



江氏修理汽車私人有限公司
KANG CAR REPAIRERS PTE LTD

1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT SINGAPORE 417883
TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg
Co. Reg. No. 201300201N GST Reg. No. 201300201N

Our Ref : KCR0220227865III
Your Ref: FBN7900J

Date 3 JUN 2022

WITHOUT PREJUDICE

India International Insurance Pte Ltd
C/O LKK Auto Consultants Pte Ltd
Blk 51, Ubi Avenue 1,
#01-25, Paya Ubi industrial Park,
Singapore 408933

Dear Sirs,

Accident involving FBN7865C and FBN7900J on 24.02.2022 inside CDC Driving Circuit.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle FBN7900J.

We are instructed that the accident was caused by your insured's negligent driving and/or management of his vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense.

On behalf of and as authorized by M/s ComfortDelgro Driving Centre Pte Ltd, the owner of motor-vehicle no: FBN7865C, we submit their claim to you:

Cost of repairs (Inclusive of 7% GST)	\$ 1,563.94
Loss of use (3 days x \$50.00)	\$ 150.00
	<u>\$ 1,713.94</u>
	=====

Enclosed herewith are copies of the following documents in support of our client's claim:

- 1) Tax invoice no: KCR-INV2200151
- 2) GIA report and insurance certificate of FBN7865C
- 3) Police Report No : G/20220225/7050

We hope to receive your early reply soon.

Thank you.

Yours faithfully,
KANG CAR REPAIRERS PTE LTD



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KANG CAR REPAIRERS PTE LTD

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TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg

Co. Reg. No. 201300201N GST Reg. No. 201300201N

M/S : INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04/#05 IOB BUILDING
SINGAPORE 049711

TEL: 63476100 FAX: 62244174

ATTN: Motor Claim Department

Your Ref No: FBN7900J

Claim Type: Third Party

Accident Date: 24/02/2022

TP Veh Reg No: FBN7900J

Final No: KCR-INV2200151
Claim No: EST2200072
Date: 26 May 2022
Policy No: D20MFL0000637_02
Veh Reg No: FBN7865C
Make/Model: YAMAHA YBR125
Chassis No: LBPRI028J0010586
Engine No: E3F5E045288
Reg. Date: 10/12/2018

Tax Invoice to Vehicle No :FBN7865C

PAGE:1

Description	Quantity	List Price	Amount
		S\$	S\$

As recommended by surveyor to proceed repair at total cost/lumpsum cost S\$ 1,461.63

Add GST @ 7% 102.31

Total Amount payable S\$ 1,563.94

TOTAL: SINGAPORE DOLLAR ONE THOUSAND FIVE HUNDRED SIXTY THREE AND CENTS
NINETY FOUR ONLY

For Kang Car Repairers Pte Ltd

E. & O. E.

AUTHORISED SIGNATURE

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	26/02/2022 10:27 (SGT)
Date of Accident	24/02/2022 21:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ComfortDelGro Driving Centre Circuit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN7865C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ComfortDelGro Driving Centre Pte Ltd
Company Reg No	1XXXXX882C
Email Address	daryltan@cdc.com.sg
Mobile Phone No	(Phone) +65-90072819
Alternative Phone No	+65-90072819

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR125
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	124

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0000637_02
Cover Note Number	-

DRIVER

Name of Driver	Mohamed Imran Bin Rafiq Marican
NRIC No	TXXXX719E

Date Of Birth	16/10/2001
Occupation	Indoor
Date Of Driving Pass	24/02/2022
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-81845144
Alt. Phone Number	-
Email Address	imrrannnn@gmail.com
Address	84 Jalan Kelichap
Address complement	-
Postcode	534289
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Learner
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 - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

See attached sketch plan and police report no: G/20220225/7050 (Learner was having riding lesson/tuition)

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	FBN7900J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	Yeo Zong Xian Adrian
Contact Number	(Phone) +65-90060163
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Mohamed Imran Bin Rafiq Marican
Gender	Male
Phone No	(Phone) +65-81845144
Address	84 Jalan Kelichap
Address Complement	
Post Code	534289
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	FBN7865C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS


