VISION LAW LLC

601633

Advocates & Solicitors - Notary Public – Commissioner for Oaths
(Incorporated with limited liability)

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALLI D/O MUNIANDY
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
CHEONG YUNHUI, CLARISSA
SONIA LIM WEI LEI

Unique Entity Number :200721148H

133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

MAIN

TEL : (65)65342811 (Hunting)
FAX : (65) 65356802 (General)
E-MAIL: sallychong@visionlawllc.com

Conveyancing & Family Law Practices
TEL : (65) 63580703
TEL : (65) 6358-0448
E-MAIL: admin_tp@visionlawllc.com

WHEN REPLYING PLEASE QUOTE OUR REFERENCE

Our Ref : AW1-scv-Ins-O29-112668-20(js) (sallychong@visionlawllc.com)

Your Ref : SGZ 7923 X

WITHOUT PREJUDICE

18 March 2020

AIG ASIA PACIFIC INSURANCE PTE LTD
78 Shenton Way
#07-16 AIG Building
Singapore 079120
Attention: Motor Claims Department

AIG Asia Pacific Insurance Pte. Ltd.
RECEIVED
19 MAR 2020
CONCIERGE
CUSTOMER SERVICE GROUP

BY HAND

RECEIVED BY AIG
Claims Dept
23 MAR 2020
CERTIFICATE OF POSTING
(For your information only)
CL No. 709627552 SG 003

POK EE
169 Tanah Merah Kechil Avenue
Singapore 465712

Dear Sirs,

CLAIMANT: MUHAMMAD RUSTAM BIN MAIDEEN GANI
ACCIDENT INVOLVING FBA 991 K & SGZ 7923 X ON 13-Jan-2020 ALONG TAMPINES AVENUE 5 AT ABOUT 20:00 HRS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **13-Jan-2020 ALONG TAMPINES AVENUE 5 AT ABOUT 20:00 HRS** involving our client's vehicle registration number **FBA 991 K** and vehicle registration number **SGZ 7923 X** driven by you/your insured at the material time.

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

1.	Cost of Repair	$ 7,126.00
2.	Rental fee (28 days x $45 per day) (in view of PRI)	$ 1,260.00
3.	Towing fees	$ 100.00
4.	GIA & LTA search / report fees	$ 39.00
5.	Costs Contribution ($1,500 + 7% GST)	$ 1,605.00
6.	Photocopy, facsimile and other incidentals ($100 + 7% GST)	$ 107.00
		$ 10,237.00

.../2 to be continued next page

NB.: ***Any settlement of offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude our client from claiming injury-related damages arising from this accident.***

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

Our Ref : AW1-scv-Ins-O29-112668-20(js)
Your Ref : SGZ 7923X
Date : 18 March 2020

We enclose a copy of each of the following documents for your consideration:-

(a) GIA report and police report lodged by the rider of FBA 991 K;
(b) LTANet Search;
(c) Motorcycle Insurance Policy;
(d) Towing receipt from Swift Motorbikes & Scooters Recovery;
(e) Rental Invoice from O.M. Motor Rental;
(f) Final Invoice from O.M. Motor Services;
(g) Surveyor acknowledgement for Pre-repair survey from O.M. Motor Services.

We hereby give you notice of our client's claim, please revert if you request re-inspection within 14 days of this letter. We have notified you on 17 January 2020 and given you the pre-repair inspection notice.

Take notice that you must also provide us with a copy of your insured's GIA report.

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries. As our client's injury has not stablised, we are now filing our client's damages pertaining to his motor vehicle only and shall forward his claim for damages and consequential loss in relation to his personal injuries later.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also 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

AUDREY WONG
encls.

