

27/03/2007

ASS. REC. BY:

REF:

CSS / III 18016089 / TV-1321

Special Instruction:

Surveyor: TAUKEH

ASSIGNMENT (Office)

From (Person): Stanley Laiof IIIDate/Time: 16.8.2019

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / ENV / MV / CS

To Inspect Vehicle No:

FBJ 9888U

Insured:

SHD 3625 L

at Workshop n/s

Asia motorsports

Tel:

of

568 Geylang Rd

Policy No:

Claim No:

MCT18090041

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

02092018

CA / REV / REP. / REV 24 HRS wpi

Date/Time:

04/9/2018 1.35pm

Person Contacted:

Mr. Loo

H.O.D. Endorsement:

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	FBJ 9888U - X
	SHD 3625 L - X
	Dismantle: 11/9/2018
	After repair: 19/9/2018
	No GIN

URGENT

30/8/2019

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Friday, 16 August 2019 2:58 PM
To: 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: Mekavathanan Sarangapani; Manivel Priyadarshini
Subject: III REF: MCT18090041 | REQUEST PAPER SURVEY FBJ9888U

Dear Sir/Mdm,

Please conduct paper survey for the below TP vehicle and let us have your report urgently. LOD uploaded and rights granted to you in Merimen.

TP Veh No. : FBJ9888U

Thank you.

Warmest regards,

Stanley Lai

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

S&P 'A-' rated Company



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 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1402
 RECIPIENT ADDRESS 63527063
 DESTINATION ID
 ST. TIME 31/07 13:46
 TIME USE 00'29
 PAGES SENT 2
 RESULT OK



DOMINION LLC
 (A Law Corporation)

Advocates & Solicitors
 Commissioner of Oaths

(Service of Court's documents via our fax number is not acceptable)

Our Ref: D/AQ/X/13315/18.jy

Your Ref:

29th July 2019

India International Insurance Pte Ltd
 64 Cecil Street #04-00/01 & #05-00/02
 IOB Building
 Singapore 049 711

Attn: Motor Claims Department

TRAFFIC ACCIDENT ON 2nd SEPTEMBER 2018 INVOLVING FBJ 9888U & SHD 3625L ALONG JUNCTION OF SENGKANG WEST WAY & FERNVALE LINK

We act for Muhammed Nur Hakeem Bin Mohamad, the rider of FBJ 9888U in the above matter and are instructed to claim damages against your insured, Gisele Jessyca Yeo, the driver of SHD 3625L in respect of the above traffic accident.

We are instructed that the accident was caused by the negligence of your insured when she failed to keep a proper lookout and/or give way to our client and suddenly made a right turn at the aforesaid junction and collided into our client who was then travelling from the opposite direction. As a result, our client fell and thereby suffered personal injuries which are set out in the Medical Report dated 11th March 2019 from Khoo Teck Puat Hospital ("KTPH")

He has been injured and put to loss and expense which we quantify as follows:

- | | | |
|---|--|------------|
| 1 | Multiple abrasions (right elbow, right-anterior shin) with pain and tenderness | \$1,800.00 |
| 2 | Medical expenses | \$ 442.40 |



BRANCH OFFICE

150 South Bridge Road
 #05-05 Fook Hai Building
 Singapore 058 727

Tel: (65) 6352 7413

Fax: (65) 6352 7063

Via Fax 62244174/Hand

MC118090041
 Rhye

31/7/2019

DOMINION LLC
(A Law Corporation)

Advocates & Solicitors
Commissioner of Oaths

(Service of Court's documents via our fax number is not acceptable)

Our Ref: D/AQ/X/13315/18.jy
Your Ref:

29th July 2019

India International Insurance Pte Ltd
64 Cecil Street #04-00/01 & #05-00/02
IOB Building
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He has been injured and put to loss and expense which we quantify as follows:

1	Multiple abrasions (right elbow; right anterior shin) with pain and tenderness	\$1,800.00
2	Medical expenses	\$ 442.40
3	Transport (TP/GIA x2; KTPH x1; Punggol Poly x2; CGH x1; Workshop x2)	\$ 160.00
4	Cost of repairs	\$2,600.00
5	Loss of use (5 days)	\$ 150.00
6	Survey Report fee	\$ 380.00
7	Legal costs (including GST)	\$1,926.00
8	LTA (\$7.49)/GIA/TP/KTPH (\$80.00) Medical Report fee	\$ 146.49
		\$7,604.89

Our client has one (1) witness (Sahlan 90064459) to the accident. In any event, your insured has been summoned for **inconsiderate driving** by the Traffic Police.



