

**CHIA S ARUL LLC**  
ADVOCATES & SOLICITORS  
UEN201330709H

ARULCHELVAN S • RUTHRAM RAM • DON TAN

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Our ref: AS.220971.kc

Your ref: To be advised

30 January 2023

India International Insurance Pte Ltd  
64 Cecil Street  
#04/#05-00  
IOB Building  
Singapore 049711

BY EMAIL

Dear Sirs,

**ACCIDENT INVOLVING (RIDER) FS 6180C & SLT 4716U ALONG 1 SOMERSET ROAD  
ON 09 OCTOBER 2022**

1. We act for G Kernabalan, rider of motor cycle FS 6180C at the material time in his claim for personal injury suffered as a result of a road traffic accident that occurred on 9 October 2022 along 1 Somerset Road involving FS 6180C and SLT 4716U (the "accident").
2. We have been instructed that the above accident was caused by your/your servant's and/or agent's negligence and/or contributory negligence in the driving and management of motor vehicle SLT 4716U. As a result of the accident, our client has been put to loss and expense.
3. Accordingly, and in compliance with the PIMA Protocol (see "NOTE" below), **we hereby give you notice of our client's intention to claim damages against you** for personal injuries and consequential loss and expense suffered by our client as a result of your/your servant's and/or agent's negligence and/or contributory negligence at the material time, and, if necessary, to commence legal action against you/your servant and/or agent for the same.

*NOTE: The Pre-Action Protocol for Personal Injury Claims, Appendix E of the State Courts Practice Directions Amendment No. 1 of 2016 ("the PIMA") is relevant and applies to all claims for personal injury as a result of road traffic and industrial accidents. Relevant provisions of the mentioned PIMA will be hereafter highlighted. A soft copy can be found at: <https://epd.statecourts.gov.sg/Appendices.html#appendix-e-pre-action-protocol-for-personal-injury-claims>*

4. In compliance with the paragraph 3.2 of the PIMA Protocol, we set-out the quantification of our client's claim at this point in time as follows:-

General Damages

a)	Pain & Suffering	
	i. Right shin contusion	\$2,000.00
	ii. abrasions	\$3,000.00
b)	Loss of income	\$ to be assessed

Special Damages

c)	Medical expenses (continuing)	\$137.10
d)	Transport expenses (continuing)	\$30.00
e)	Cost of repair	\$3,200.00
f)	Loss of use (4 days x \$50.00)	\$200.00

In view of an amicable settlement at this stage of the intended proceedings, we further render below a list of disbursements incurred (at this point in time):-

Disbursements incurred as to date:

g)	Medical report	\$90.00
h)	Incidentals	\$108.00
i)	LTA Search	\$7.49
j)	Survey report	\$400.00

5. Please note that the above quantification is made on a "Without Prejudice" basis and we reserve our client's rights to re-quantify the claim.
6. Pursuant to paragraph 3.8 of the PIMA Protocol, kindly find annexed herewith copies of the following documents for your consideration:-
- a) GIA / Traffic report filed by our client;
  - b) LTA search;
  - c) Final repair invoice;
  - d) Survey report and colour photograph;
  - e) Medical report and invoice from Khoo Teck Puat Hospital;
  - f) Medical certificate; and
  - g) Medical invoice.
7. We would like to bring to your attention paragraph 3.9 of the PIMA Protocol, which requires you to pass this letter of claim and the attached documents to your insurer immediately upon receipt, if you wish to make a claim under your insurance policy.
8. Please also be informed that paragraph 4.1 of the PIMA Protocol requires you to send us a letter acknowledging receipt of this letter within fourteen (14) days from the date of this letter. Failure to comply permits us to commence legal proceedings without sanction by the court (paragraph 4.2, PIMA Protocol).

9. Further, pursuant to the requirements of paragraph 4.4 of the PIMA Protocol, you are to write to us substantively on the following within 8 weeks from the date of this letter:
- a) Whether you, or, your insurer is/will be defending the claim. In the event your insurer is not defending the claim, the reason(s) for your insurer's decision not to is/are to be provided;
  - b) In the event your insurer is the party writing to us, apart from satisfying the other PIMA Protocol requirements, the reply letter must also state the name(s), telephone number(s), fax number(s) of the relevant insurance officer(s) handling the matter, as well as the insurer's file reference number(s) for the purposes of facilitating correspondence;
  - c) Your position on the claim on both liability and quantum. If the claim is not admitted in its entirety, reasons for the partial or complete non-admittance and a list of documents, together with copies of all relevant supporting documents, are to be provided. Please note that Singapore Accident Statements and police reports provided must be full and complete and must reflect the names, identification numbers and addresses of all persons involved in the accident together with type-written transcripts of their factual accounts of the accident;
  - d) You must also state your position on quantum and/or make an offer of settlement within fourteen (14) days of receipt of the medical report from the medical expert.
10. **TAKE NOTICE** that we wish to appoint our client's doctor(s) as the Single Joint Expert ("SJE") in the matter, as per the medical report and/or specialist medical report provide. Kindly let us know if you are agreeable to our proposed medical expert(s) to be the SJE in this matter.
11. In the event where the estimated quantum of the claim falls within the jurisdiction of a Magistrates Court (<\$60,000), you are required to send us a letter stating whether you agree or have any objections to the SJE appointment of the medical expert as proposed by us (relevant specialty) within fourteen (14) days of sending the acknowledgement letter to us (paragraph 4.3, PIMA Protocol). In the event you fail to reply or fail to object to any of our proposed medical expert within the stipulated timeline, you are deemed to have agreed to the appointment of our medical expert as the SJE.
12. This letter serves as a **NOTICE** to you and your insurers pursuant to Section 9(3)(a) of the Motor Vehicles (Third Party Risks and Compensation) Act that our client will commence legal proceedings against you / your servant and/or agent.

Thank you.

Yours faithfully,

A handwritten signature in black ink, appearing to be a stylized 'A' or similar character, located below the text 'Yours faithfully,'.

**MR ARULCHELVAN S**

Enclosure(s)

## 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 Actual 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 ..... 11/10/2022 09:46 (SGT)  
Reported by ..... Both  
Date of Accident ..... 09/10/2022 11:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 1 SOMERSET ROAD SOMERSET MRT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FS6180C  
  
INSURED/POLICYHOLDER  
  
Is company? ..... No  
Name Of Registered Owner ..... G.KERNABALAN  
NRIC No ..... S1647323E  
Email Address ..... gkernabalan@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96390023  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cb400asfj  
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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 399

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Policy Number / Cover Note Number ..... MC/00685273/03

### DRIVER

Name of Driver ..... G.KERNABALAN  
NRIC No ..... S1647323E  
Date Of Birth ..... 05/02/1964  
Occupation ..... Indoor

Date Of Driving Pass	23/11/1988
Driving experience	33 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96390023
Alt. Phone Number	-
Email Address	gkernabalan@yahoo.com.sg
Address	468B ADMIRALTY DRIVE #16-73
Address complement	-
Postcode	752469
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SJR8013Y
Insurance Company of Other Vehicle Owned by Driver	Direct Asia Insurance (Singapore) Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	K PIRATHEEBAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20221010/7013

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLT4716U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	RAJOO RAJENDRAN
NRIC No .....	S1303469I
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 .....	K PIPRATHEEBAN
Gender .....	Male
Phone No .....	(Phone) +65-96360546
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	MUSCLE TEARS AND PULL ON NECK AND SHOULDER
Injured person in which vehicle? .....	FS6180C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**INJURED 2**

Name of injured person .....	G KERNABALAN
Gender .....	Male
Phone No .....	(Phone) +65-96390023
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SKIN TEARS AND BRUISES ON THE RIGHT HAND SIDE OF BODY.
Injured person in which vehicle? .....	FS6180C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**B. 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 making 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.

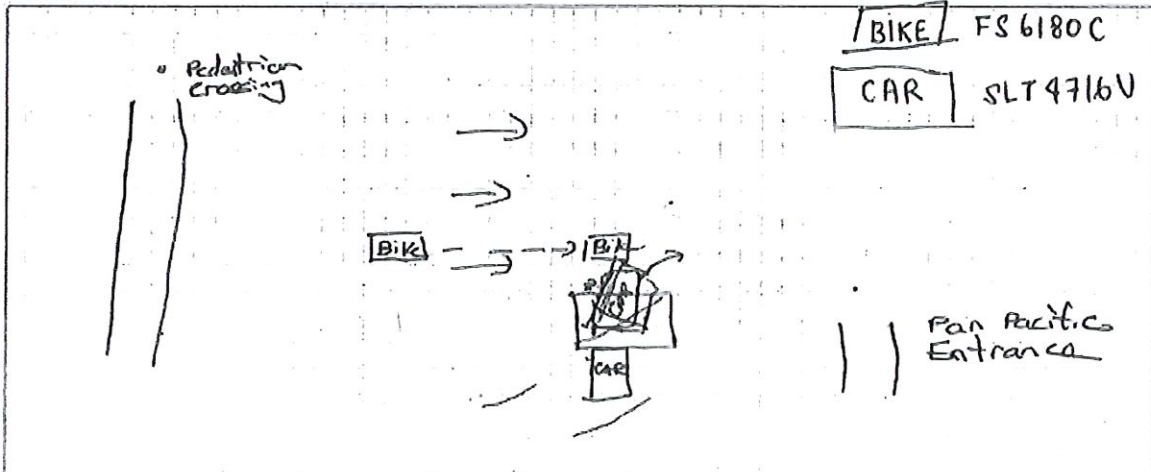
*Bader* 10/10/2022 14:28

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ND card)

Sketch Plan





Describe Circumstance of the Accident

We were in the second lane, and getting ready to filter into Pan Pacific Hotel's entry.  
As we were travelling car (SLT 47164) driver Rajoo Rajendran was exiting out of 313 Somerset's drop off point and did not notice us passing by, and cut into our lane. In order to avoid him, I applied emergency break and tried to swerve around him but he continued accelerating and hit us on the side and we fell towards the right hand side and landed in between of the 2<sup>nd</sup> and 3<sup>rd</sup> lane.