NB.: ***Any settlement of offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude our client from claiming injury-related damages arising from this accident.***

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029-112668-20

MVA32000785 / VAC - Kaki Bukit
ENTRY DATE & TIME: 15/01/2020 14:16
SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 15/01/2020 18:30

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 witholding 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 Report	15/01/2020 14:16
Date Of Accident	13/01/2020 20:00
Exact Location Of Accident	TAMPINES AVE 05/ TAMPINES 04 (SLIP RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA991K

nsured/Policyholder

Name Of Registered Owner	MUHAMMAD RUSTAM BIN MAIDEEN GANI
NRIC No	SXXXX199B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90936955
Alternative Phone No	OTHERS-90936955

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA / CB400
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

nsurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5075961335-03
Cover Note Number	

Driver

Name of Driver	PRASAD S/O ARUNASALAM
NRIC No	SXXXX849E
Date Of Birth	05/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84880502
Fax Number	
Contact Number	
EMail Address	SAFETYARUN1988@GMAIL.COM

Address	BLK 842E TAMPINES STREET 82 #02-122
Postcode	525842
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	TAMPINES N.P.C
Police Station Address	**ROAD**: TAMPINES N.P.C , **POSTCODE:** 529682 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200114/2061;

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	SGZ7923X
Vehicle Make/Model/Colour	SUBARU / 2.5 WRX
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	PRASAD S/O ARUNASALAM
Approximate Age	31
Injuries Sustain	
Injured person in which vehicle?	FBA991K
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 842E TAMPINES STREET 82 #02-122
Postcode	525842

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any 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.

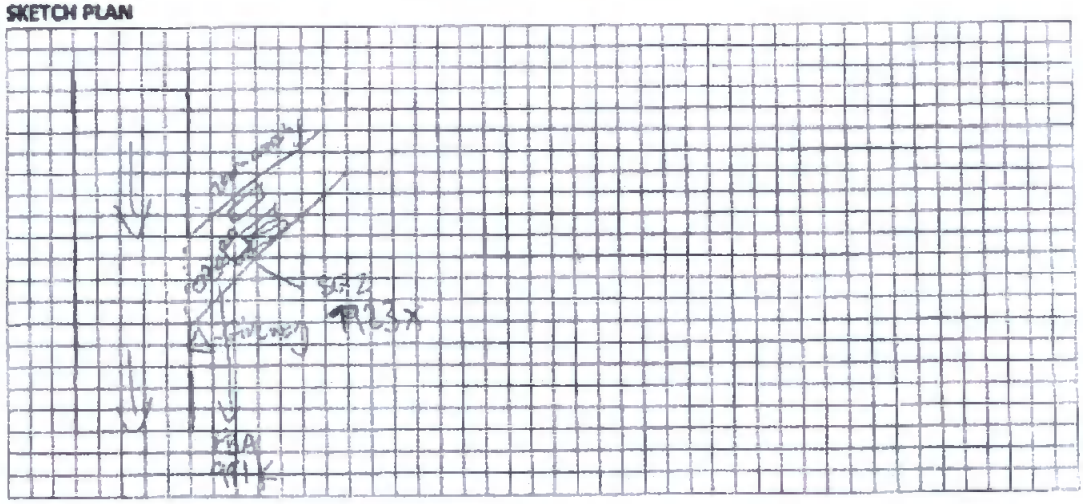
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

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:

15 JAN 2020

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Safetyarun1988@gmail.com

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492505
Email: vackb@idcom.com.sg

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

15 JAN 2020

GIA(V)C SketchPlanForm_04

Accident Sketch Plan

SINGAPORE POLICE FORCE

T/20200114/2061

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

Report No. T/20200114/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
14/01/2020 13:56		101

Informant's Particulars

Name of Informant:			Address:
PRASAD S/O ARUNASALAM			APT BLK 842E TAMPINES STREET 82 #02-122 SINGAPORE 525842
ID Type / ID No.:			Contact No.:
NRIC NO / S8803849E			Home/Office: Mobile: 84880502
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	31	05/02/1988	Rider
Race:		Language:	Institution / School Name:
Indian			
Occupation:		Driving Licence Information:	
SAFETY COORDINATOR		Class: 2B,2A,2	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Conveyed By Ambulance	No	13/01/2020 20:00	Bend