BRANCH OFFICE

150 South Bridge Road
#05-05 Fook Hai Building
Singapore 058 727

Tel: (65) 6352 7413
Fax: (65) 6352 7063

Via Fax 62244174/Hand

McT/18090041.
Rhyca

31/7/2019

29th July 2019

India International Insurance Pte Ltd
Singapore

In compliance with the Pre Action Protocol under State Courts Practice Direction 38, we propose that Dr Chow Yong Sheng, the doctor from KTPH who saw our client on admission be appointed as the **Single Medical Expert** for the purposes of this claim.

Copies (unless otherwise stated) of the following documents are enclosed:

- 1 KTPH Medical Report and Tax Invoice;
- 2 Punggol Polyclinic Tax Invoices;
- 3 CGH Tax Invoice;
- 4 TP/GIA Report by our client and by your Insured;
- 5 Exchange of emails between our client's motor repair workshop and your goodselves pertaining to Pre Repair and After Repair Inspection;
- 6 **Original** Survey Report dated 27th December 2018 by Y B Lim Appraisal Services with 30 colored photographs **on your undertaking** to return;
- 7 Invoice dated 27th December 2018 by Y B Lim;
- 8 Invoice dated 27th December 2018 by Asia Motorsports Solution Pte Ltd; and
- 9 Letters dated 18th January 2019 and 12th July 2019 from Traffic Police

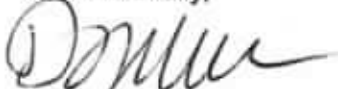
Please note that a copy of this letter (without enclosures) is also being sent to your insured, **Gisele Jessyca Yeo**

Please note that you should send to us an acknowledgement of receipt of this letter **within 14 days** of your receipt of this letter. Please also inform us, **within 14 days** of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical experts or whether you wish to propose other medical experts.

Should you fail to acknowledge receipt of this letter **within 14 days**, our client can commence legal proceedings against you without further notice to you or your insured.

Please also note that if your insured has a counterclaim against our client arising out of the accident, your insured is required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents **within 8 weeks** of your receipt of this letter.

Yours faithfully,



Encl

Cc

Gisele Jessyca Yeo
Block 259B Punggol Field
#08-39
Singapore 822 259



**Khoo Teck Puat
Hospital**

National Healthcare Group

Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Reg. No.: 200717564H
www.ktph.com.sg

CONFIDENTIAL

Your Ref : D/AQ/X/13315/18
Our Ref : 2019-1671-0

11 March 2019

**DOMINION LLC
150 SOUTH BRIDGE ROAD
#05-05
FOOK HAI BUILDING
SINGAPORE 058727**

[Handwritten signature and stamp]

Dear Sirs,

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

NAME : MUHAMMAD NUR HAKEEN BIN, MOHAMAD
NRIC NO : S9635445B

The above-mentioned patient was seen on 2 September 2018 at the Acute and Emergency Care Centre of Khoo Teck Puat Hospital. He was attended to by Dr Chow, Yong Sheng.

The patient was a motorcyclist involved in a road traffic accident. He complained of right shin pain. On examination, he had limited range of movement of his right elbow. He had skin abrasions and minimal tenderness over his elbow. He had tenderness of his right anterior shin with slightly erythematous skin. Xrays did not show any obvious fractures. He was discharged with polyclinic appointment and medication.

Impression: abrasions secondary to road traffic accident

[Handwritten signature]
Dr Benedict Vicaul Lau
Medical Officer
Acute & Emergency Care Centre
MCR No: M16720J

**DR LIN YINGCUI ANNETTE
RESIDENT PHYSICIAN
ACUTE AND EMERGENCY CARE CENTRE
KHOO TECK PUAT HOSPITAL
MCR: 17150F**

The above findings are with reference to clinical notes done by Dr Chow, Yong Sheng.

