



# C RAMESH LAW PRACTICE

ADVOCATES & SOLICITORS  
UEN No. 53294818A

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Level 8 Suite 2  
Great Eastern Centre  
Singapore 048659  
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*We do not accept service of Court Documents via facsimile*

14<sup>th</sup> June 2024

Our Reference: CR/DE-PD/24-5235

Your Reference: TBA (SHD4749G)

**MS FIRST CAPITAL INSURANCE LIMITED**

16 RAFFLES QUAY

#42-01 HONG LEONG BUILDING

SINGAPORE 048581

**Attention: Motor Claims Department**

**WITHOUT PREJUDICE**

**BY EMAIL**

**NOTICE OF ACCIDENT**

Dear Sir,

We are instructed by our client to notify you of a road traffic accident on 20.02.2024 at about 1158hrs along ORCHARD ROAD involving our client's vehicle registration number FBS8440L and vehicle registration number SHD4749G driven by your insured driver at the material time. A copy of Singapore accident Statement/traffic police report filled is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Address : 25 Kaki Bukit Road 4

#01-35

Singapore 417800

Phone No. : 91275273/87476000

Please let us hear from you by the stipulated time.

Yours faithfully

C RAMESH LAW PRACTICE

Encl.

**FOR SURVEYOR**

Please initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor

(Name & signature)

Date & time of inspection

## 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 First Submission	27/02/2024 13:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/02/2024 11:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Handy Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS8440L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RUBANN
NRIC No	T0203587H
Email Address	aries04_rubann@hotmail.com
Mobile Phone No	(Phone) +65-80216945
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T155
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	Manual
CC	160

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5137916132

#### DRIVER

Name of Driver	RUBANN
NRIC No	T0203587H
Date Of Birth	04/02/2002
Occupation	Indoor

Driving Pass Date	29/03/2021
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80216945
Alt. Phone Number	-
Email Address	aries04_rubann@hotmail.com
Address	APT BLK 171 WOODLANDS STREET 11
Address complement	02-35
Postcode	S730171
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 - Head on collision
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?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 sketch plan

#### 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	SHD4749G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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)	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	RUBANN
Gender	Male
Phone No	(Phone) +65-80216945
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS8440L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

# 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.
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.

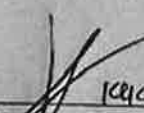
## 8. Consent under the Personal Data Protection Act (PDPA)

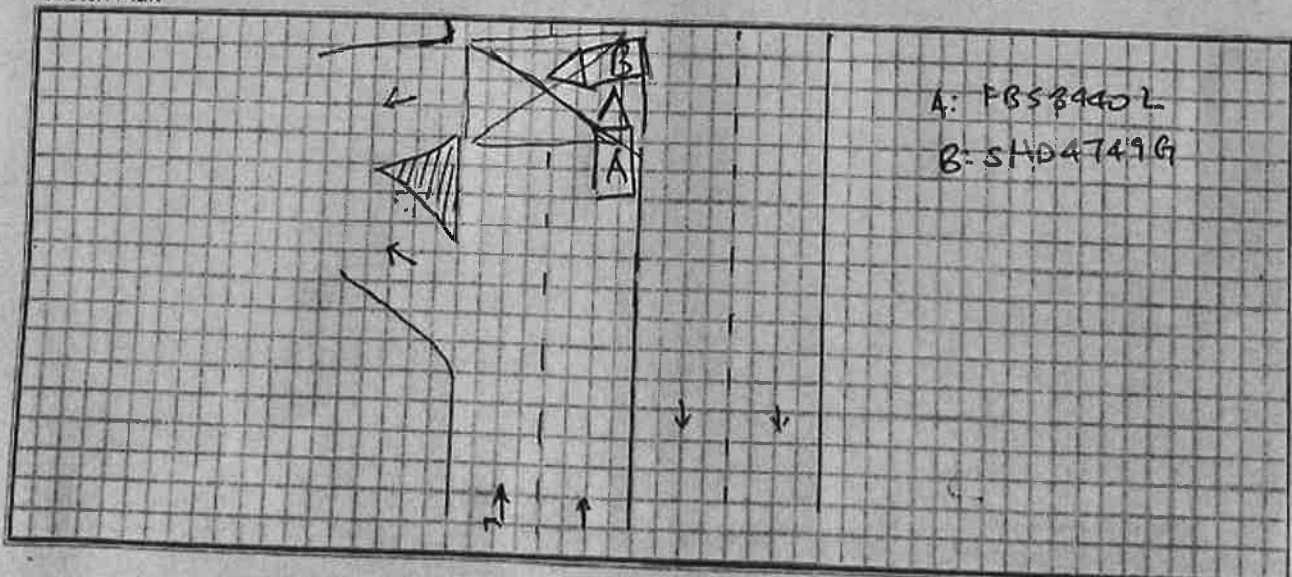
I understand, acknowledge, agree and consent that:

- (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  
 17/01/2024 13:00 hrs  
 Sketch Plan

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

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




Describe Circumstance of the Accident


Refer to police report: T/20240210/7096

Declaration

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

  
Policyholder's Signature / Date & Time  
27/02/2024 12:00 hr

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

 Lee Chong Chiong  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

















**SINGAPORE  
POLICE FORCE**



T/20240220/7096

1 of 4

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

Report No. 1/20240220/7096

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/02/2024 21:00	Video Report No.: E/20240220/0048	Station Diary No.:
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**Informant's Particulars**

Name of Informant: RUBANN		Address: 171 WOODLANDS STREET 11 #02-35 SINGAPORE 730171	
ID Type / ID No.: NRIC NO / T0203587H		Contact No.: Home/Office: Mobile: 80216945	
Nationality: SINGAPORE CITIZEN		Email: ARIES04_RUBANN@HOTMAIL.COM	
Sex: Male	Age: 22	Date of Birth: 04/02/2002	Type of Informant: Rider
Race: Indian		Language: English	
Occupation: National Service Full Time		Driving Licence Information: Class: 2B Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/02/2024 11:55	Type of Location: Y-Junction
Location: ORCHARD ROAD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Registration No.	Type	Make	Model	Color	Category	No of
FB58440L	Motorcycle	YAMAHA	T155	Black		0

FB58440L	NTUC Income Insurance Co-Operative Limited	51379/6132	17/07/2023	18/07/2024
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**SINGAPORE  
POLICE FORCE**



T/20240220/7096

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

Report No. T/20240220/7096

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	RUBANN	ID No.	T0203587H
Related Vehicle	FB58440L (Motorcycle)	Contact No.	80216945
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	20/02/2024	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

**Brief Details:**

Accident Report: Bike Collision with Taxi

Date and Time:

Tuesday morning, 11:58 AM.

Location:

Alongside a condominium, on the way to Plaza Singapura.

Vehicles Involved:

Motorbike: FB58440L

Blue Taxi: SHD4749G

Description of Incident:

While travelling straight on my motorbike (FB58440L) towards Plaza Singapura, alongside a condominium, a blue taxi with license plate SHD4749G made a reckless right turn without noticing me. As I was moving, the taxi collided with my motorbike while I was already within the yellow box. I, as a person, did not sustain any injuries during the collision.

Actions Taken:

After the collision, I dismounted from the motorbike.

The taxi driver walked me to sit at the nearby curb.

The taxi driver offered me an umbrella.

The taxi driver called for an ambulance.

The taxi driver waited with me until the ambulance and traffic police arrived.

Additional Notes:

Although no injuries were initially reported, it was later discovered that I sustained a broken ankle as a result of the accident.

Witnesses: I do have photos

Injuries/Damages:

(Describe any damages to the vehicles)

Conclusion:

Based on the events described above, it is evident that the blue taxi with license plate SHD4749G was at fault for making a reckless right turn, resulting in a collision with my moving motorbike.



**SINGAPORE  
POLICE FORCE**



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

Report No. 1/20240220/7096

**CONTINUATION OF REPORT**

**Recommendations:**

It is recommended that appropriate actions be taken by the authorities to address the negligence of the taxi driver and to ensure the safety of all road users in the future.

Rubann  
80218945



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Irrathu Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 85470000



T/20240220/7096

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Report No. T/20240220/7096

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
GOH SEOW PING SHAYE  
Contact No.: 88476310

Signature Of Informant:

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

Date/Time:  
20/02/2024 21:00

Classification Of Case:

INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SHD4749G

Date of Accident

20/02/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **MS First Capital Insurance Ltd**  
Period of Insurance ..... **01/01/2024 - 31/12/2024**  
Requested By ..... **YAANI (C Ramesh Law Practice...**  
Requested Date ..... **30/05/2024 15:40**

Payment details

Request Amount: **S\$2**  
GST Amount: **S\$0.18**  
Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre  
GST Registration No: **M400017735**