Declaration

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

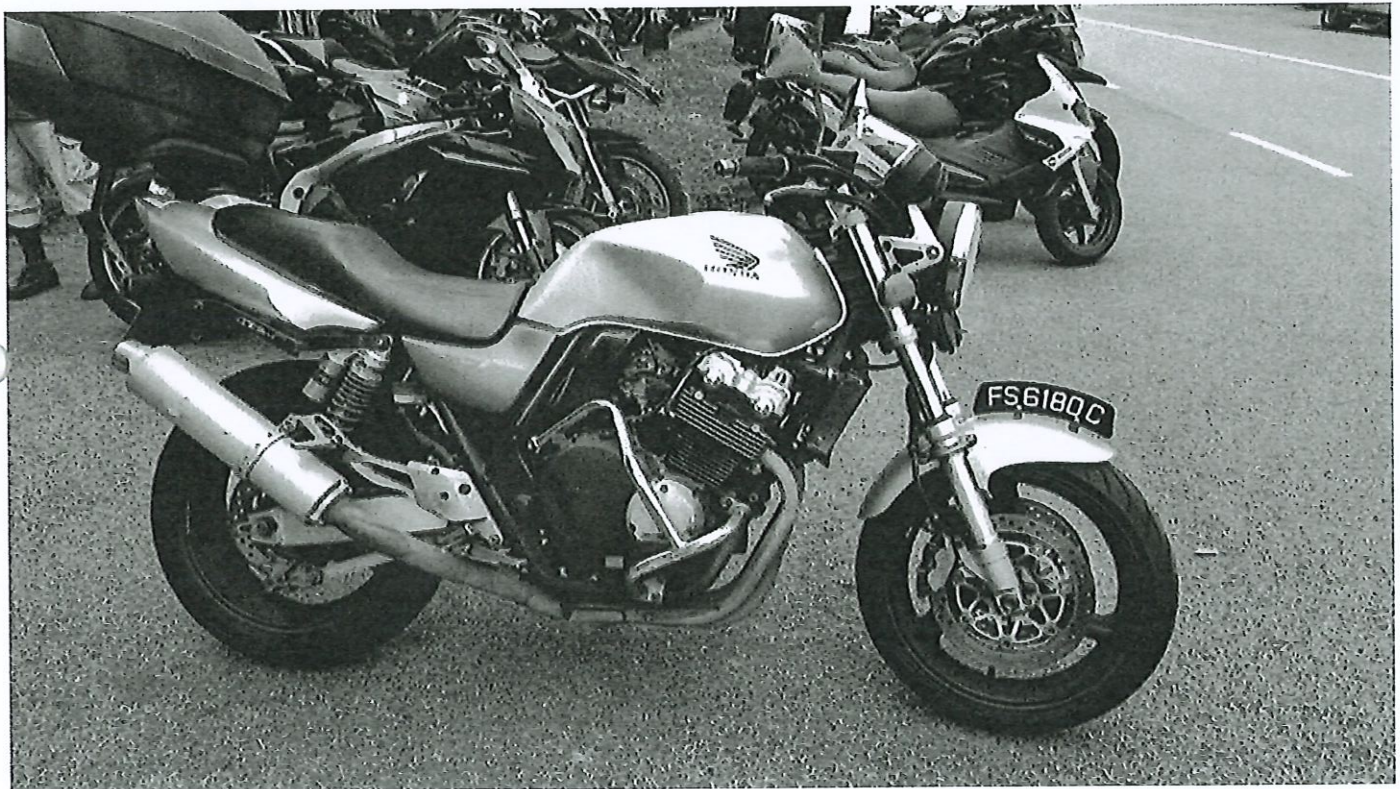
G. Balan 10/10/2022 14:27

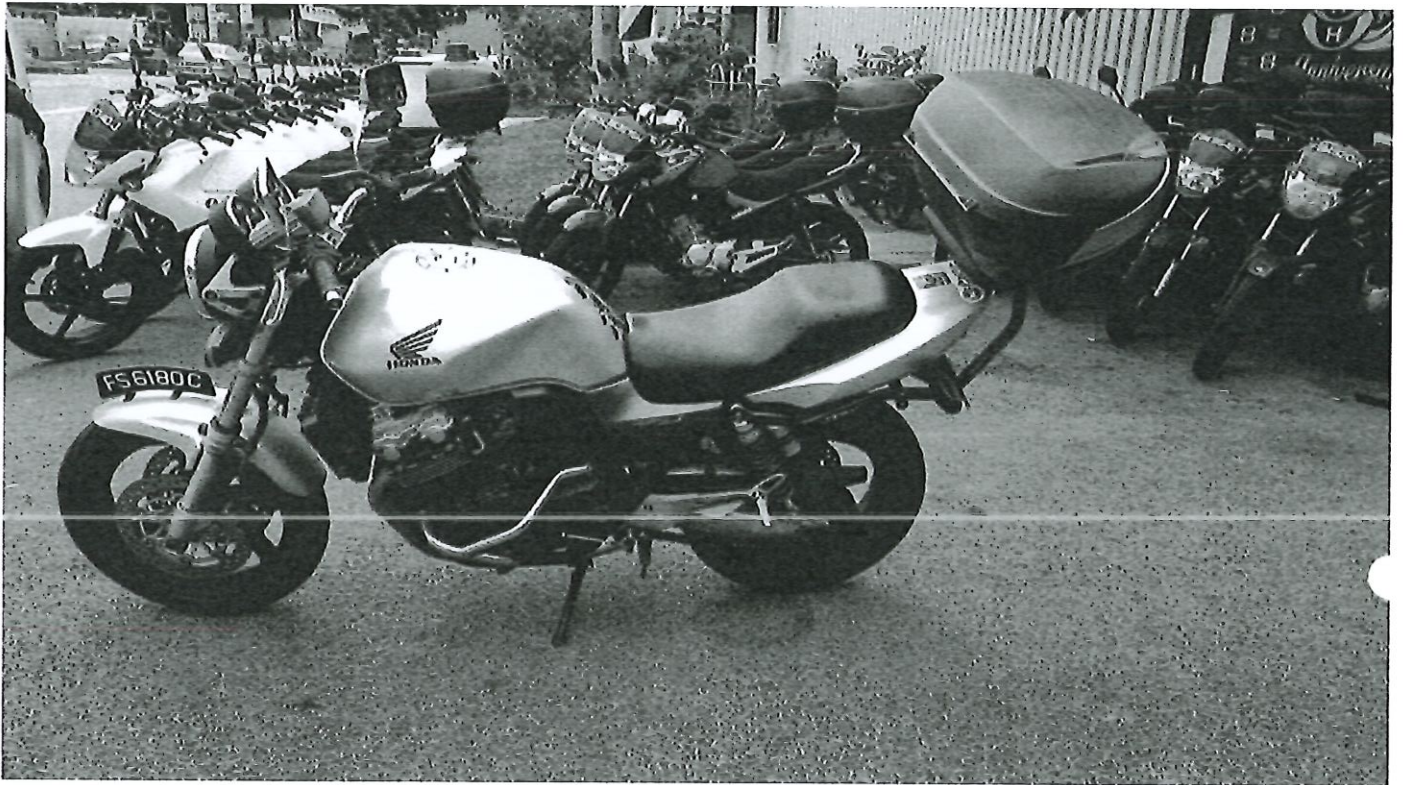
Policyholder's Signature / Date & Time

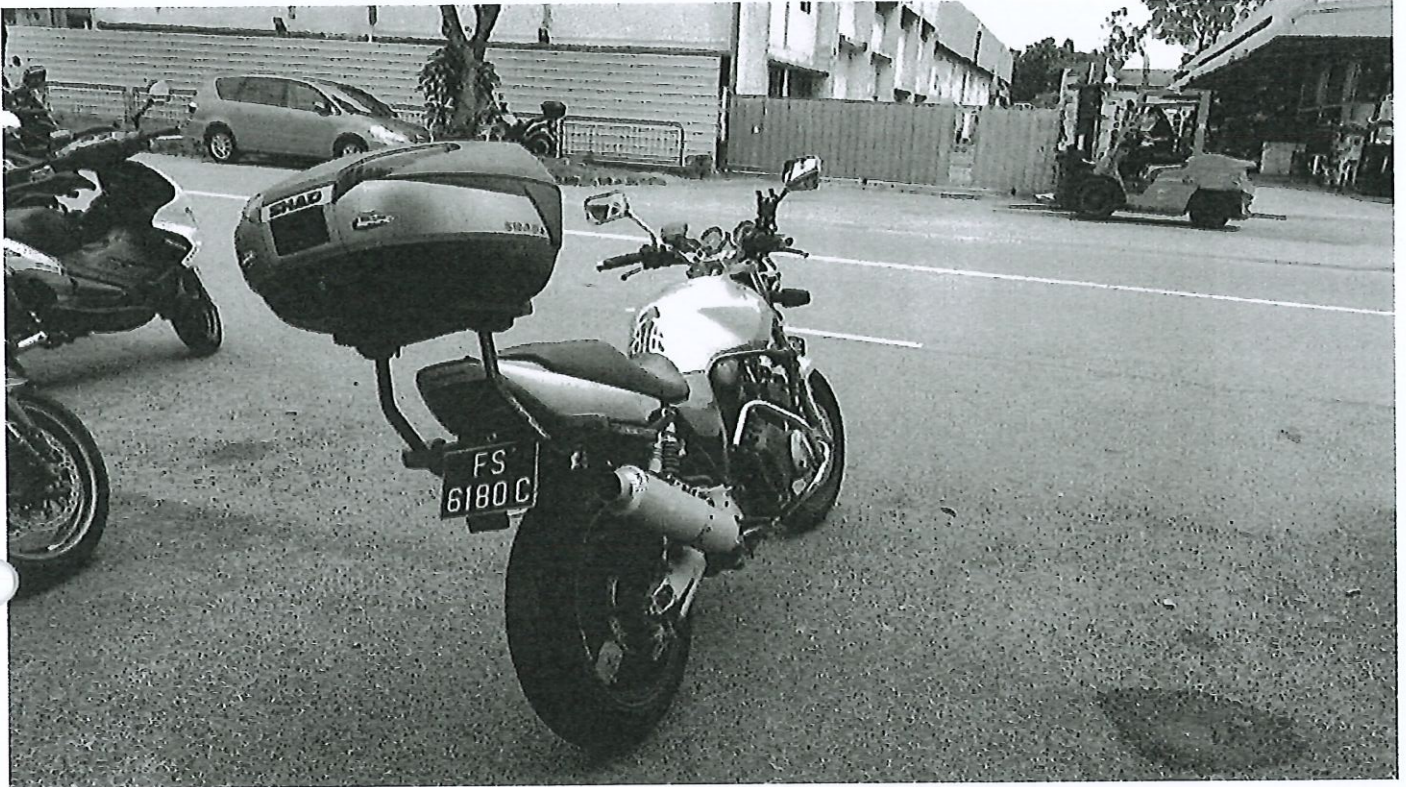
Driver's Signature (if driver is not the policyholder) / Date & Time

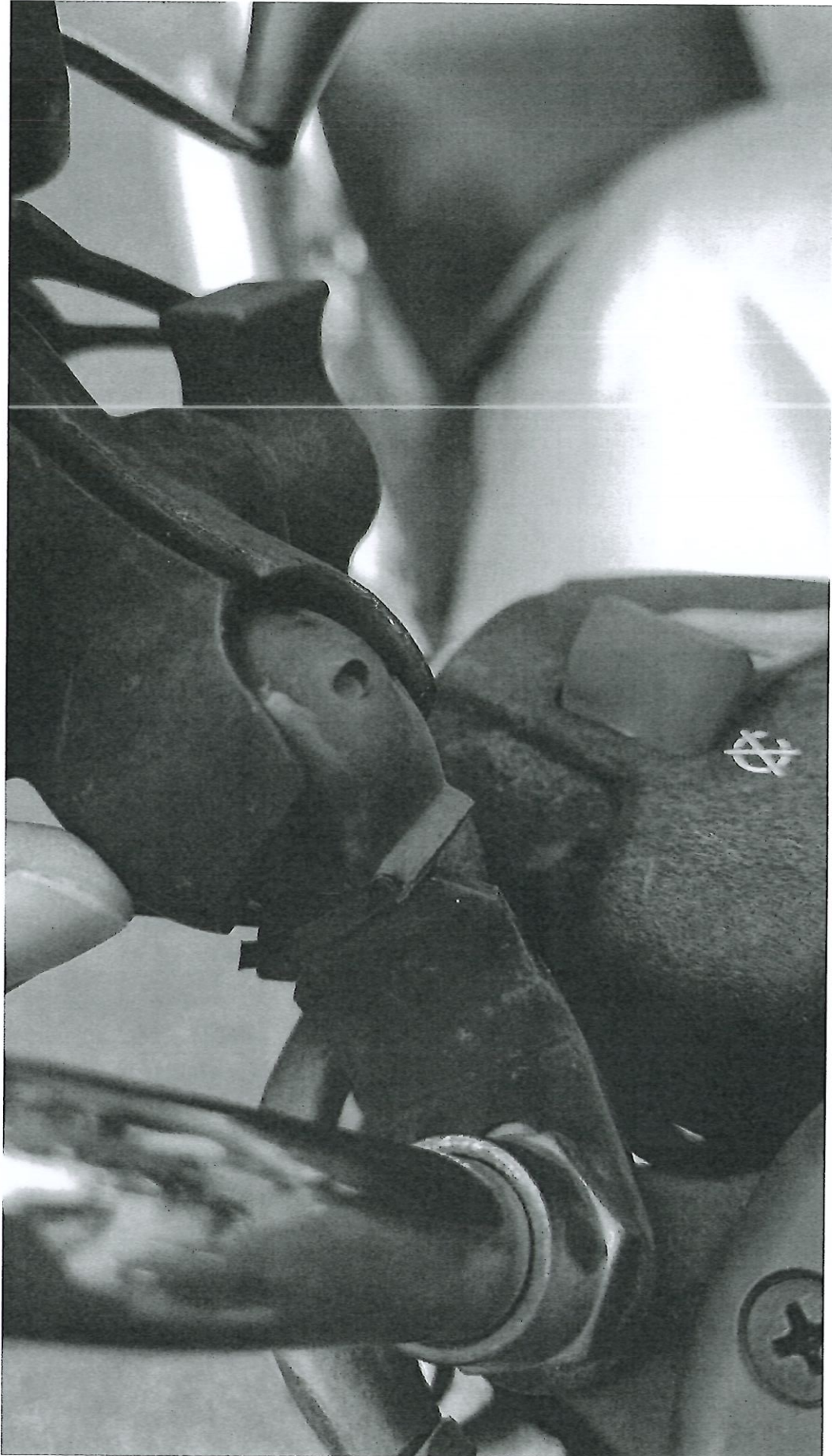
Witnessed By Reporting Centre Personnel (Name as in NRIC/D card)