TAX INVOICE as at 02.09.2018

TO: MR. MUHAMMAD NUR HAKEEM BIN MOHAMAD
BLK 327A #02-914
SUMANG WALK
PUNGGOL VUE
SINGAPORE - 821327

1

VISIT DATE : 02.09.2018 13:52
LOCATION : KCANEP2

This Tax Invoice is for charges incurred at **Khoo Teck Puat Hospital** (UEN 200717564H)

Case/Invoice No	Invoice Date	Outstanding Amount
5718467341A-00001	02.09.2018	Nil

Patient Name: MUHAMMAD NUR HAKEEM BIN

Patient ID: S9635445B

services	Amount(\$)
A&E Facility/Service Fee	240.00
Elbow Joint	44.00
Tibia And Fibula	44.00
Less Government Subsidy	-208.00

120.00

Total Amount Payable

120.00

Total amount payable after GST is \$128.40 .

GST at 7% is absorbed by the Singapore Government: \$8.40

Payer	Adjustment	Payment	Amount Due
MUHAMMAD NUR HAKEEM BIN, MOHAMAD	0.00	120.00	0.00

(VISA - 02.09.2018 , RECEIPT #: K003154516)

TAX INVOICE as at 02.09.2018

TO: MR. MUHAMMAD NUR HAKEEM BIN MOHAMAD
BLK 327A #02-914
SUMANG WALK
PUNGGOL VUE
SINGAPORE - 821327

Tax Invoice GST REG **NL**

VISIT DATE : 02.09.2018 13:52
LOCATION : KCANEP2

This Tax Invoice is for charges incurred at **Khoo Teck Puat Hospital** (UEN 200717564H)

Case/Invoice No	Invoice Date	Outstanding Amount
5718467341A-00001	02.09.2018	Nil

Patient Name: MUHAMMAD NUR HAKEEM BIN

Patient ID: S9635445B

Services

	Amount(\$)
A&E Facility/Service Fee	240.00
Elbow Joint	44.00
Tibia And Fibula	44.00
Less Government Subsidy	-208.00
	120.00

Total Amount Payable

120.00

Total amount payable after GST is \$128.40 .

GST at 7% is absorbed by the Singapore Government: \$8.40

Payer

MUHAMMAD NUR HAKEEM BIN, MOHAMAD

Adjustment

0.00

Payment

120.00

Amount Due

0.00

(VISA - 02.09.2018 , RECEIPT #: K003154516)

TAX INVOICE

153 70034
additional document.

Admiralty Medical Centre
Khoo Teck Puat Hospital
Yishun Community Hospital

TO: MR. MUHAMMAD NUR HAKEEM BIN MOHAMAD
BLK 327A #02-914
SUMANG WALK
PUNGGOL VUE
SINGAPORE - 821327

Tax Invoice GST REG NO M90370246G

VISIT DATE : 02.09.2018 13:52
LOCATION : KCANEP2

This Tax Invoice is for charges incurred at **Khoo Teck Puat Hospital** (UEN 200717564H)

Case/Invoice No	Invoice Date	Please Make Payment
5718467341A-00001	04.09.2018	\$1.80

(Kindly refer to overleaf for payment instruction)

Patient Name: MUHAMMAD NUR HAKEEM BIN

Patient ID: S9635445B

Services

	Amount(\$)
A&E Facility/Service Fee	240.00
Elbow Joint	44.00
Tibia And Fibula	44.00
Less Government Subsidy	-208.00
	120.00

Non-Standard A&E Services

TRAMADOL HCL 50MG/ML INJ	1.81
--------------------------	------

Total Amount Payable

121.81

Total amount payable after GST is \$130.34.

GST at 7% is absorbed by the Singapore Government: \$8.53

Payer

MUHAMMAD NUR HAKEEM BIN, MOHAMAD*

Billed	Adjustment	Payment	Amount Due
121.81	0.01	120.00	1.80

* Self-payer Round Down = 0.01



Admiralty Medical Centre
Khoo Teck Puat Hospital
Yishun Community Hospital

CASE /INVOICE : 5718467341A-00001
VISIT DATE : 02.09.2018 13:52
LOCATION : KCANEP2
INVOICE DATE : 04.09.2018

-Please cut along this line-

Contact No:

(Cheque Number)

CVV No:

Expiry Date:

Cardholder's Signature:

CVV = Card Verification Value



4



Polyclinics
SingHealth

Bedok | Bukit Merah | Marine Parade | Outram | Pasir Ris | Punggol | Sengkang | Tampines

Tel: (65) 6643 6969
Fax: (65) 6444 9056
SingHealth Polyclinics - Punggol
Blk 681 Punggol Drive
#02-01 Oasis Terraces
Singapore 820681
polyclinic.singhealth.com.sg
UEN No 52928775K

