Black
Odometer reading	:	1803 km

3 STATIC CONDITION CHECK

Steering	:	Affected
Foot brakes	:	Serviceable
Hand brakes	:	Affected
Paintwork	:	Good
General Condition	:	Good

4 TIRE CONDITION CHECK

		mm/Make	SIZE
Front tread	:	6 mm/Dunlop	120/70-15
Rear tread	:	6 mm/Dunlop	140/70-14

5 BRIEF DESCRIPTION OF DAMAGE

Front forks bent, front wheel rim bent/wobbled, front brake disc bemt, LH & RH side fairing cover grazed, headlamp abraded, LH winker light scraped, RH side mirror abraded, etc. Please see para. 8 of this report for more details.

6 REMARKS

This inspection is carried out on a "WITHOUT PREJUDICE" basis and I have not authorized any repairs.

7 RECOMMENDATION

Cost of repairs	:	**$2,600.00** (lump sum)
Estimated no of days	:	**Four (4)**

8 ASSESSMENT OF DAMAGE AND COSTS

Report no: 450M1019.SH
Vehicle no: FBQ4583U

A SPARE PARTS

Description	Qty	Assessed Condition	Repairer's Amount	Revised Amount
Exhaust muffler cover	1	scraped	120.00	120.00
RH rear side cover set	1	abraded	195.00	195.00
RH rear side cover cover "X-MAX"	1	necessary	58.00	58.00
LH side winker light	1	scraped	68.00	68.00
Side mirror	1	abraded	180.00	180.00
Front cowling	1	grazed	105.00	105.00
LH side fairing cover	1	grazed	128.00	128.00
LH side fairing cover "Yamaha" logo	1	necessary	38.00	38.00
RH side fairing cover	1	dented/scraped	128.00	128.00
RH side fairing cover "Yamaha" logo	1	necessary	38.00	38.00
Headlamp assy	1	abraded	295.00	295.00
LH side step board	1	cut/scraped	90.00	90.00
LH belly cover	1	grazed	60.00	60.00
Front brake disc	1	bent	120.00	120.00
Front wheel rim	1	bent/wobbled	350.00	350.00
Front fork assy LH/RH	2	bent	520.00	520.00
RH side fairing top cover set	1	scraped	85.00	85.00
		Subtotal of the above	2,578.00	2,578.00
		Discount 10%	257.80	257.80
(Special nett)		*Subtotal 1:*	*2,320.20*	*2,320.20*
Rear box	1	abraded/reflector broken	220.00	220.00
		Subtotal 2:	*220.00*	*220.00*
		Total cost of parts:	2,540.20	2,540.20

B LABOUR

Towing fee (2x)			70.00	60.00
Labour charges.			750.00	600.00
		Total cost of labour:	820.00	660.00
		Total cost of repair:	**3,360.20**	**3,200.20**

Report no: 450M1019.SH
Vehicle no: FBQ4583U

9 CONCLUSION

The revised or adjusted cost of repairs to restore the vehicle is $3,200.20

(a) However, the recommended cost of repair based on lump sum basis would be **$2,600.00**

(b) The estimated number of days for the repairs would be **Four (4)**

(1st re-inspection conducted on 4 February 2020)
(Post Repair Inspection conducted on 6 February 2020)

The above recommendations in my view are fair and reasonable for the restoration of the vehicle to its pre-accident condition.

Note: Lump Sum Repair Basis
This means the repairer is allowed to replace the damaged parts with used, reconditioned or new parts, or repair it to a roadworthy condition.

Prepared by:

.....
Liaw Leong San
Licensed Automotive Appraiser

Dated: 4 July 2020

Enquire Vehicle & Owner Information (Vehicle No. GBD8719M As At 14 Oct 2019 / 12:20:00)

Law Firm Search Details

Search Reason:	Insurance claim in relation to traffic accident
Law Firm Case No.:	AL.INS.2019.FBQ4583U

Current Owner Details

Owner ID Type:	Business
Owner ID:	35083100M
Owner Name:	KONG TAI ELECTRICAL TRADING
Registered Address Type:	HDB / HUDC
Registered Block/House No.:	504
Registered Street Name:	JURONG WEST STREET 51
Registered Unit No.:	# 01 - 221
Registered Building Name:	-
Registered Postal Code:	640504