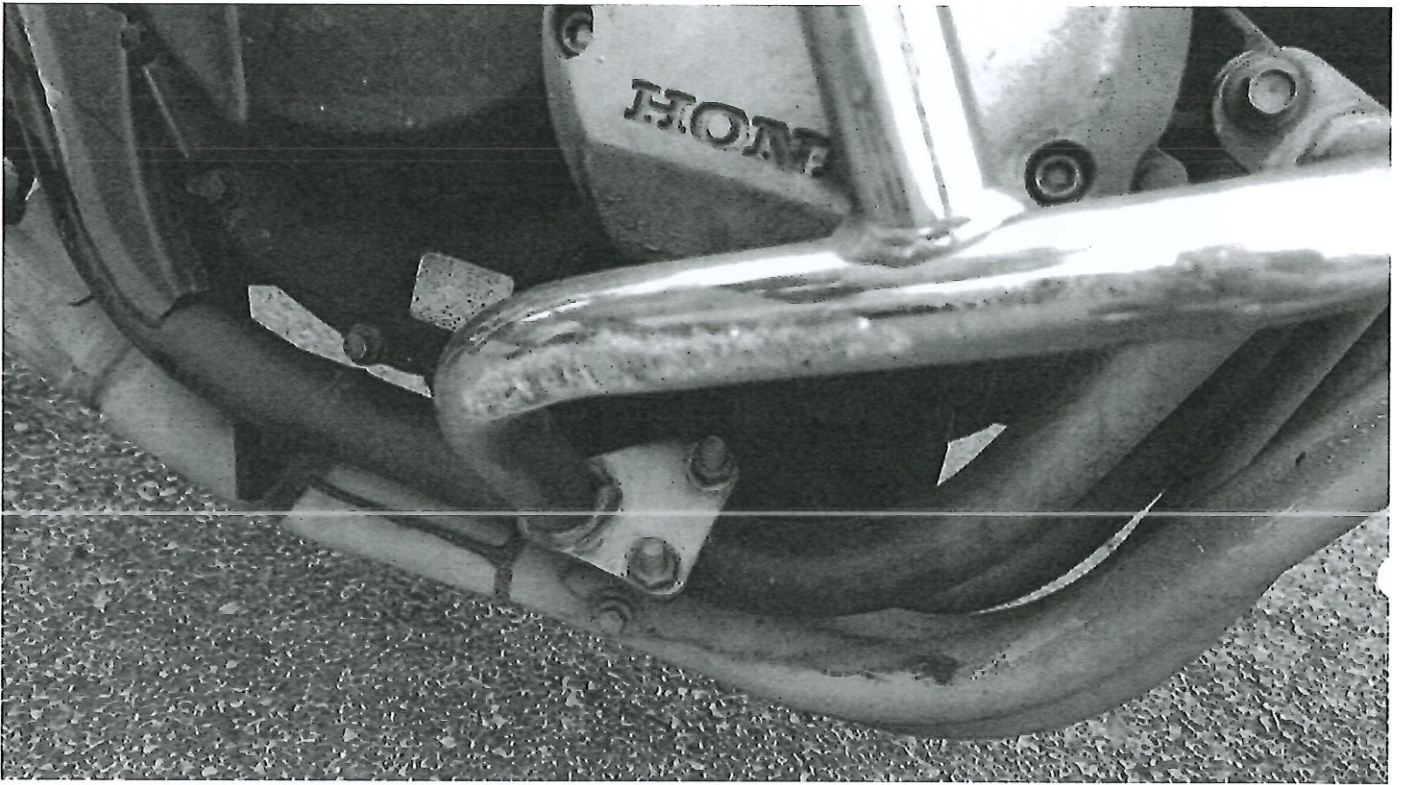






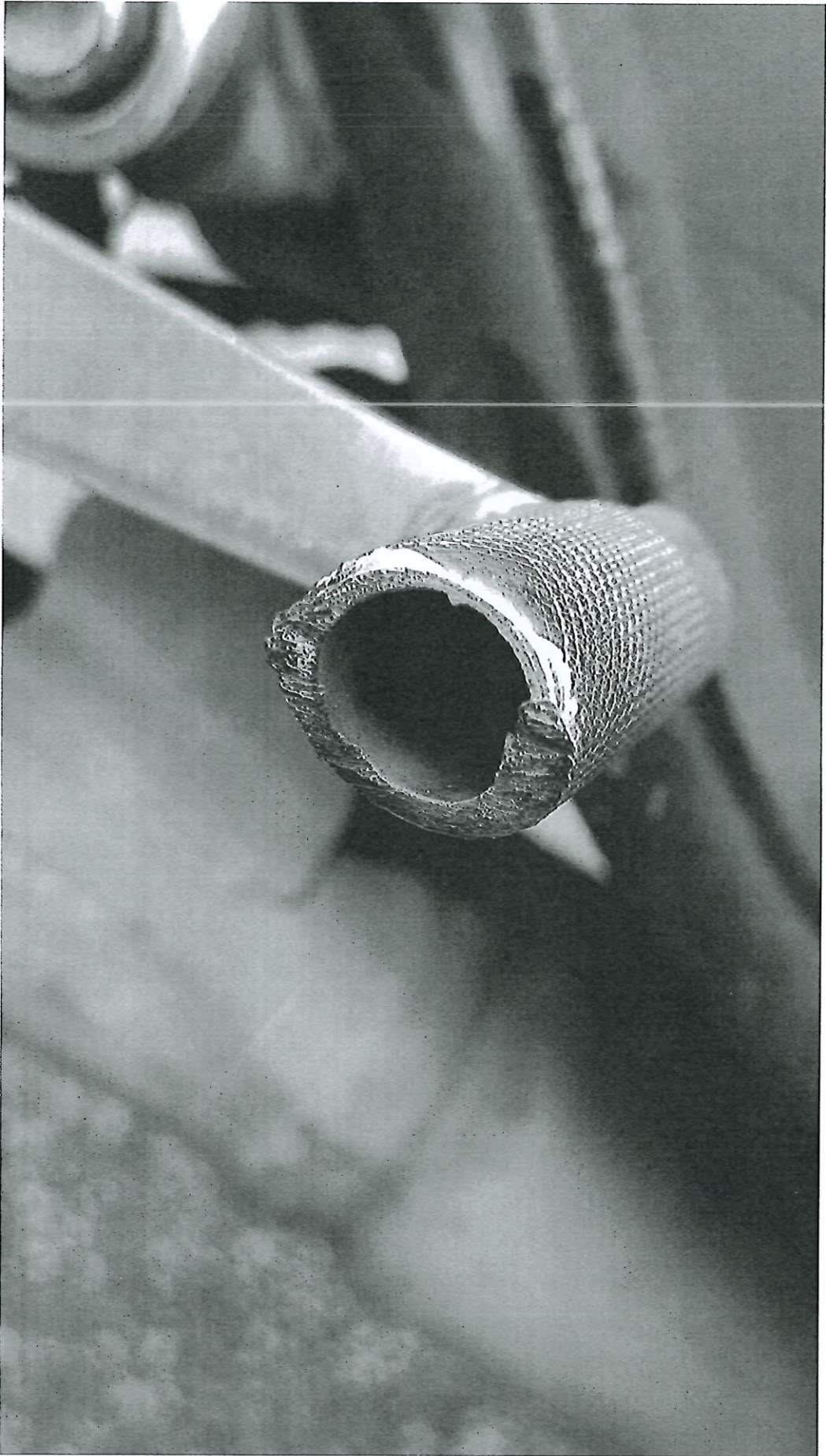


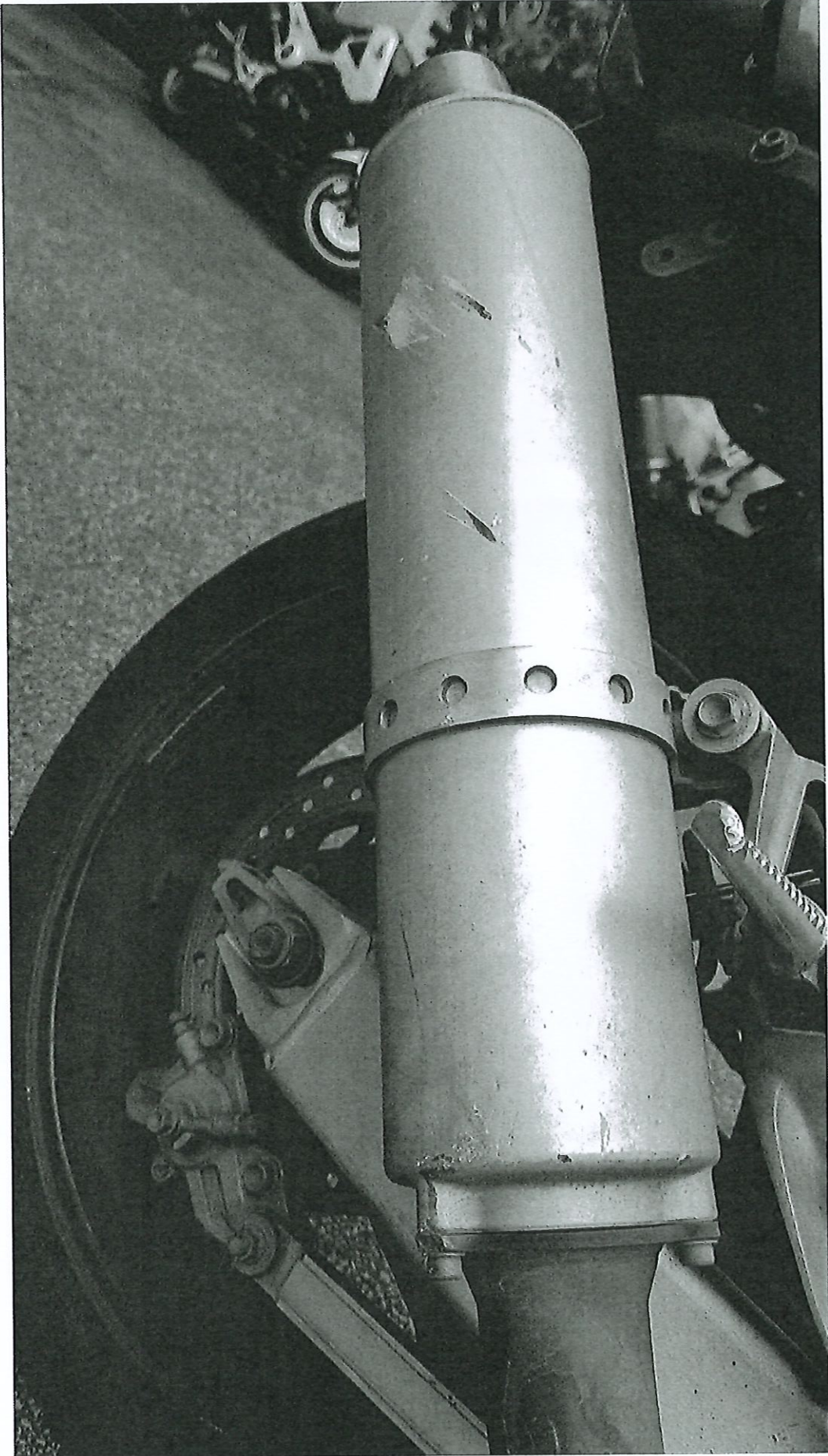


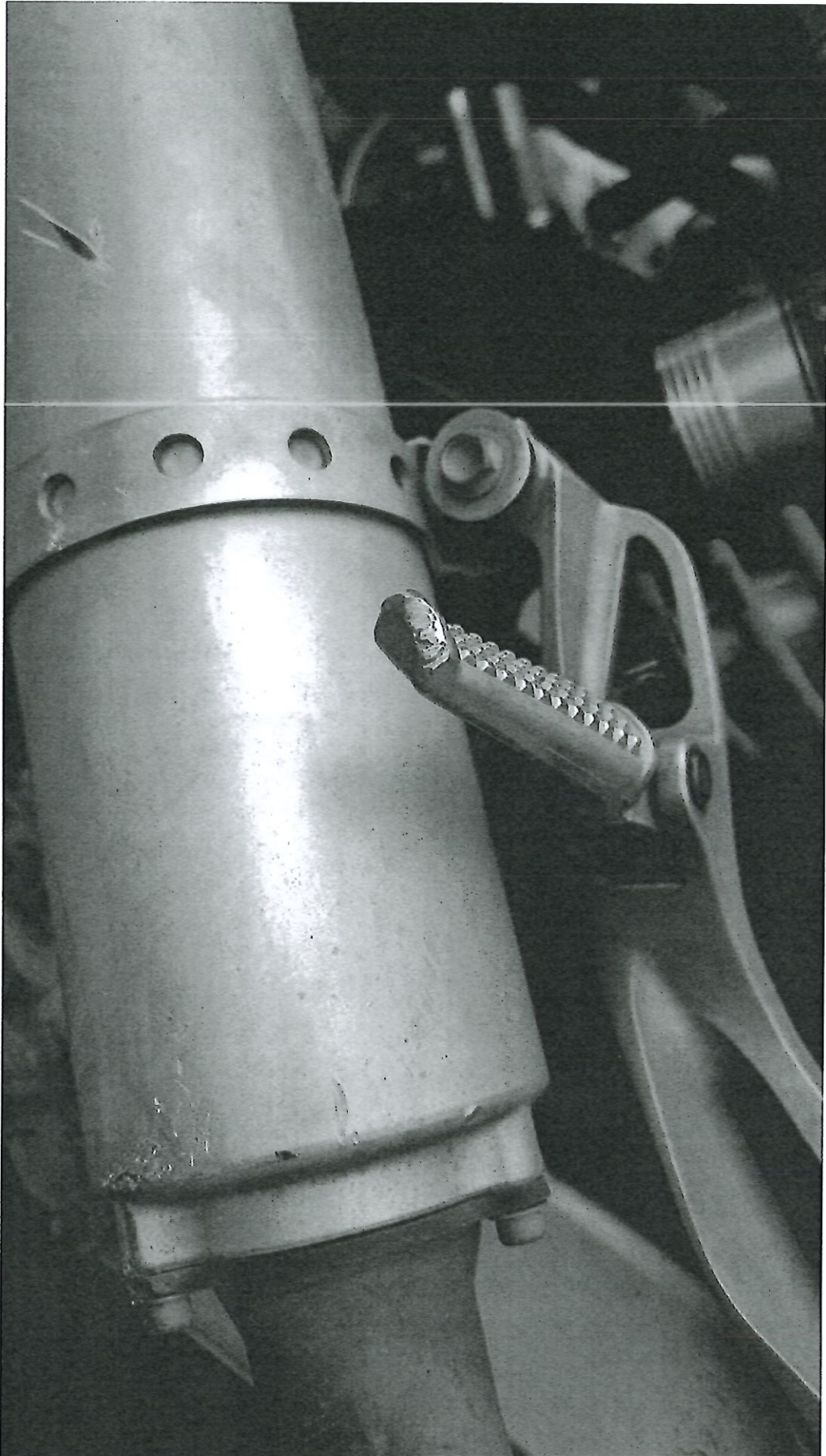




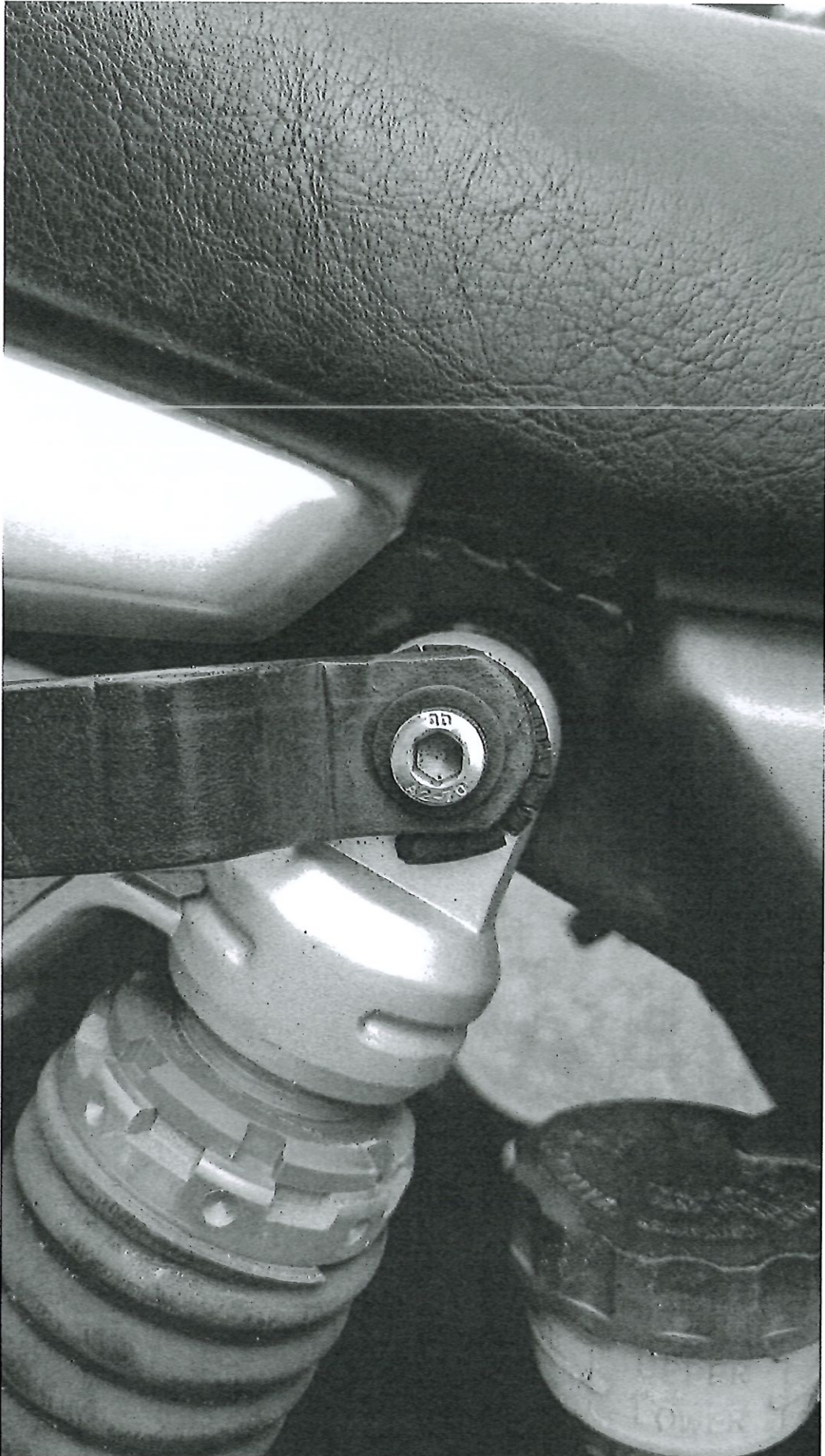




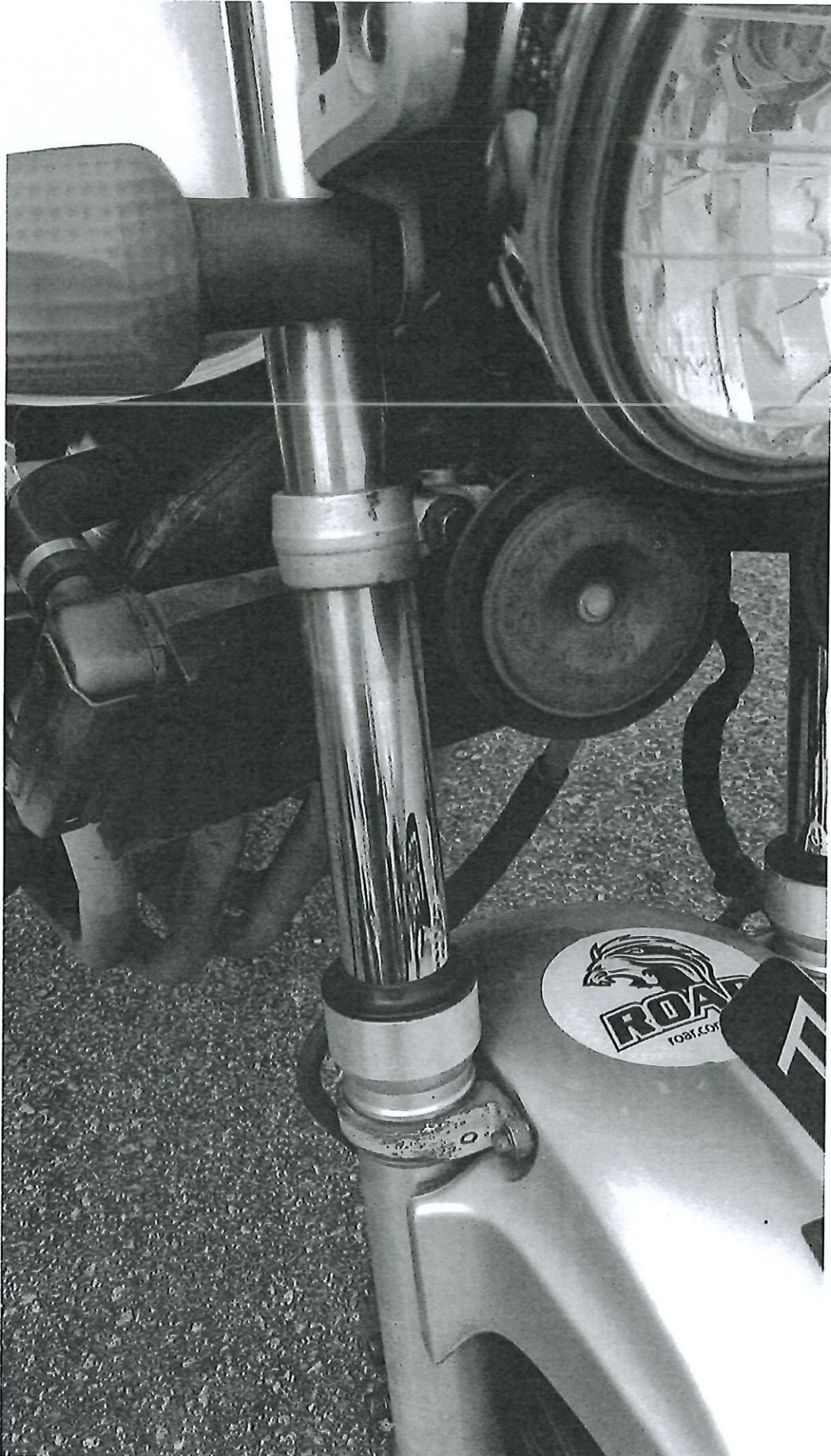
















**SINGAPORE  
POLICE FORCE**



E/20221010/7013

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221010/7013

Me and my pillion (K Piratheeban , S9914885C) both sustained injuries. My pillion aided me to carry the bike to the side as I was still dumbfounded from the accident.

The driver Mr Rajoo did assist us in making sure that we were okay, he tried for a mutual agreement but we disagreed as we do not know the extent of the injuries towards us and the bike.