TAX INVOICE

GST REG NO: M90368910N

PPGCWZ / FB / 04.09.2018 0915 hrs / Page 1 of 2

MUHAMMAD NUR HAKEEM BIN MOHAMAD

327A SUMANG WALK
#02-914 PUNGGOL VUE
SINGAPORE 821327

Patient : MUHAMMAD NUR HAKEEM BIN MOHAMAD

Tax Invoice Number : PG18200318J0001
Bill Ref Number : PG18200318J-0001-01
Tax Invoice Date : 04.09.2018 0915 hrs
Patient NRIC/HRN : S9635445B
Visit Date : 04.09.2018 0755 hrs
Visit / Bill Location : PCLPG/PCLPG/MED
Payment Class : ADULT

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)	
			Full Amount	Payable Amount
POP5	CONSULTATION CONSULTATION	1	44.20	12.50
	Subtotal		44.20	12.50
	MEDICATION/DEVICES			
IPR4NA1	KETOPROFEN 2.5% GEL 30G - (S1)	1	2.70	0.68
IPR4NA1	METOCLOPRAMIDE HCL 10MG TAB - (S1)	30	3.60	0.90
IPR4NA1	TETRACYCLINE HCL 3% OINT 15G - (S1)	1	2.77	0.69
	Subtotal		9.07	2.27
	TOTAL CHARGES		53.27	
	LESS: GOVERNMENT SUBSIDY		-38.50	
	AMOUNT PAYABLE BEFORE TAX			14.77
	ADD: 7% GST			1.04
	AMOUNT PAYABLE AFTER TAX			15.81
	LESS: GST ABSORBED BY THE GOVERNMENT			-1.04
	NET AMOUNT PAYABLE			14.77
	MUHAMMAD NUR HAKEEM BIN MOHAMAD			14.77
	PAYMENT			
	MUHAMMAD NUR HAKEEM 04.09.2018 CASH	14.75		14.75
	ROUNDING ADJUSTMENT			0.02
	AMOUNT DUE			
	MUHAMMAD NUR HAKEEM BIN MOHAMAD			0.00
	ST: P S9635445B			
	*** You are served by CHEN WANZHU ***			

Your next appointment:

Date	Time	Location
07.09.2018	0830 hrs	Punggol Polyclinic

PATIENTS. AT THE HEART OF ALL WE DO.®

SingHealth Duke-NUS Academic Medical Centre

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics

TAX INVOICE

GST REG NO: M90368910N

PPGCWZ / FB / 04.09.2018 0915 hrs / Page 2 of 2

MUHAMMAD NUR HAKEEM BIN MOHAMAD	Tax Invoice Number : PG18200318J0001
327A SUMANG WALK	Bill Ref Number : PG18200318J-0001-01
#02-914 PUNGGOL VUE	Tax Invoice Date : 04.09.2018 0915 hrs
SINGAPORE 821327	Patient NRIC/HRN : S9635445B
Patient : MUHAMMAD NUR HAKEEM BIN MOHAMAD	Visit Date : 04.09.2018 0755 hrs
	Visit / Bill Location : PCLPG/PCLPG/MED
	Payment Class : ADULT

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)	
			Full Amount	Payable Amount

****For hygiene and safety reasons, all medications/items sold are non-refundable and non-exchangeable.**Please pay by cash, NETS, or cheque upon receipt of invoice. Cheque should be made payable to SingHealth Polyclinics. Please indicate invoice and contact no. Post-dated cheque is not accepted. Receipt will not be issued.**

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SingHealth Duke-NUS Academic Medical Centre

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics



Polyclinics
SingHealth

Bedok | Bukit Merah | Marine Parade | Outram | Pasir Ris | Punggol | Sengkang | Tampines

Tel: (65) 6643 6969
Fax: (65) 6444 8056
SingHealth Polyclinics - Punggol
Blk 681 Punggol Drive
#02-01 Oasis Terraces
Singapore 820681
polyclinic.singhealth.com.sg
UEN No 52928775K

