



C RAMESH LAW PRACTICE

ADVOCATES & SOLICITORS
UEN No. 53294818A

1 Pickering Street
Level 8 Suite 2
Great Eastern Centre
Singapore 048659
Tel: 68141873
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We do not accept service of Court Documents via facsimile

07th June 2024

Our reference: CR/DJ-PD/24-5243

Your reference: TBA (SHD7120A)

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 04.06.2024 at about 2200hours along Bedok Reservoir Road involving our client's vehicle registration number FBC1919D and vehicle registration number SHD7120A 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 : 13 Kaki Bukit Road 4
 #01-16 Bartley Biz Centre
 Singapore 417807
Phone No. : 9114 1771 (Haikal)/ 8078 9711

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	07/06/2024 13:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/06/2024 22:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK RESERVOIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC1919D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD JEREMY HAKEEM BIN S RAMLEE
NRIC No	T0020642Z
Email Address	JEREMYHAKEEM@OUTLOOK.COM
Mobile Phone No	(Phone) +65-88842925
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	155A
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	160

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125884867-02

DRIVER

Name of Driver	MUHAMMAD JEREMY HAKEEM BIN S RAMLEE
NRIC No	T0020642Z
Date Of Birth	12/06/2000
Occupation	Indoor

Driving Pass Date	25/01/2022
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88842925
Alt. Phone Number	-
Email Address	JEREMYHAKEEM@OUTLOOK.COM
Address	BLK 102 #02-438
Address complement	BEDOK RESERVOIR ROAD
Postcode	470102
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 - Major/Minor Rd
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20240605/2040

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	SHD7120A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEE BOON PING
NRIC No	S7104208A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	UNKNOWN
Gender	-

PASSENGER 2

Name	UNKNOWN
Gender	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD JEREMY HAKEEM BIN S RAMLEE
Gender	Male
Phone No	(Phone) +65-88842925
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN, LEFT LEG AND LEFT ARM SWOLLEN. 4 DAYS MC. (CHANGI GENERAL HOSPITAL)
Injured person in which vehicle?	FBC1919D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

[illegible]

Declaration

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

I/We declare the foregoing particular to be true and correct.

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Policyholder's Signature / Date & Time

070624 1300

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

[Signature]

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

INDRA RIZZA SYAH BIN AZIZ
S994949

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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 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.

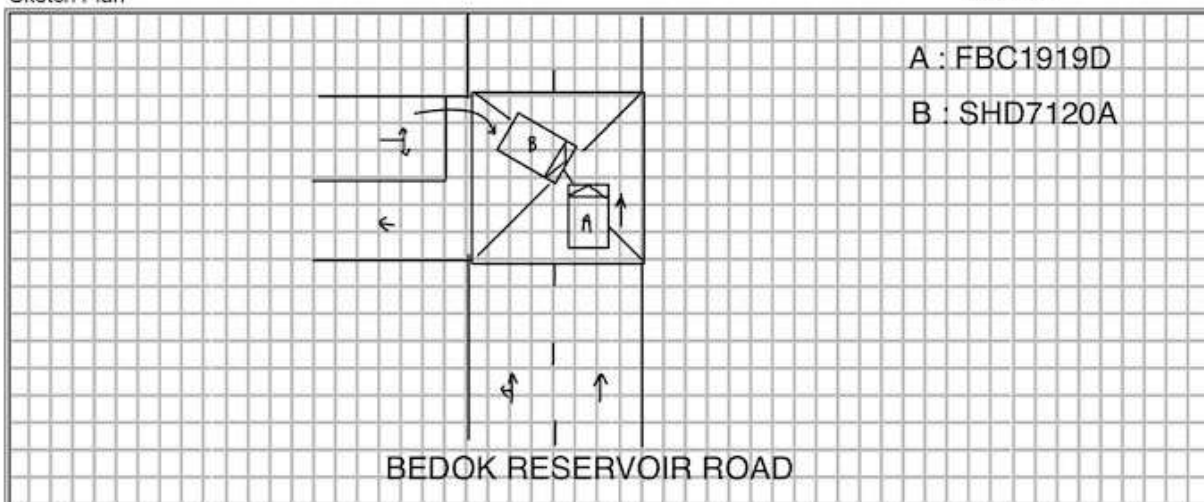
[Signature]
070624 1300

Policyholder's Signature / Date & Time

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

[Signature]

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) **INDRA RIZZA SYAH BIN AZIZ**
S994949