Me & my pillion went to Khoo Teck Puat Hospital for a check, as I got skin tears and bruises on the right hand side of my body, My Pillion has muscle tears and pull on his neck and shoulder, would need further diagnosis if the pain does not subdue.

Subjects Involved			
<b>Suspect</b>			
Person Name	Rajoo Rajendran		
ID Type	NRIC NO	ID No	S1303469I
Gender	Male	Age	64
Race	Indian	Language	English
Occupation	Grab Driver	Relation To Informant	Car Driver
<b>Victim</b>			
Person Name	K PIRATHEEBAN		
ID Type	NRIC NO	ID No	S9914885C
Gender	Male	Age	23
Race	Ceylonese	Language	English
Occupation	Government Servant	Address	469B ADMIRALTY DRIVE #16-73 SINGAPORE 752469

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: 10/10/2022 12:00
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/2022 1010/7013

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221010/7013

Mobile No	96390023	Is Informant A Victim?	Yes
Person Name	G Kernabalan		
ID Type	NRIC NO	ID No	S1647323E
Gender	Male	Age	58
Race	Ceylonese	Language	English
Occupation	Government Servant (Air Force)	Address	469B Admiralty Drive #16-73 SINGAPORE 752469
Home/Office No	67523686	Mobile No	96390023
Relation To Informant	Father		
Person Name	K PIRATHEEBAN (Informant)		

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: 10/10/2022 12:00
Officer In-Charge Of Case:	Classification Of Case:

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 09 Oct 2022 / 11:40:00 )

## Vehicle Insurance Details

Vehicle No.:

**SLT4716U**

Make Description/Model:

**MAZDA / MAZDA3 SEDAN 1.5 AT EU6**

Insurance Company Name:

**INDIA INT'L INS PTE LTD**

Business Transaction Reference No.:

**20221014153815183724**

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

Print

OK →

**KHANE222300016**

**MEDICAL CERTIFICATE**

**REPRINT**

**NAME : G KERNABALAN**  
**NRIC : S1647323E**

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **09 Oct 2022 19:44 to 09 Oct 2022 21:09**


The above named is unfit for duty for a period of **3** day(s), from **09 Oct 2022** to **11 Oct 2022** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

**09 Oct 2022**     **Tan Kuang Ian (66729C)**  
Date             Issuing Doctor

**A&E P3c**  
Location



Doctor's  
Signature

Reg No. : 200717564H

**KHANE2223000**

**MEDICAL CERTIFICATE**

**REPRINT**

**NAME : G KERNABALAN**  
**NRIC : S1647323E**

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **09 Oct 2022 19:44 to 09 Oct 2022 21:09**


The above named is unfit for duty for a period of **3** day(s), from **09 Oct 2022** to **11 Oct 2022** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

**09 Oct 2022**     **Tan Kuang Ian (66729C)**  
Date             Issuing Doctor

**A&E P3c**  
Location



Doctor's  
Signature

Reg No. : 200717564H

MR. G KERNABALAN

BLK 469B #16-73  
ADMIRALTY DRIVE  
SINGAPORE - 752469

BILL REF. NO.  
5720581423A-00001

BILL DATE  
09 OCT 2022

LOCATION  
A&E - P3

NRIC / FIN / MRN  
S1647323E

VISIT DATE ► 09 OCT 2022 07:44 PM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	515.20
GOVT SUBSIDY	\$	-378.10
<b>TOTAL AMOUNT (BEFORE GST)</b>	<b>\$</b>	<b>137.10</b>
7% GST	\$	9.60
GST absorbed by Govt	\$	-9.60
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>\$</b>	<b>137.10</b>
Payable by OTHER SCHEMES	\$	-137.10
<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>0.00</b>
Net Payment made	\$	0.00
<b>FINAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>0.00</b>

**\$ 0.00**  
FINAL AMOUNT PAYABLE

**CHARGES**

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
A&E FACILITY/SERVICE FEE		270.00	135.00
ANKLE JOINT		55.97	0.00
ELBOW JOINT		55.97	0.00
FOOT		55.97	0.00
TIBIA AND FIBULA		55.97	0.00
DICLOFENAC TABLET 50MG		3.15	0.00
ORPHENADRINE 35MG/PARACETAMOL 450MG TABL		10.40	0.00
TETRACYCLINE 3% HCL OINTMENT W/W 15G		3.57	0.00
NON-STANDARD A&E SERVICES	Omeprazole 20mg Capsule	4.20	2.10
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	515.20	
	GOVT SUBSIDY	-378.10	
	TOTAL AMOUNT (BEFORE GST)		137.10

Charges to be continued on page 2

**TAX INVOICE (Interim)**

BILL REF. NO.  
5720581423A-00001

BILL DATE  
09 OCT 2022

PATIENT NAME  
MR. G KERNABALAN

NRIC / FIN / MRN  
S1647323E

7% GST	9.60
GST absorbed by Govt (for subsidised patient only)	-9.60
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>137.10</b>

**PAYMENT SUMMARY**

TOTAL AMOUNT (AFTER GOVT SUBSIDY)		137.10
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MR. G KERNABALAN		0.00
OTHER SCHEMES		
• MEDICAL CLAIMS PRORATION SYSTEM	S1647323E	137.10
<b>MR. G KERNABALAN</b>	<b>TOTAL AMOUNT PAYABLE</b>	<b>0.00</b>
	Net Payment made	0.00
<b>FINAL AMOUNT PAYABLE</b>		<b>\$ 0.00</b>

**PAYMENT OPTIONS & ADVISORY**

**Payment Policy**

- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.

# V MAPS MOTOR PTE LTD

10 KAKI BUKIT ROAD 2 #01-36 SINGAPORE 417868

TEL: 8759 3626

Date : 27.10.22

To: Mr G.Kernabalan

Vehicle No.: FS 6180 C  
Date Of Accident: 09.10.22

Make/Model: Honda CB400FYJ

\$

Lump sum repair costs.

3,200.00

Dollars: Three Thousand Two Hundred Only.

**PRE-REPAIR SURVEY (1)**

WORKSHOP:



SURVEYOR:

*Guo Qiang*  
*82880282*  
*17/10*

Name: *Guah*  
Date/Time: *17/10/22*

Name of Surveyor:  
Contact Number:  
Date/Time:

**PRE-REPAIR SURVEY (2)**

WORKSHOP:



SURVEYOR:

*Guo Qiang*  
*18/10*

Name: *Guah*  
Date/Time: *18/10/22*

Name of Surveyor:  
Contact Number:  
Date/Time:

**POST-REPAIR SURVEY**

WORKSHOP:



SURVEYOR:

*Tanjiu LK. Jeyu*

Name: *Guah*  
Date/Time: *27/10/22*

Name of Surveyor:  
Contact Number:  
Date/Time: *27/10/22 2530 pm*



**CHIA S ARUL LLC**  
ADVOCATES & SOLICITORS  
UEN 201330709H

ARULCHELVAN S • RUTHRA RAM • DON TAN

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Our Ref : FS 6180C (KC/VMAP)

Your Ref : -

17 October 2022

India International Insurance Pte Ltd  
Singapore

BY EMAIL

Dear Sir,

**RE: PROPERTY DAMAGE CLAIM**  
**CLAIMANT : G. KERNABALAN**  
**ACCIDENT INVOLVING FS 6180C & SLT 4716U ALONG 1 SOMERSET ROAD**  
**ON 9 OCTOBER 2022**

1. We act for **G KERNABALAN**, the owner of motor cycle no. FS 6180C, which was involved in the aforesaid accident.
2. We hereby give you **NOTICE** that we are claiming against your insured motor vehicle no. SLT 4716U for damages, costs and disbursements as a result of your insured driver's negligence.
3. Kindly let us know if you wish to conduct a pre-repair inspection on our client's motor cycle at M/s V Maps Motor at 10 Kaki Bukit Road 2 #01-36 Singapore 417868 and kindly arrange with Mr Guan at T: 8759 3626.
4. If we do not hear from you within the next **two (2) working days**, we shall advise our client to proceed with their own inspection and repairs.
5. Please reply **ONLY** by email to [kelly@chiaarul.com](mailto:kelly@chiaarul.com).

Yours faithfully,



**MR ARULCHELVAN S**  
cc: Client

# PRESTIGE APPRAISER SERVICES

No. 23783

Insurance Loss Adjusters and Licensed Appraisers Regn.52868584L  
Blk 131 Rivervale Street #05-872 S'pore 540131Tel:96824663  
E-mail: prestigeappraiserservices@yahoo.com.sg

## INVOICE

### Customer

To Mr G.Kernabalan  
c/o 10 Kaki Bukit Rd 2  
#01-36  
Singapore 417868

Date 27-Oct-22  
Our ref PS/024/10/22  
Your Ref

VEHICLE REGISTRATION NO : FS 6180 C	
VEHICLE MAKE/MODEL : Honda CB400FYJ	
INSPECTION REPORT FEES (inclusive of photographs & transport charges)	<u>\$400.00</u>
DOLLARS: Four Hundred Only	

○  
E. & O. E.

for PRESTIGE APPRAISER SERVICES



# PRESTIGE APPRAISER SERVICES

Insurance Loss Adjusters and Licensed Appraiser Regn. 652868584L

Blk 131 Rivervale Street #05-872 S'pore 540131 Tel:96824663

E-mail: prestigeappraiserservices@yahoo.com.sg

Our ref : PS/024/10/22

Date : 27th October 2022

Mr G.Kernabalan  
c/o 10 Kaki Bukit Rd 2  
#01-36  
Singapore 417868

Dear Sir,

**Re : THIRD PARTY CLAIM**

We refer to your instruction to appraise the vehicle **FS 6180 C** on 17th October 2022.

A static inspection was conducted during our survey and our report is enclosed for your perusal. The estimated repair cost submitted by **Messrs. V Maps Motor Pte Ltd** for **\$6,256.00** as per our attached schedule have been inspected thoroughly each and every item and revised by us against the actual damages found on the vehicle which have been recommended by us accordingly.

The repairer has agreed to undertake repairs at our revised amount of **\$3,200.00 lump sum** corresponding to supply of parts, labour charges and spray-painting. However, we have not given instruction to authorize the repairs.

Under normal circumstances, the estimated period of repairs would be **TWO (2) days**. Photographs of the damaged vehicle taken by us during our inspection are enclosed.

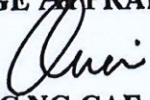
We are reverting the matter to you for a decision.

Please do not hesitate to contact us if you need any clarification.

Assuring you of our best services.

Yours faithfully,

**PRESTIGE APPRAISER SERVICES**

  
**LOUIS S CNG CAE AMIMI**  
**Dip. MTM. Automotive Engineer**  
**Licensed Appraiser**

Encl.

# PRESTIGE APPRAISER SERVICES

## VEHICLE INSPECTION REPORT

To: Mr G.Kernabalan  
c/o 10 Kaki Bukit Rd 2  
#01-36  
Singapore 417868

Date : 27th October 2022  
Our Ref : PS/024/10/22  
Policy No :  
Sum Insured :  
Excess : T/P Claim

Assigned By : Mr G.Kernabalan  
Assignment Date : 17th October 2022  
Accident Date : 09th October 2022  
Inspection Date : 17th October 2022  
Workshop Name : V Maps Motor Pte Ltd  
Survey Conducted At : 10 Kaki Bukit Rd 2  
#01-36  
Singapore 417868

### PARTICULARS OF VEHICLE

Registration No	: FS 6180 C	Mileage	: -
Make/Model	: Honda CB400FYJ	Engine No	: HIDDEN
Type Of Body	: Motorcycle	Chassis No	: NC39-1013540
Year Of Manu./Regn.	: 2000	Passenger Cap.	: 1 Passenger
Colour	: Met. Silver	Others	: -

### CONDITION OF TYRES

Front Tyre : 3mm 120/60-17 Timsun  
Rear Tyre : 3mm 160/60-17 Timsun

*The above represent the estimated remaining life of the tyre treads.*

### PRE-ACCIDENT CONDITION (Static tests only)

Handbrake	: Serviceable	Body Work	: Good
Footbrake	: Serviceable	Paint Work	: Good
Steering	: Serviceable	Others	: -

### POINT OF IMPACT

The vehicle sustained an impact on the front & R/H portion.