TAX INVOICE

GST REG NO: M90368910N

PPGPY13 / FB / 07.09.2018 0945 hrs / Page 1 of 1

MUHAMMAD NUR HAKEEM BIN MOHAMAD	Tax Invoice Number : PG18200318J0002
327A SUMANG WALK	Bill Ref Number : PG18200318J-0002-01
#02-914 PUNGGOL VUE	Tax Invoice Date : 07.09.2018 0944 hrs
SINGAPORE 821327	Patient NRIC/HRN : S9635445B
Patient : MUHAMMAD NUR HAKEEM BIN MOHAMAD	Visit Date : 07.09.2018 0807 hrs
	Visit / Bill Location : PCLPG/PCLPG/MED
	Payment Class : ADULT

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)	
			Full Amount	Payable Amount
POP5	CONSULTATION CONSULTATION	1	44.20	12.50
	Subtotal		44.20	12.50
PID2	OTHER PROCEDURES NURSE PROCEDURE 1 - D (S)	1	38.69	8.90
	Subtotal		38.69	8.90
TOTAL CHARGES			82.89	
LESS: GOVERNMENT SUBSIDY			-61.49	
AMOUNT PAYABLE BEFORE TAX				21.40
ADD: 7% GST				1.50
AMOUNT PAYABLE AFTER TAX				22.90
LESS: GST ABSORBED BY THE GOVERNMENT				-1.50
NET AMOUNT PAYABLE				21.40
MUHAMMAD NUR HAKEEM BIN MOHAMAD				21.40
PAYMENT				
MUHAMMAD NUR HAKEEM	07.09.2018 NETS	21.40		21.40
AMOUNT DUE				
MUHAMMAD NUR HAKEEM BIN MOHAMAD				0.00
ST: P S9635445B				
*** You are served by PUNGGOL PAYMENT KIOSK 13 ***				

For hygiene and safety reasons, all medications/items sold are non-refundable and non-exchangeable.Please pay by cash, NETS, or cheque upon receipt of invoice. Cheque should be made payable to SingHealth Polyclinics. Please indicate invoice and contact no. Post-dated cheque is not accepted. Receipt will not be issued.

PATIENTS. AT THE HEART OF ALL WE DO.®

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Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics



GST Registration No.: M2-0088821-9

TAX INVOICE

COUSNP

FB

19.09.2018 13:36 hrs

Bill To

MUHAMMAD NUR HAKEEM BIN MOHAMAD
327A SUMANG WALK
PUNGGOL VUE
#02-914 SINGAPORE 821327

MRN/NRIC
CASE NUMBER
CUSTOMER
A&E VISIT

S9635445B
6918403262F
3021333490
07.09.2018 10:46

Name of Patient

MUHAMMAD NUR HAKEEM BIN MOHAMAD

Service Description

Amount (S\$)

LABORATORY INVESTIGATIONS
X-RAY INVESTIGATIONS
DRUGS / PRESCRIPTIONS / INJECTIONS
A&E ATTENDANCE FEE

Total Charges Before
Govt Grant

Total Amt Payable
After Govt Grant

93.30
315.00
6.95
250.00

0.00
157.50
6.95
120.00

TOTAL CHARGES
LESS : GOVERNMENT GRANT

665.25
380.80-

AMOUNT PAYABLE BEFORE TAX
ADD : 7% GST

284.45
19.91

AMOUNT PAYABLE AFTER TAX
LESS : GST ABSORBED BY THE GOVERNMENT

304.36
19.91-

NET AMOUNT PAYABLE

284.45

PAYMENT

MUHAMMAD NUR HAKEEM BIN

0.00

AMOUNT DUE

MUHAMMAD NUR HAKEEM BIN

284.45

FOR INFORMATION:

ST: P SN: S9635445B

TYPE OF SUPPLY: CASH/CREDIT

VIEW YOUR MEDISAVE AND/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg>>> FAQ>> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan.* Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R

Please attach this portion to your cheque payment.
Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".
Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

19.09.2018

13:36 hrs

Amount Enclosed: S\$

Cheque No./Bank:

BALANCE DUE : S\$ 284.45

MRN/NRIC : S9635445B

CASE NUMBER : 6918403262F

ADMISSION DATE : 07.09.2018

S9635445B MUHAMMAD NUR HAKEEM BIN

CGH S9635445B

6918403262F

000000000028445

FB 5 9888 U
additional document



Transaction Successful

SGP Date/Time

05 Mar 2019 / 00:18:26

Transaction Reference No.

19030501106-61286414

Total Amount Paid

\$284.45

Payment Mode

DBS/POSB

Billing Org.

Account No.