Location:
Along Road 1 Traveling Toward Road 2
TAMPINES AVENUE 5
TAMPINES AVENUE 4
From Tampines Ave 5, slip road to Tampines ave 4

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	Moderate
Type of Collision:		Anyone conveyed by ambulance
Between Moving Vehicles - Head To Rear		Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA991K	Motorcycle				Seriously Damaged	0
SGZ7923X	Car					0

Details of Person Involved

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

Accident Sketch Plan

SINGAPORE POLICE FORCE

T/20200114/2061

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

Report No T/20200114/2061

CONTINUATION OF REPORT

Rider			
Name	PRASAD S/O ARUNASALAM	ID No.	S8803849E
Related Vehicle	FBA991K (Motorcycle)	Contact No.	84880502
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	13/01/2020	Date Discharge	13/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Driver			
Name	POK SAI SHEN	ID No.	S7802311B
Related Vehicle	SGZ7923X (Car)	Contact No.	92378580
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 2000hrs, I was riding my bike FBA991K along Tampines Ave 5. At the cross-junction of Tampines Ave 5 and Ave 4, I was on the most left lane, riding on the slip road to turn left into Tampines Ave 4.

While I was stationary at the stop line after the zebra crossing, suddenly something collided from the rear of my bike. I flew from front off from my bike and fell onto the ground face down, with my arms supporting my body. Subsequently, I rested on the ground for a bit before I got up with the help of some of the passerbys.

I also realised that it was SGZ7923X, which collided onto the rear of my bike. The driver then spoke to me for a bit before I called my insurance agent. My insurance agent came down to scene to assist me with the accident and called for police. The ambulance also came along.

I was being checked by the paramedic and I was told that I should be conveyed in case there is any fracture to my right leg. I also informed them that I feel pain at my shoulder and scapular area after the fall as I used them as support when I landed on the ground from the fall.

I was then conveyed to Changi General Hospital by the ambulance. I was given 3 days MC and a week light-duty.

I wish to state that there is a give-way sign at the stop line where I stopped.

So far, I know that my bike's suspension broken, engine leaking, right side signal, light headlight broken, fuel tank scratched, exhaust pipe dented

SINGAPORE POLICE FORCE

T/20200114/2061

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

CONTINUATION OF REPORT

The other party informed that there is no injury to him.

I do not have any camera on my vehicle.

Accident Sketch Plan

SINGAPORE POLICE FORCE

T/20200114/2061

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

Report No: T/20200114/2061

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: G / Sgt 2 CHIN XUE NI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2020 13:56
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE SIGNATURE

Accident Sketch Plan

Changi General Hospital
SingHealth

ORIGINAL **MEDICAL CERTIFICATE** **EMD20209037**

Name	NRIC No.
PRASAD S/O ARUNASALAM	S8803849E

This is to certify that the above-named is unfit for duty for a period of 3 days from 13-Jan-2020 to 15-Jan-2020 inclusive.

Type of medical leave granted :

- ☐ Hospitalization Leave — Admitted on : _____ Discharged on : _____
- ☑ Outpatient Sick Leave
- ☐ Maternity Leave — Delivered on : _____
- ☐ Sterilization Leave — Operated on : _____

This certificate is not valid for absence from court attendance.