### GENERAL DESCRIPTION OF DAMAGES

The front fork, handle bar, fuel tank, main body frame were dented.

For details of damages please refer to schedule attached.

### REMARKS :

This survey was conducted strictly without prejudice.

# PRESTIGE APPRAISER SERVICES

Vehicle No : FS 6180 C

Our Ref : PS/024/10/22

Qty	Descriptions	Conditions	Repairer's Est.	Our Revised.
	<u>LIST ITEMS</u>			
2	front fork	dented/warped	\$ 680.00	\$ 680.00
1	under bracket	dented	102.00	102.00
1	stering cone w/bearing	necessary	89.00	89.00
1	front mudguard	grazed - repair	198.00	-
1	front wheel rim	serviceable	585.00	-
1	handle bar	bent	210.00	210.00
2	handle grip	necessary	80.00	80.00
1	R/H mirror	sliced	82.00	82.00
1	brake lever	sliced	85.00	85.00
1	R/H handle balancer	sliced	45.00	45.00
1	fuel tank	dented - repair	698.00	-
1	headlamp	dented	285.00	285.00
1	headlamp bracket	dented	98.00	98.00
1	R/H front foot rest	sliced	78.00	78.00
1	R/H rear foot rest	sliced	78.00	78.00
1	brake pedal	sliced	82.00	82.00
1	R/H engine protector bar	dented/sliced	126.00	126.00
1	R/H rear signal lamp	sliced	95.00	95.00
1	exhaust muffler	dented/sliced	785.00	785.00
			4,481.00	3,000.00
		Less 10%	-	300.00
			\$ 4,481.00	\$ 2,700.00
	<u>S/NETT ITEMS</u>			
1	front number plate	dented	35.00	25.00
1	rear box	sliced	300.00	220.00
1	rear box barcket	dented/bent	160.00	120.00
	<u>Labour Charges &amp; Misc</u>			
	To dismantle & replace damaged parts, panel beat where necessary.		580.00	420.00
	To putty, apply primer & spray-paint on the affected portion.		400.00	300.00
	To align main body frame.		300.00	220.00
			\$ 6,256.00	\$ 4,005.00

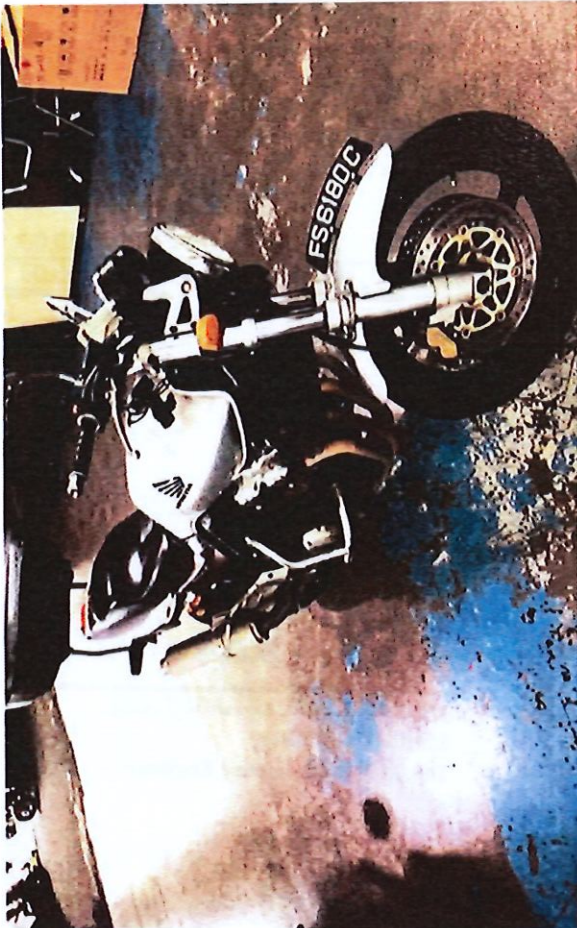
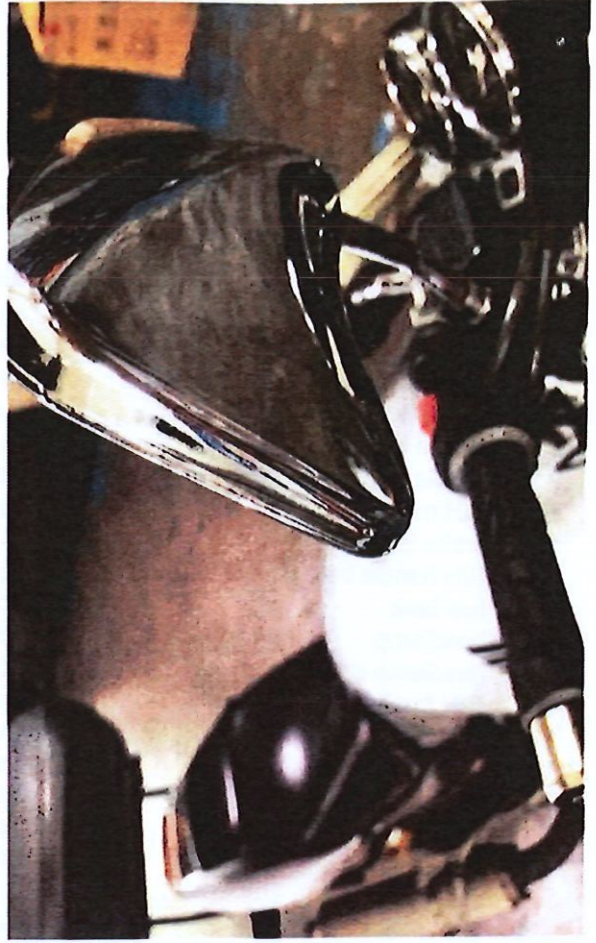
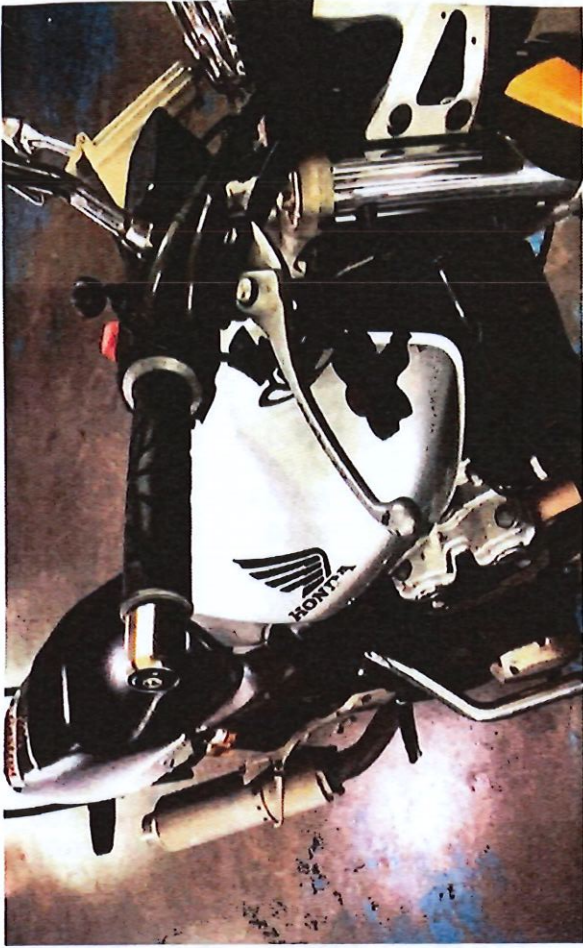
**Note:** The repairer has agreed to undertake the repairs at our adjusted amount of **\$3,200.00 lump sum** corresponding to supply of parts, labour and spray-painting charges.

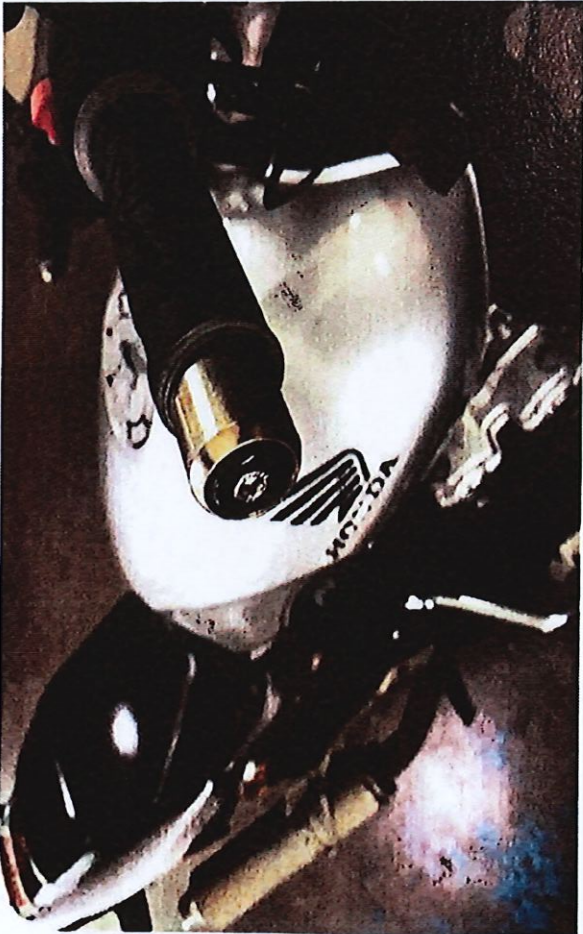
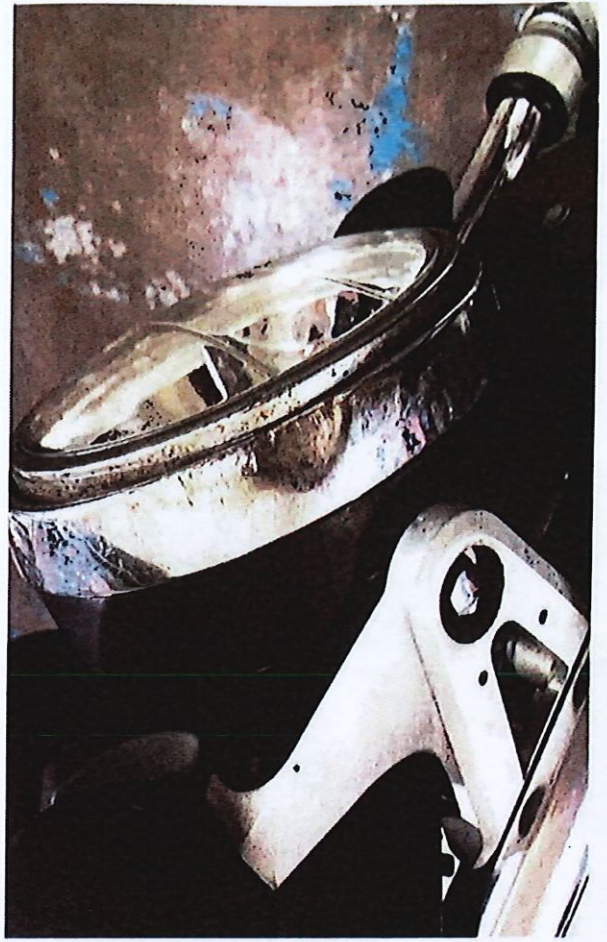
Under normal circumstances, the estimated repair period would be **TWO ( 2 )** days.  
Pursuant to your instruction we have **not** authorised repairs on your behalf.