Amount(\$)

Changi
General Hospital6918403262F
Healthcare

284.45



Home



Add Payment



Payment

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 ability.
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 Report 03/09/2018 12:12
 Date Of Accident 02/09/2018 12:55
 Exact Location Of Accident FERNVALE LINK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3625L
Insured/Policyholder
 Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
 Co Reg No 199303821R
 Email Address FLEETSAFETY@CDGTAXI.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer TOYOTA
 Model PRIUS
 Exact Purpose for which vehicle was being used at time of accident
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken REPORTING ONLY
 Vehicle Category TAXI

Insurance Company

Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number MCOM0015
 Cover Note Number

Driver

Name of Driver GISELE JESSYCA YEO
 Work Permit No S1812837C
 Date Of Birth 13/11/1967
 Occupation OUTDOOR
 Date Of Driving Pass 22/02/1989
 Driving Experience 29 YEARS AND 6 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-81335975
 Fax Number
 Contact Number
 EMail Address BRIYEO13@HOTMAIL.COM

Address	259B PUNNGOL FIELD 08-39
Postcode	822259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PUNGGOL NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	FBJ9888U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMAAD NUR HAKEEM BIN MOHAMAD
NRIC/Passport Number	S9635445B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMAAD NUR HAKEEM BIN MOHAMAD
------	---------------------------------

Approximate Age

Injuries Sustain

RHT HAND

Injured person in which vehicle?

FBJ9888U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

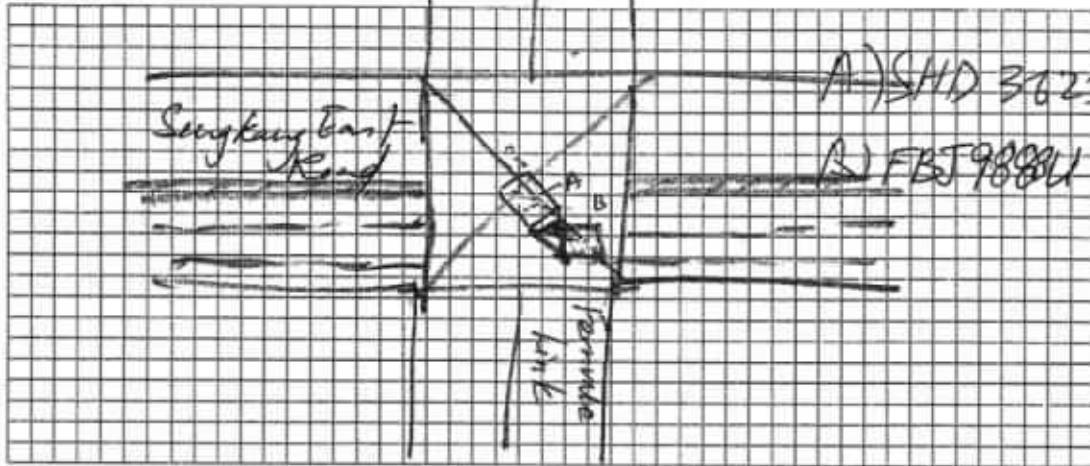
YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20180902/2050.

DECLARATION

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

COMFORT TRANSPORTATION
CO. REG. NO. 199J1138219

Policyholder's Signature
Date & Time

Driver's Signature
Date & Time

S R Moorthy
CSO

Reporting Centre Personnel's Signature

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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180902/2050

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20180902/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2018 14:38	Video Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: GISELE JESSYCA YEO			Address: APT BLK 259B PUNGGOL FIELD #0B-39 SINGAPORE 822259		
ID Type / ID No.: NRIC NO / S1812837C			Contact No.: Home/Office: Mobile: 81335975		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 50	Date of Birth: 13/11/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/09/2018 12:55	Type of Location: X-Junction
Location: Along Road 1 FERNVALE LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBJ9888U	Motorcycle				Seriously Damaged	0
SHD3625L	TAXI				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/201809L

CONTINUATION OF REPORT

Driver			
Name	GISELE JESSYCA YEO		ID No. S1812837C
Related Vehicle	SHD3625L (TAXI)		Contact No. 81335975
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/09/2018 at 1255hrs, I was driving my taxi bearing registration number SHD3625L along Sengkang East Way. As I reached the junction of Sengkang East Way and Fernvale Link, I entered the turning pocket as I was making a right turn into Fernvale Link. The lights were green in my favour when I started to turn and an oncoming motorcycle FBJ9888E emerged in the opposite direction heading straight. I could not stop in time and the motorcycle hit the front bumper of my taxi. I then alighted to make a check on the rider and he informed that he does not need any ambulance. The rider asked me if I wanted to settle privately however I informed the rider I would not be able to do so. Soon after, the passer-by started calling ambulance and police. I also noticed some bruising on the rider's hand. Ambulance soon arrived and paramedics made a check on the rider before conveying him. Traffic Police also attended to the accident and I handed over my SD Card as my taxi was equipped with a car camera. I was advised by the traffic police officer to lodge a traffic accident report.