WITNESS 1

Name	Mohd Rafiq
Phone	(Phone) +65-96805735
Email	

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 willful 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 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 insurers 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' law yers/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' law yers/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 law yers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

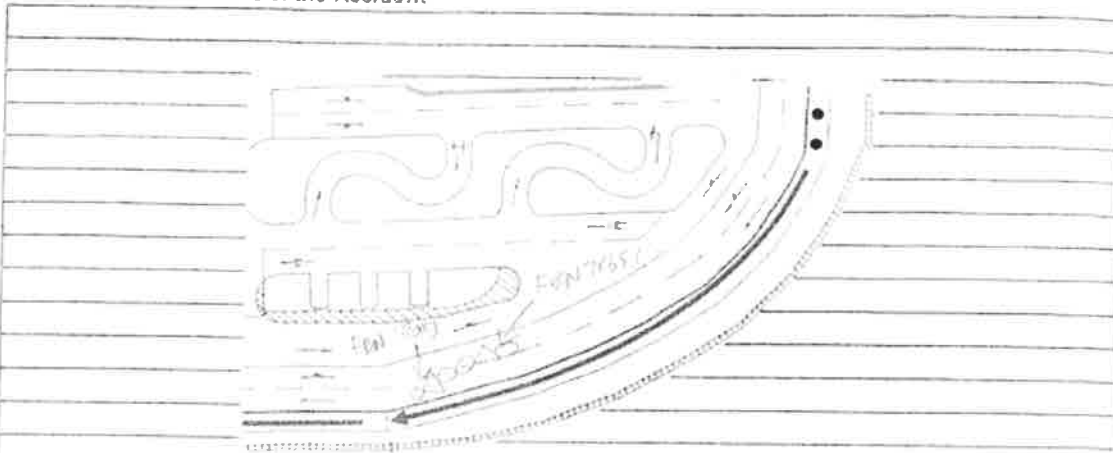


Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident





On 24 Feb 2022 at about 2150 hrs, I was riding FBN 7865C. The 3rd party (FBN 79003) was in front of me when he skidded off his motorcycle and I was caught in the collision.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

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**


G/20220225/7050

1 of 1

POLICE REPORT (NP299)

Report No. G/20220225/7050

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 25/02/2022 16:33		Vide Report No.		Station Diary No.	
Name Of Informant MOHAMED IMRAN BIN RAFIQ MARICAN		Address 84 JALAN KELICHAP SINGAPORE 534289			
ID Type / ID No. NRIC NO / T0131719E		Contact No.		Mobile: 81845144	
Nationality SINGAPORE CITIZEN		Email Address IMRRANNNN@GMAIL.COM			
Occupation After sales adviser/Client account service executive		Sex Male	Age 20	Date of Birth 16/10/2001	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 24/02/2022 21:50 - 24/02/2022 22:00		Location Of Incident 205 UBI AVENUE 4 KAMPONG UBI DRIVING TEST CENTRE SINGAPORE 408805			

Brief details.

I was Rider 2 on the right side of the road. Rider 1 was in front of me on the left side of the road as he skidded off his bike and i was caught in the collision.

Sustained injuries:

right underarm and elbow scraped and made heavy contact with road

left shoulder heavy contact with road causing pain needing to go to the doctor for evaluation

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2022 16:33
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SK0M222Q0001 Vehicle Registration No: FBN7865C
 Name (as shown in NRIC): ComfortDelGro Driving Centre Pte Ltd NRIC/FIN/Passport No: 199601882C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 205 Ubi Avenue 4 Singapore 408805
 Contact (Tel): _____ Mobile No.: 90072819
 Email Address: clarytan@cdc.com.sg
 Date of Accident: 24/2/2022 Time of Accident: 21.50pm
 Place of Accident: ComfortDelGro Driving Centre Circuit
 Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend to claim third party

Policyholder / Driver's Signature

Date: 4/3/2022

Reporting Centre Personnel's Signature

Name: _____
 NRIC/FIN No.: _____
 Date: 4/3/2022