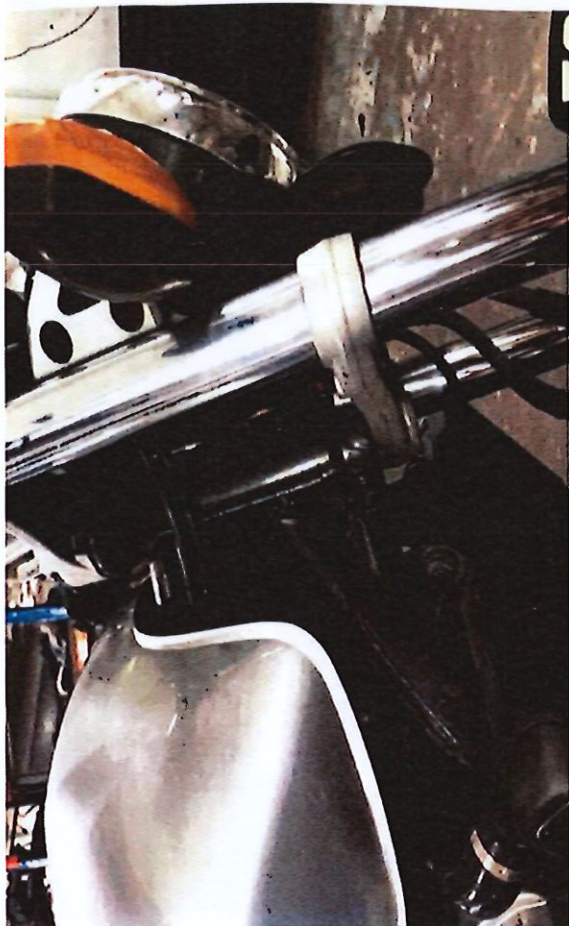
**PRESTIGE APPRAISER SERVICES**

*Quai*

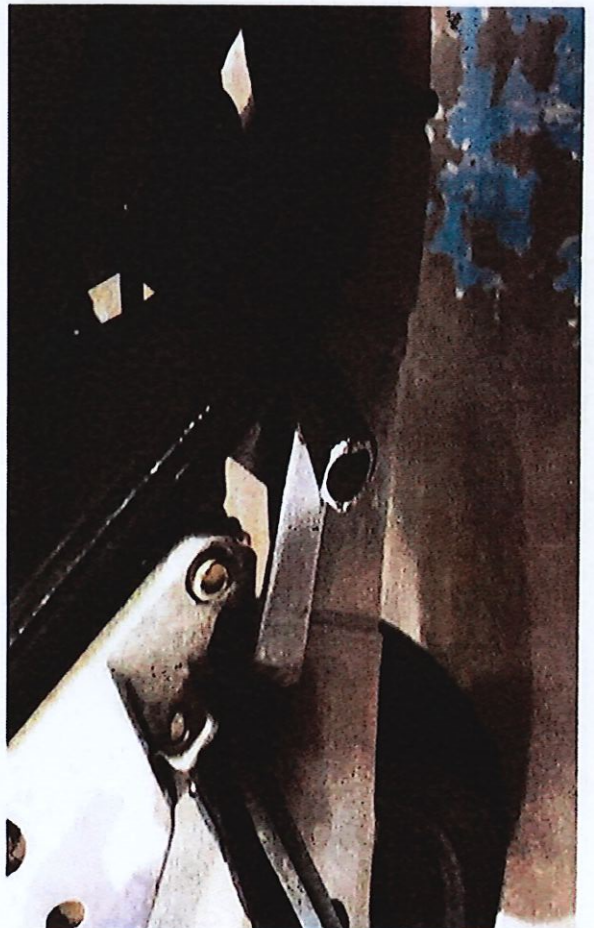
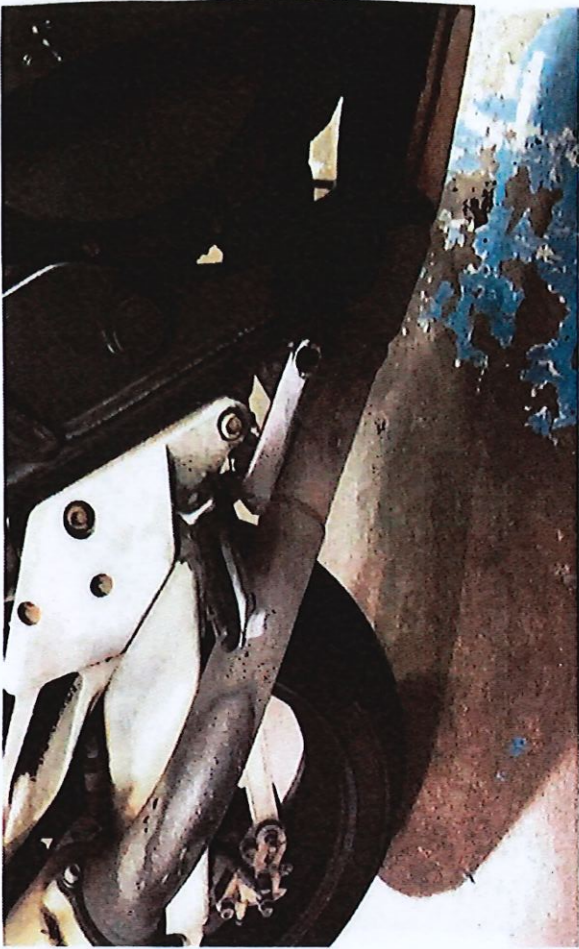
**LOUIS S C NG CAE AMIMI (UK)**  
Licensed Appraiser  
Dip. MTM. Automotive Engineer

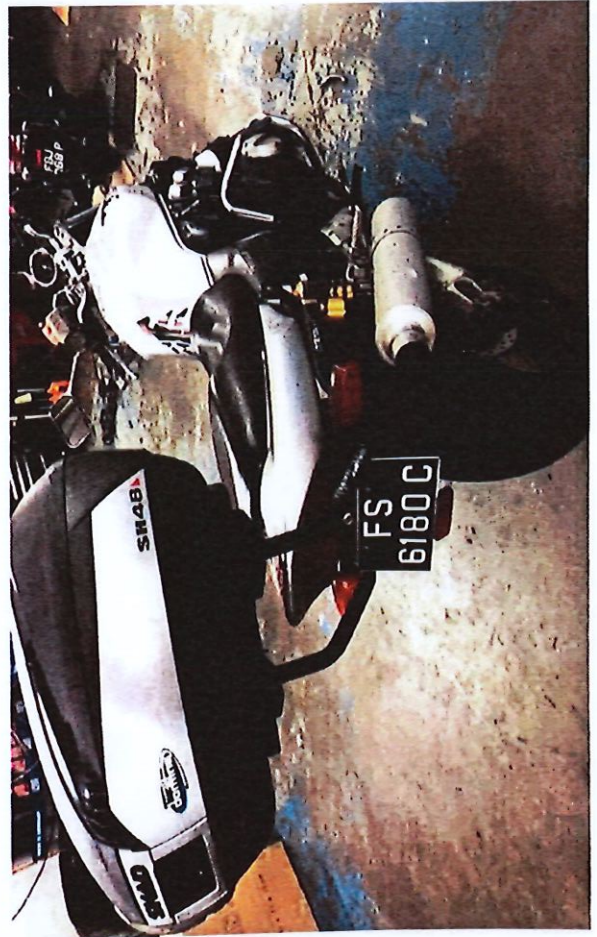
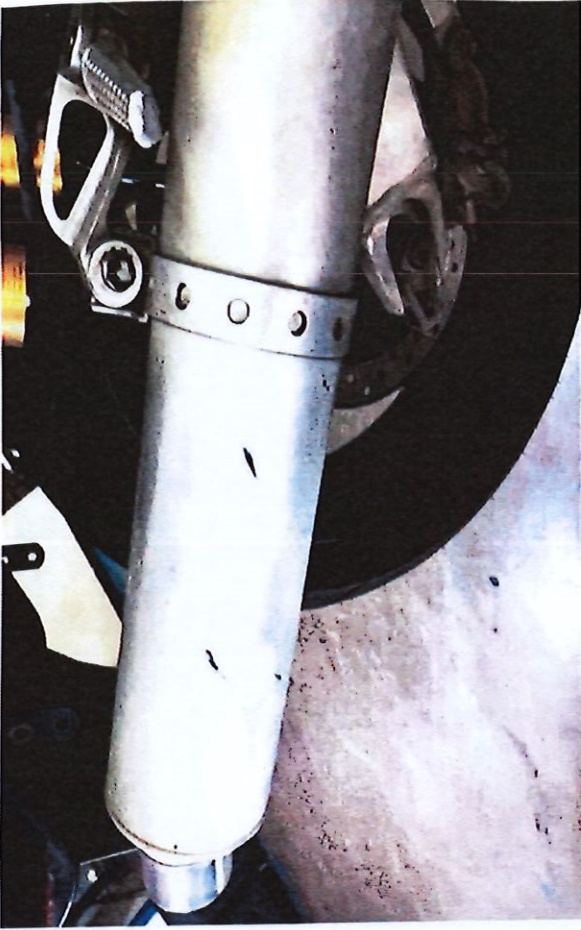


