

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Date : 08.10.2021

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : FBD 4955Z / SLM 4793H ON 30.08.2021

We are the authorized repair workshop for the owner of motor vehicle no: **FBD 4955Z**, which was involved in the captioned accident with your insured vehicle no: **SLM 4793H**. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

1) Cost of Repair	\$ 5,300.00
2) Loss of Use (18 days + 3 Sunday X \$50.00)	\$ 1,050.00
3) LTA Search Fee	\$ 7.45
	<u>\$ 6,357.45</u>

We enclosed herewith the following documents to support the claims:

- | | |
|------------------------------------|----------------------------------|
| a) Final Repair Invoice | b) LTA Search Result |
| c) Letter of Authorisation, etc... | d) GIA Report |
| e) Police Report | f) I/C & Driving Licence |
| g) Insurance Certificate | h) Vehicle Registration Log Card |

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Yours faithfully,



Jason Tang (jason@fasteghauto.com.sg)

For Choo Motor Spray Painter

TAX INVOICE

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Tax Invoice : 22560

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Attn : Motor Claim Department

Date : 08.10.2021

Vehicle No : FBD 4955Z

Make/Model : YAMAHA T135

Chassis/Eng# :

Accident Date : 30.08.2021

Claim No :

Reference : 0921 -22560

Policy No :

	Amount
To proceed on lump sum repair	S\$ 5300.00

E. & O. E.

Total : S\$

5300.00


for CHOO MOTOR SPRAY PAINTER

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Sep 2021 / 12:54:01

Receipt Date/Time : 02 Sep 2021 / 12:54:01

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210902-001497

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SLM4793H As at 30 Aug 2021/22:45:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - SLM4793H Enquiry Fee 20210902125321004560	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	20210902125329190	Direct Debit: eNETS Debit (Internet Banking)		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

DATE : 02.09.2021

TO : India International Insurance Pte Ltd

RE : ACCIDENT INVOLVING VEHICLE NO. FBD 4955Z / SIM 4793H

ALONG Seletar West Link towards CTE / TPE

ON 30.08.2021

I/We, Muhammad Amirul Bin Osman

of (NRIC No./ROC No.) S 9444636H

of 225 Yishun Street 21 #03-517 Singapore 760225

owner of vehicle no. FBD 4955Z in consideration of M/s CHOO MOTOR SPRAY PAINTER repairing my/our vehicle FBD 4955Z at my/our instruction and hereby authorise M/s CHOO MOTOR SPRAY PAINTER to demand claim settlement whatever amount settled/payable by the Insurance Company and/or third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use, etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and all claimed and/or settled shall belong to them absolutely.

I/We further agree and undertake to indemnify them against the above-mentioned claim cost which may arisen therewith.

Signature of Owner : 

Name of Owner : Muhammad Amirul Bin Osman

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 Submission	02/09/2021 16:34 (SGT)
Date of Accident	30/08/2021 22:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELETAR WEST LINK TWDS CTE / TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4955Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD AMIRUL BIN OSMAN
NRIC No	SXXXX636H
Email Address	MDAMIRULASMAN@GMAIL.COM
Mobile Phone No	(Phone) +65-82803643
Alternative Phone No	(Home) +65-82803643

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T135
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	134

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5122025928
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD AMIRUL BIN OSMAN
NRIC No	SXXXX636H

Date Of Birth	22/11/1994
Occupation	Indoor
Date Of Driving Pass	18/09/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82803643
Alt. Phone Number	(Home) +65-82803643
Email Address	MDAMIRULASMAN@GMAIL.COM
Address	225 YISHUN ST 21 #03-517
Address complement	-
Postcode	760225
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FATEEN NASYITAH BINTE NGASTI WANTO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM4793H
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD AMIRUL BIN OSMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD4955Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2


Name of injured person	FATEEN NASYITAH BINTE NGASTI WANTO
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD4955Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

IMPORTANT NOTICE

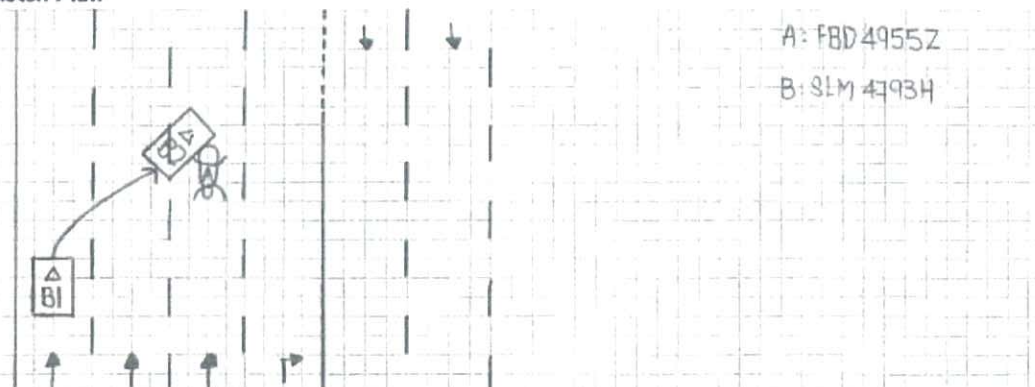
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Please refer to the police report (T/20210831/7057)