Sketch Plan

















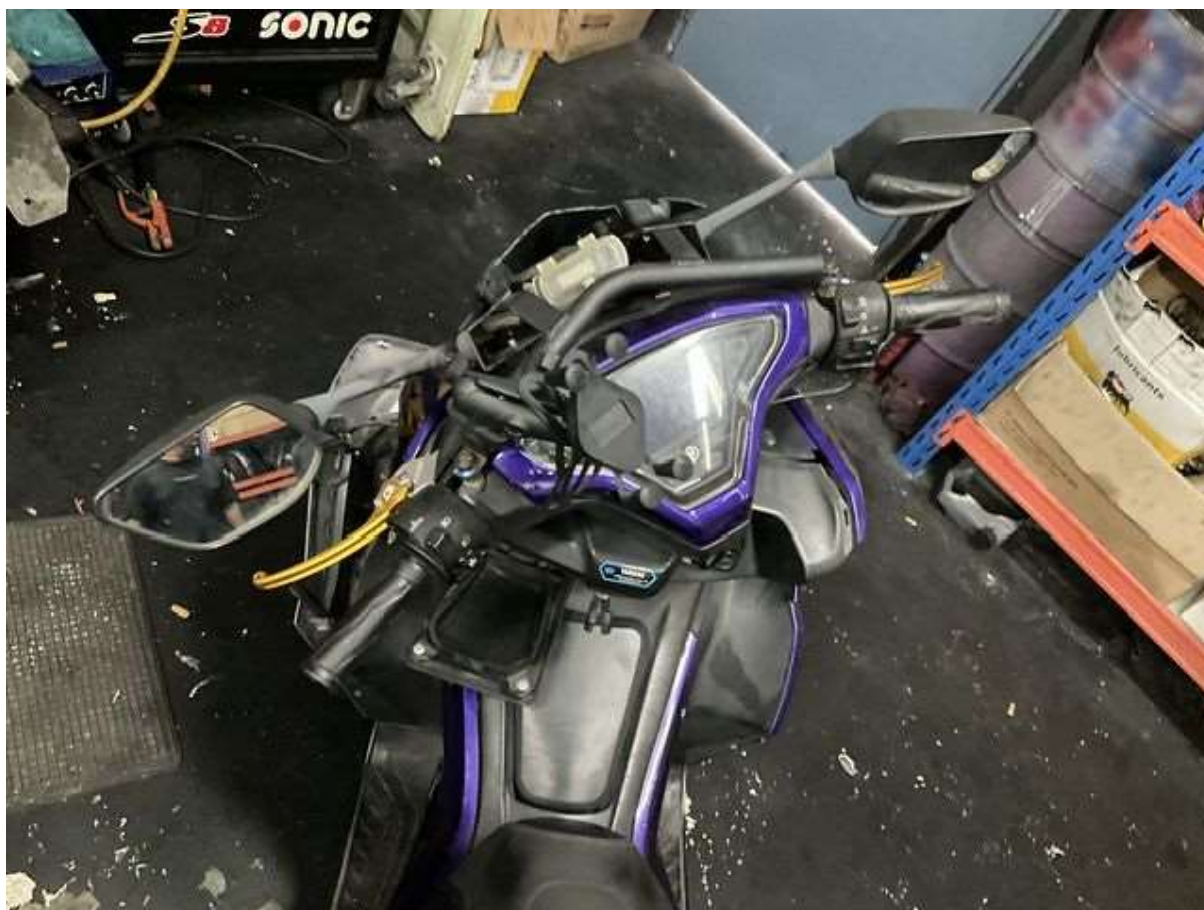




























 SINGAPORE POLICE FORCE		 T:0240005/2340
Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 520662 Tel No: 1800-5871999		1 of 3 Report No: T0240005/2340
CONTINUATION OF REPORT		
Signature of Officer Recording The G / SR STAFF SGT TAN YI KUN 		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time 05/06/2024 14:33
Officer In Charge Of Case: TP / GIT / STAFF SGT SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202		Classification Of Case:
NP168		



**SINGAPORE
POLICE FORCE**



T/20240605/2040

2 of 3

Police Station Of Origin:
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No. 1800-5871999

Report No. T/20240605/2040

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD JEREMY HAKEEM BIN S - RAMLEE	ID No.	T0020642Z
Related Vehicle	FBC1919D (Motorcycle)	Contact No.	88842925
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	LEE BOON PING	ID No.	S7104208A
Related Vehicle	SHD7120A (Taxi)	Contact No.	90885651
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above mention date, time and location, I was riding my Yamaha motorbike FBC1919D, purple in colour travelling along Bedok Reservoir Rd toward Kaki Bukit direction. Initially I was travelling straight before the T junction of Bedok reservoir and the open carpark of 633 to 644 Bedok Reservoir Rd. When I was travelling straight(right of way) along the right lane(2 lane), suddenly one comfort taxi SHD7120A, blue in colour exit from the open carpark of 633 to 644 and turn right to Bedok Reservoir Rd facing Jalan Eunus direction and due to that the taxi front left portion collided onto my motorbike front portion. Due to the impact, it causes me to fall onto the road and at that point of time I blackout for a while and when I regain conscious I feel numb on my whole body and then pain on my left body. I manage to stand up by myself after a few tried and then the taxi driver then exchange particular with me. About 15min later, ambulance came follow by traffic police and I was conveyed by ambulance to Changi General Hospital. The traffic police took down my detail and instruct me to lodge a traffic accident report. Due to the accident my motorbike damages are at the front left portion area and due to the bike falling to the right there are damages at the right portion area as well. I do not have any in bike camera. I was discharge by CGH on 5/6/24 at around 3am and was given 4 days MC and I wish to state the taxi driver is not injured.

SINGAPORE POLICE FORCE		T/20240605/2040				
Police Station Of Origin: Tampines N.P.C. 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999		Report No: T/20240605/2040 1 of 3				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 05/06/2024 14:33		Vide Report No.: Station Diary No.: 19				
Informant's Particulars						
Name of Informant: MUHAMMAD JEREMY HAKEEM BIN S RAMLEE		Address: 102 BEDOK RESERVOIR ROAD #02-438 SINGAPORE 470102				
ID Type / ID No.: NRIC NO / T00206422		Contact No.: Home/Office: Mobile: 86842825				
Nationality:		Email:				
Sex: Male	Age: 23	Date of Birth: 12/06/2000	Type of Informant: Rider			
Race: Malay	Language:					
Occupation: OPERATION EXECUTIVE	Driving Licence Information: Class: 25 Date of Expiry:					
General Information of the Accident						
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/06/2024 22:00			
Type of Location: T-Junction						
Location: BEDOK RESERVOIR ROAD						
Weather: Clear		Road Surface: Dry				
Traffic Flow: Two Way		Traffic Control: Not Controlled				
Type of Collision: Between Moving Vehicles - Head To Side		Traffic Volume: Moderate				
		Anyone conveyed by ambulance: Yes				
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC1919D	Motorcycle				Seriously Damaged	0
SHD7120A	Taxi				Slightly Damaged	2
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		