Current Vehicle Details

Vehicle No.:	GBD8719M
Make Description/Model:	NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Insurance Company Name:	INDIA INT'L INS PTE LTD

Print OK

Thank you

Lim Wee Sing Allister has successfully logged out.
Your last login date and time was 21 Oct 2019, 12:14:58.
To return to ONEMOTORING, 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($)
1	Vehicle	GBD8719M	-	18.19 Enquire Veh Owner Info (Other) by Law Firm	7.49

Khoo Teck Puat Hospital
National Healthcare Group

Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Reg. No.:200717564H
www.ktph.com.sg

CONFIDENTIAL

Your Ref : AL.INS.2019.14816(PDPI).JW
Our Ref : 2019-9802-0

28th November 2019

Dr Sanjay Patel
MBBS (London), FCEM, FAMS
Senior Consultant, HOD
Acute & Emergency Care Centre
Khoo Teck Puat Hospital
MCR No. M17987F

ALLISTER LIM & THRUMURGAN
111 NORTH BRIDGE ROAD
#11-04 PENINSULA PLAZA
SINGAPORE 179098

Dear Sirs,

Through: Head, Acute and Emergency Care Centre, Khoo Teck Puat Hospital,

NAME : LAW CHEE MING
NRIC NO. : S7578673E

The above mentioned patient was seen 15th October 2019 at the Acute and Emergency Care Centre of Khoo Teck Puat Hospital. Patient was seen by Dr. Raynian Seah.

Patient was involved in a road traffic accident as a motorcyclist when fell on right side. Noted lorry suddenly turned to its right side. Patient complained of left deltoid area pain and right arm pain.

On examination, noted left shoulder tenderness over anterior deltoid.

Patient underwent xrays which showed no fractures.

Our clinical impression:
1) Contusion

Patient was treated conservatively and discharged well. Patient was given 4 days of medical leave from 15th Oct – 18th Oct 2019.

Dr Benedick Vicpaul Lau
Medical Officer
Acute & Emergency Care Centre
MCR No. M15730J

DR BENEDICK LAU
MEDICAL OFFICER
MCR NO. 16780J
ACUTE AND EMERGENCY CARE CENTRE
KHOO TECK PUAT HOSPITAL

The above findings are with reference to clinical notes done by Dr. Raynian Seah.

Khoo Teck Puat Hospital
National Healthcare Group

Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Reg. No.:200717564H
www.ktph.com.sg

Your Ref : AL.INS.2019.14816(PDPI).JW
Our Ref : MR22 2019-9802-0
Date : 26 Nov 2019

ALLISTER LIM & THRUMURGAN
111 NORTH BRIDGE ROAD
#11-04 PENINSULA PLAZA
SINGAPORE 179098

RECEIVED BY:
12 DEC 2019
ALLISTER LIM & THRUMURGAN
ADVOCATES AND SOLICITORS

ATTENTION:

RE: MEDICAL REPORT FOR LAW CHEE MING (NRIC NO: S7578673E)

We refer to your request dated 04 Nov 2019 for a medical report. The medical report will be forwarded in due course.

For patients who are collecting the report personally, please bring along your NRIC. If patient is authorising someone to collect on his/her behalf, please provide a photocopy of patient's NRIC and an authorisation letter. Please note that Ministry of Manpower Workmen Compensation Report will be forwarded directly to the Ministry.

Thank you.

Health Information Services(MRO)
Khoo Teck Puat Hospital

OFFICIAL RECEIPT

GST REG NO.: 200717564-H

Receipt No. : MRS-71842
Date : 26 Nov 2019

ORIGINAL

SERVICE DESCRIPTION	AMOUNT (S$)
ORDINARY MEDICAL REPORT **LAW CHEE MING S7578673E** Your Ref : AL.INS.2019.14816(PDPI).JW Our Ref : MR22 2019-9802-0 Payment : CHEQUE BEA 414276	**90.00**

7% GST is included in the amount charged.

Note: Administrative charges of 1/3 of the cost of medical report will be imposed if a cancellation request is made while the medical report is being processed.

For enquiries, please contact Meshach S/O Patras
Tel No: 6602 2477/6602 2477/ Khoo Teck Puat Hospital