Declaration

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210831/7057

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

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Report No. T/20210831/7057

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD4955Z	NTUC Income Insurance Co-Operative Limited	5122025928	04/05/2021	03/05/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AMIRUL BIN OSMAN	ID No.	S9444636H
Related Vehicle	FBD4955Z (Motorcycle)	Contact No.	82803643
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date	30/08/2021	Date	31/08/2021
No. of Days granted Medical Leave	07	Degree of	Serious
Pillion			
Name	FATEEN NASYITAH BINTE NGASTI WANTO	ID No.	S9530486I
Related Vehicle	FBD4955Z (Motorcycle)	Contact No.	96499714
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	30/08/2021	Date	31/08/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	MOHD GANI	ID No.	S7497159H
Related Vehicle	SLM4793H (Car)	Contact No.	84129669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210831/7057

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

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Report No. T/20210831/7057

CONTINUATION OF REPORT

Brief Details.

On 30/08/2021 at about 2245hrs, I was riding my motorcycle FBD4955Z with my wife as pillion along Seletar West Link towards CTE/TPE on the 1st lane after Yishun dam. Out of a sudden, a Blue colour car SLM4793H made a swerve change of lane from the 3rd lane to 1st lane. I could not brake in time and the car hit the front and left of my motorcycle, causing me and my wife to fall on the road. Both of us sustained injuries due to the impact. The car then stopped and we exchanged particulars. My wife and I were still conscious at that point of time. There is an independent witness(Mr Tan Tuan Hong Tel:96209889) who stopped and helped us out with video evidence and gave me a copy of it. A police car driving along that road also helped us and called for an ambulance. We were then conveyed to Khoo Teck Puat Hospital. I was given 7 days MC due to the laceration on my left shin which required 6 stitches, abrasions on my toe, knee, face and swollen on my top right shin. My wife was given 5 days MC due to abrasions on both of her feet and swollen left pinky finger and right ankle.



**SINGAPORE
POLICE FORCE**



T/20210831/7057

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

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Report No. T/20210831/7057

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
LIM ENG KUAN, CLARENCE
Contact No.: 65476256

NP166

Signature Of Informant:


The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
31/08/2021 19:51

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9444636H

For Insurance Reporting And Claim Purposes Only



Name
MUHAMMAD AMIRUL BIN OSMAN

Race
MALAY

Date of birth
28-11-1994

Country of birth
SINGAPORE

Sex
M

4373824

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S9444636H

Name
MUHAMMAD AMIRUL BIN OSMAN

Birth Date: 28 Nov 1994

Issue Date: 26 Dec 2018

002885351K

4373824



NRIC No. S9444636H



Date of issue
19-03-2009

Address
APT BLK 225 YISHUN STREET 21 #03-517
SINGAPORE 760225
NRIC No: XXXXX636H

Date of change: 09/11/2020

For Insurance Reporting And Claim Purposes Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS	VEHICLE CLASS	EFFECTIVE DATE
Class 2	Motorcycles > 400 CC	18 Sep 2018
Class 2A	Motorcycles between 201 CC and 400 CC	25 Jul 2017
Class 2B	Motorcycles <= 200 CC	12 Nov 2015
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	13 Aug 2019
Class 4	Heavy motor cars and motor tractors > 2500 kg	13 Dec 2019

S9444636H

S / No.9000346121

Licence No: S9444636H

NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5122025928

Cover : Third Party

- | | |
|--|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBD4955Z |
| Chassis Number | : 5YP300778 |
| 2. Name of Policyholder | : MUHAMMAD AMIRUL BIN OSMAN |
| 3. Effective Date of Insurance | : 04 May 2021 |
| 4. Expiry Date of Insurance | : 03 May 2022 |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUHAMMAD AMIRUL BIN OSMAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 03 May 2021 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 636H

Vehicle Details

Vehicle No.: FBD4955Z
Vehicle to be Exported: No
Intended Deregistration Date: 02 Sep 2021
Vehicle Make: YAMAHA
Vehicle Model: T135
Primary Colour: Blue
Manufacturing Year: 2009
Engine No.: 5YP300778
Chassis No.: 5YP300778
Maximum Power Output: -
Open Market Value: \$1,781.00
Original Registration Date: 08 Apr 2009
First Registration Date: 08 Apr 2009
Transfer Count: 7
Actual ARF Paid: \$268.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 07 Apr 2029
COE Category: D - Motorcycle
COE Period(Years): 10
PQP Paid: \$3,495.00
COE Rebate Amount: \$2,655.00
Total Rebate Amount: \$2,655.00

The information contained herein is correct as at 02 Sep 2021

OK