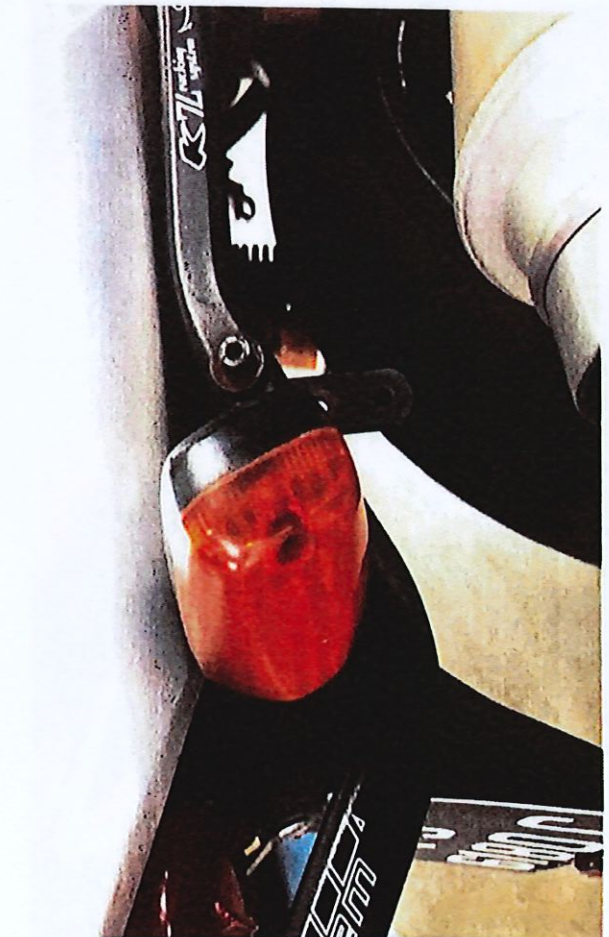
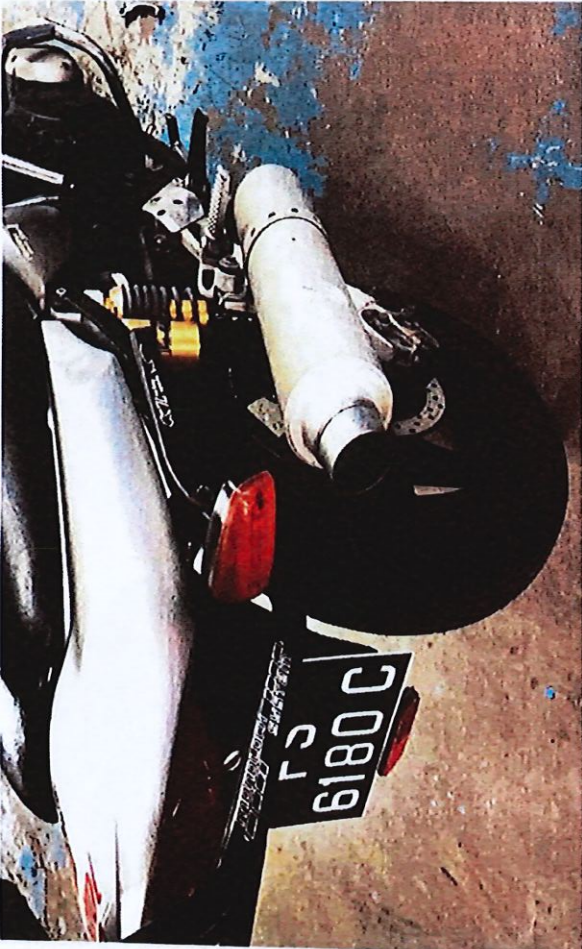
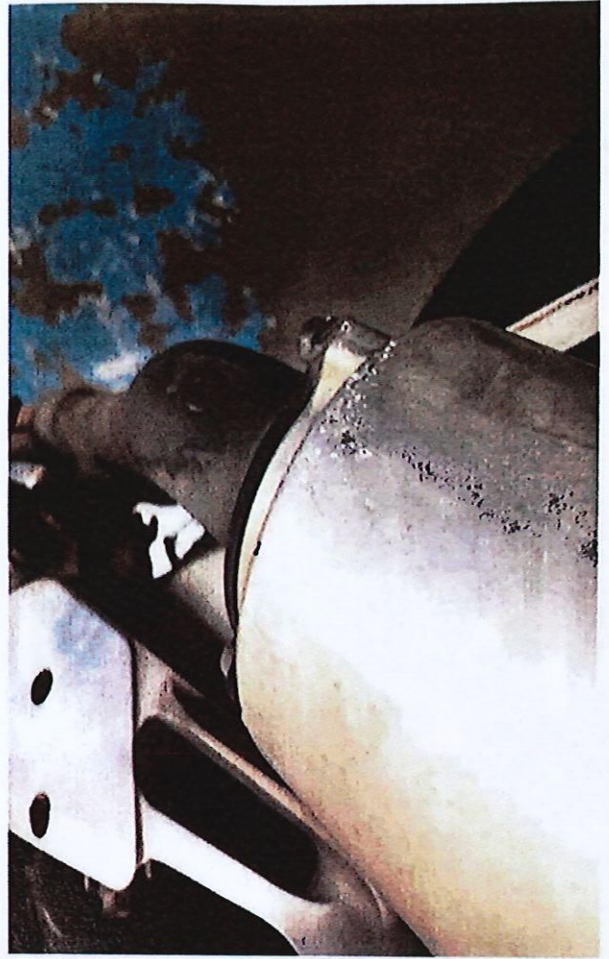
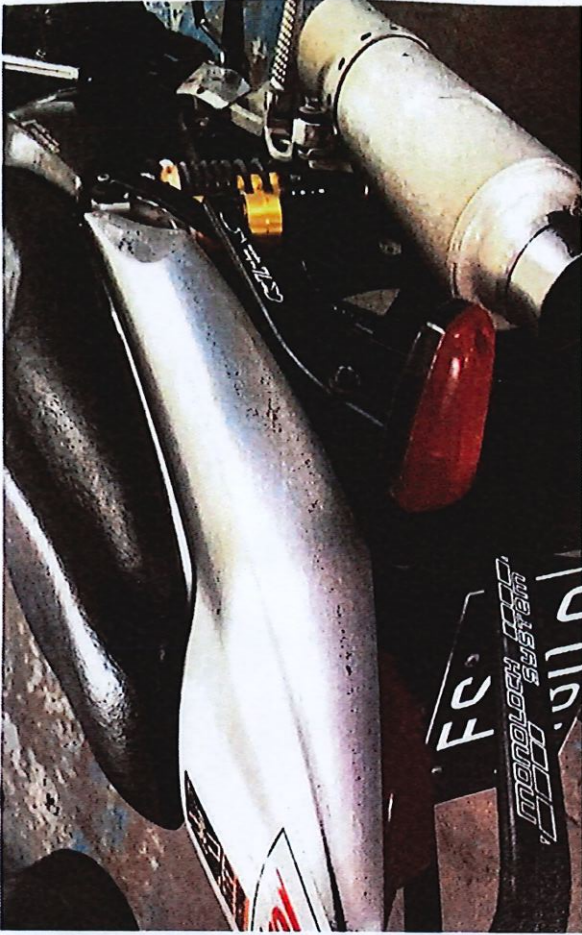


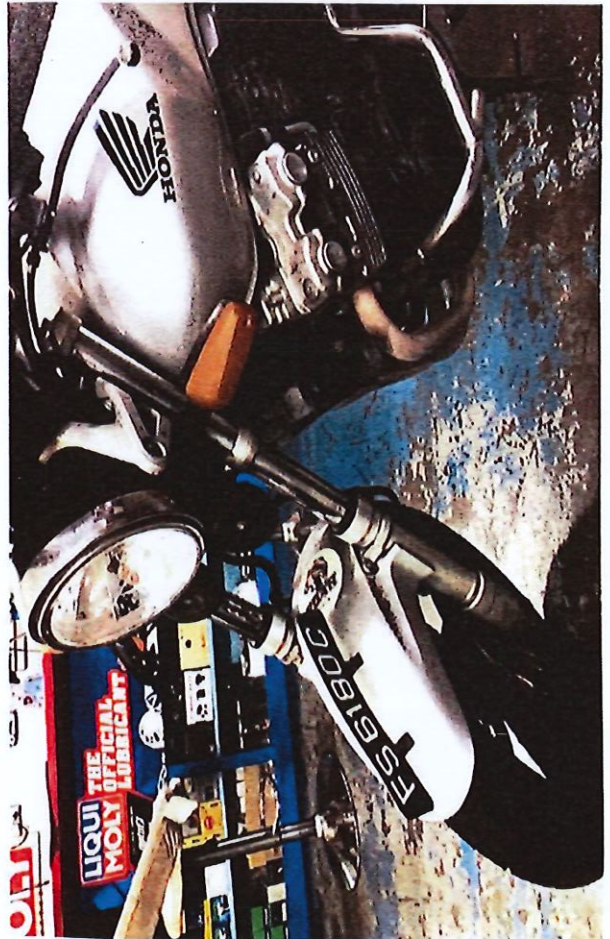
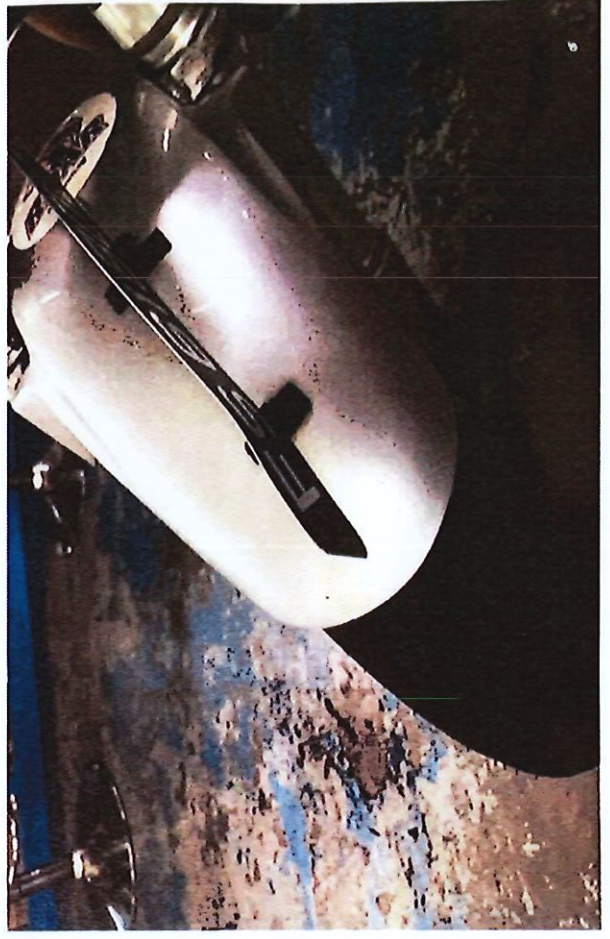
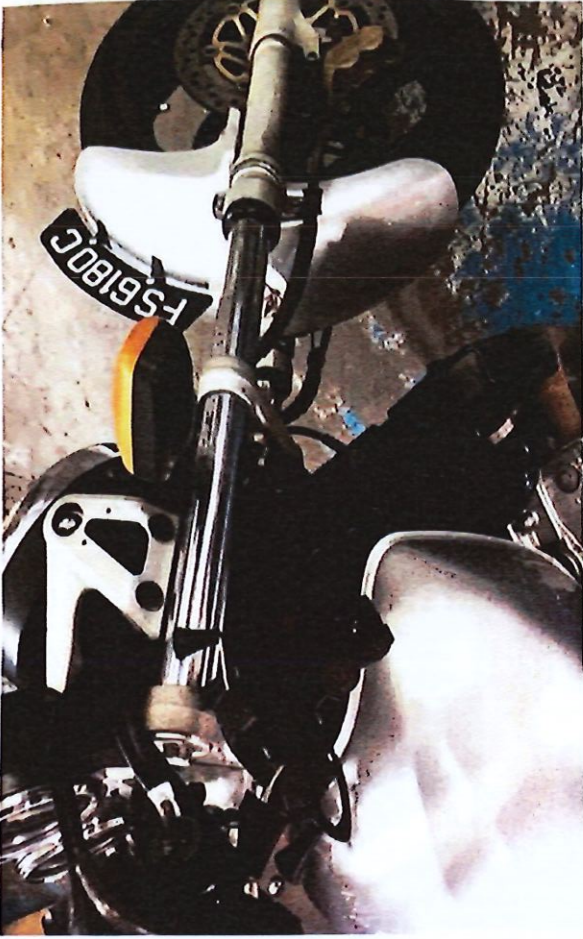














Your Ref : AS.220971.kc(sv)  
Our Ref : MR22 2022-10800-0  
Date : 2 Dec 2022

CHIA S ARUL LLC  
151 CHIN SWEE ROAD  
#03-09 MANHATTAN HOUSE  
SINGAPORE 169876

ATTENTION:

**RE: MEDICAL REPORT FOR G KERNABALAN (NRIC NO: S1647323E)**

We refer to your request dated 08 Nov 2022 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

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## OFFICIAL RECEIPT

Receipt No. : MRS-89578

Date : 2 Dec 2022

GST REG NO.: 200717564-H

**ORIGINAL**

SERVICE DESCRIPTION	AMOUNT (S\$)
ORDINARY MEDICAL REPORT <b>G KERNABALAN S1647323E</b>	<b>90.00</b>
Your Ref : AS.220971.kc(sv) Our Ref : MR22 2022-10800-0 Payment : CHEQUE MB 011148	

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 Nurul Suhaila Binte Rahmat  
Tel No: 6602 2477/6602 2477/ Khoo Teck Puat Hospital

**CONFIDENTIAL**

Your Ref : AS.220971.kc(sv)  
Our Ref : 2022-10800-0

7<sup>th</sup> December 2022

**CHIA S ARUL LLC  
151 CHIN SWEE ROAD  
#03-09 MANHATTAN HOUSE  
SINGAPORE 169876**

Dear Sirs,

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

**NAME : G KERNABALAN  
NRIC NO : S1647323E**


The above mentioned patient was seen on 9<sup>th</sup> October 2022 at the Acute and Emergency Care Centre of Khoo Teck Puat Hospital. He was attended to by Dr Kuang Ian Tan.


Patient was involved in a road traffic accident on the same day. He was the pillion rider of a motorcycle which had collided with a car. He fell onto his right side. He sustained abrasion wounds and pain over his right shin. He had a past medical history of diabetes, hyperlipidemia and transient ischemic attack.

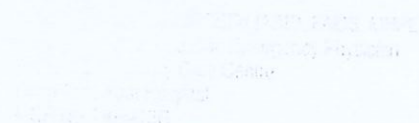
On examination, there were abrasion wounds over his right elbow, right shin and right lateral foot. Cardiovascular and respiratory examination were normal. Xrays of his right tibia and fibula, right elbow, right ankle and right foot did not show any acute pathology. He was treated with Anarex and Diclofenac. His wounds were cleaned and dressed.

He was discharged on the same day with advice, drug prescription and 3 days of medical leave certification.

Impression: Right shin contusion and abrasion wounds secondary to road traffic accident.

  
**DR FRANCESCA THNG  
SENIOR STAFF PHYSICIAN  
ACUTE AND EMERGENCY CARE CENTRE  
KHOO TECK PUAT HOSPITAL  
MCR: M65014E**

  
FOR



The above findings are with reference to clinical notes done by Dr Kuang Ian Tan.