**SINGAPORE
POLICE FORCE**


T/20180902/2050

Station Of Origin:
 ggol N.P.C
 A Tebing Lane SINGAPORE 828837
 Tel No: 1800-6049999

3 of 3

Report No. T/20180902/2050

CONTINUATION OF REPORT

Sketch Plan.

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
 F /
 Staff Sgt MUHAMMAD AQIB BIN MOHAMMAD
 AKHTAR

Signature Of Informant:

Signature Of Interpreter:
 Not applicable

Date/Time:
 02/09/2018 14:38

Officer In Charge Of Case:
 TP / GIT /
 Sgt 3 RASHIDAH BINTE AZMAN
 Contact No.: 65476216

Classification Of Case:

SN 085

Authentication Stamp
 NP188



Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



MT/1290041/01 d2/1up

	RESERVES			
	TPPD	PRESERVE		
	TPPI	PRESERVE		
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	INVESTIGATION FEE			
	SURVEY FEES		PS-	
	LEGAL FEES			260 (12-13-30)
	OTHERS			
	FRAUD CHECK			
	UPLOAD TO MERIMEN			
	GRANT RIGHTS			

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	610D
Vehicle Details	
Vehicle No.:	FBJ9888U
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Aug 2019
Vehicle Make:	YAMAHA
Vehicle Model:	JUPITER MX (HC)
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	50C738867
Chassis No.:	MH350C006EK739045
Maximum Power Output:	-
Open Market Value:	\$1,890.00
Original Registration Date:	15 Jan 2015
First Registration Date:	15 Jan 2015
Transfer Count:	1
Actual ARF Paid:	\$284.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jan 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,403.00
COE Rebate Amount:	\$2,377.00
Total Rebate Amount:	\$2,377.00

The information contained herein is correct as at 20 Aug 2019

OK

[> Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	FBJ9888U
Vehicle Type:	P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	YAMAHA
Vehicle Model:	JUPITER MX (HC)
Chassis No.:	MH350C006EK739045
Propellant:	Petrol
Engine No.:	50C738867
Engine Capacity:	134 cc
Maximum Power Output:	-
Maximum Laden Weight:	242 kg
Unladen Weight:	116 kg
Year Of Manufacture:	2014
Original Registration Date:	15 Jan 2015
Lifespan Expiry Date:	-
COE Category:	D - Motorcycle
Quota Premium:	\$4,403.00
COE Expiry Date:	14 Jan 2025
Road Tax Expiry Date:	14 Jan 2020
Inspection Due Date:	14 Jan 2020
Intended Transfer Date:	20 Aug 2019
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay-up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

[OK](#)
[Print](#)

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 ability.
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 Report	03/09/2018 16:29
Date Of Accident	02/09/2018 13:00
Exact Location Of Accident	JUNCT OF SENGKANG WEST WAY & FERNVALE LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9888U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NUR AFIF BIN MOHAMAD
NRIC No	S8532610D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90049421
Alternative Phone No	OTHERS-90049421
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5079659201-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NUR HAKIM BIN MOHAMAD
NRIC No	S9635445B
Date Of Birth	09/10/1996
Occupation	INDOOR
Date Of Driving Pass	20/04/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91879903
Fax Number	
Contact Number	OTHERS-91879903
Email Address	NOEMAIL

Address	BLK 327 SUMANG WALK #02-914
Postcode	821327
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Type Of Accident: HEAD TO SIDE. AS PER POLICE REPORT No.T/20180902/2100

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	SHD3625L
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD NUR HAKIM BIN MOHAMAD
Approximate Age	21
Injuries Sustain	LIMB INJURIES, SHOULDER
Injured person in which vehicle?	FBJ9888U
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 327 SUMANG WALK #02-914
Postcode	821327

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 rescind 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 lodgment 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:

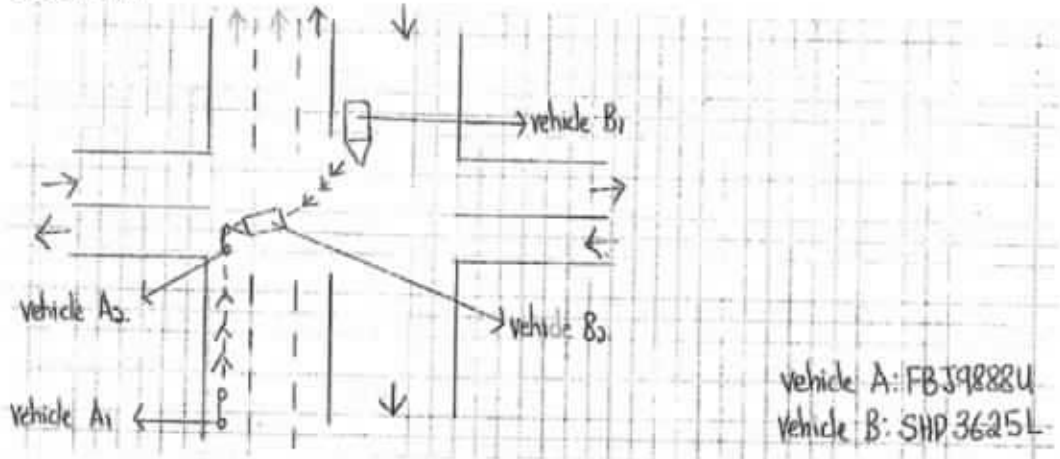
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/con 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Reporting Centre Portnoy's Signature
Name: RAYMOND A. PORTNOY
NRCC/FIN No: 115933

Tel: 01469 410000
Fax: 01469 794105
E-mail: enquiries@mcgill.com

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/20180902/2100

DECLARATION

I/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:

Reporting Centre
Name: 674 6697
SIRIC/VIN No.:
Date: 6-9-2018
Time: 10:00 AM



SINGAPORE POLICE FORCE



T/20180902/2050

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20180902/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2018 14:38	Vide Report No.:	Station Diary No.: 33
--	------------------	--------------------------

Informant's Particulars

Name of Informant: GISELE JESSYCA YEO			Address: APT BLK 259B PUNGGOL FIELD #08-39 SINGAPORE 822259		
ID Type / ID No.: NRIC NO / S1812837C			Contact No.: Home/Office: Mobile: 81335975		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 50	Date of Birth: 13/11/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/09/2018 12:55	Type of Location: X-Junction
Location: Along Road 1 FERNVALE LINK				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9888U	Motorcycle				Seriously Damaged	0
SHD3625L	TAXI				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	

12 JUL 2019



**SINGAPORE
POLICE FORCE**



T/20180902/2050

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20180902/2050

CONTINUATION OF REPORT

Driver				
Name	GISELE JESSYCA YEO		ID No.	S1812837C
Related Vehicle	SHD3625L (TAXI)		Contact No.	81335975
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 02/09/2018 at 1255hrs, I was driving my taxi bearing registration number SHD3625L along Sengkang East Way. As I reached the junction of Sengkang East Way and Fernvale Link, I entered the turning pocket as I was making a right turn into Fernvale Link. The lights were green in my favour when I started to turn and an oncoming motorcycle FBJ9888E emerged in the opposite direction heading straight. I could not stop in time and the motorcycle hit the front bumper of my taxi. I then alighted to make a check on the rider and he informed that he does not need any ambulance. The rider asked me if I wanted to settle privately however I informed the rider I would not be able to do so. Soon after, the passer-by started calling ambulance and police. I also noticed some bruising on the rider's hand. Ambulance soon arrived and paramedics made a check on the rider before conveying him. Traffic Police also attended to the accident and I handed over my SD Card as my taxi was equipped with a car camera. I was advised by the traffic police officer to lodge a traffic accident report.

Continued from page 1
Report No. T/20180902/2050
Page 2 of 3

12 JUL 2019



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20180902/2050

3 of 3

Report No. T/20180902/2050

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Staff Sgt MUHAMMAD AQIB BIN MOHAMMAD
AKHTAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/09/2018 14:38

Classification Of Case:

Certified True Copy
of the Dec 78 of the
Investigative Unit, Singapore

12 JUL 2018
SINGAPORE POLICE