Diagnosis	Surgical Operation (if applicable)

Fit for light duty from 18-Jan-2020 to 22-Jan-2020

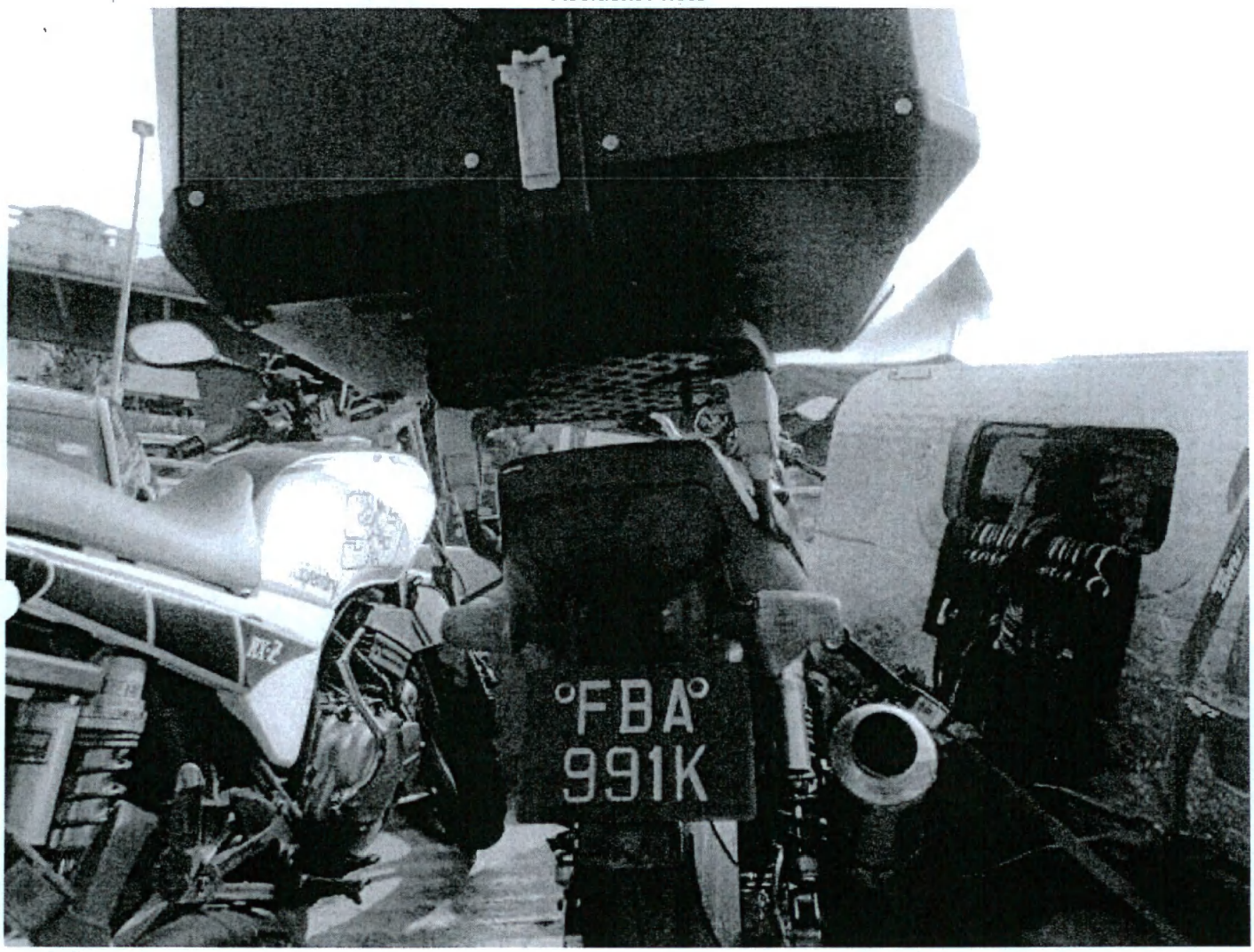
Comments :

The above-named patient attended my clinic at N.A. and left at N.A.

No medical leave is necessary.

Hospital/Clinic	Ward No.	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.
Emergency Medicine	CGH Accident & Emergency	
Changi General Hospital	Date: 13-Jan-2020	SANDEEP GURRAM , 80638C

Accident Photo



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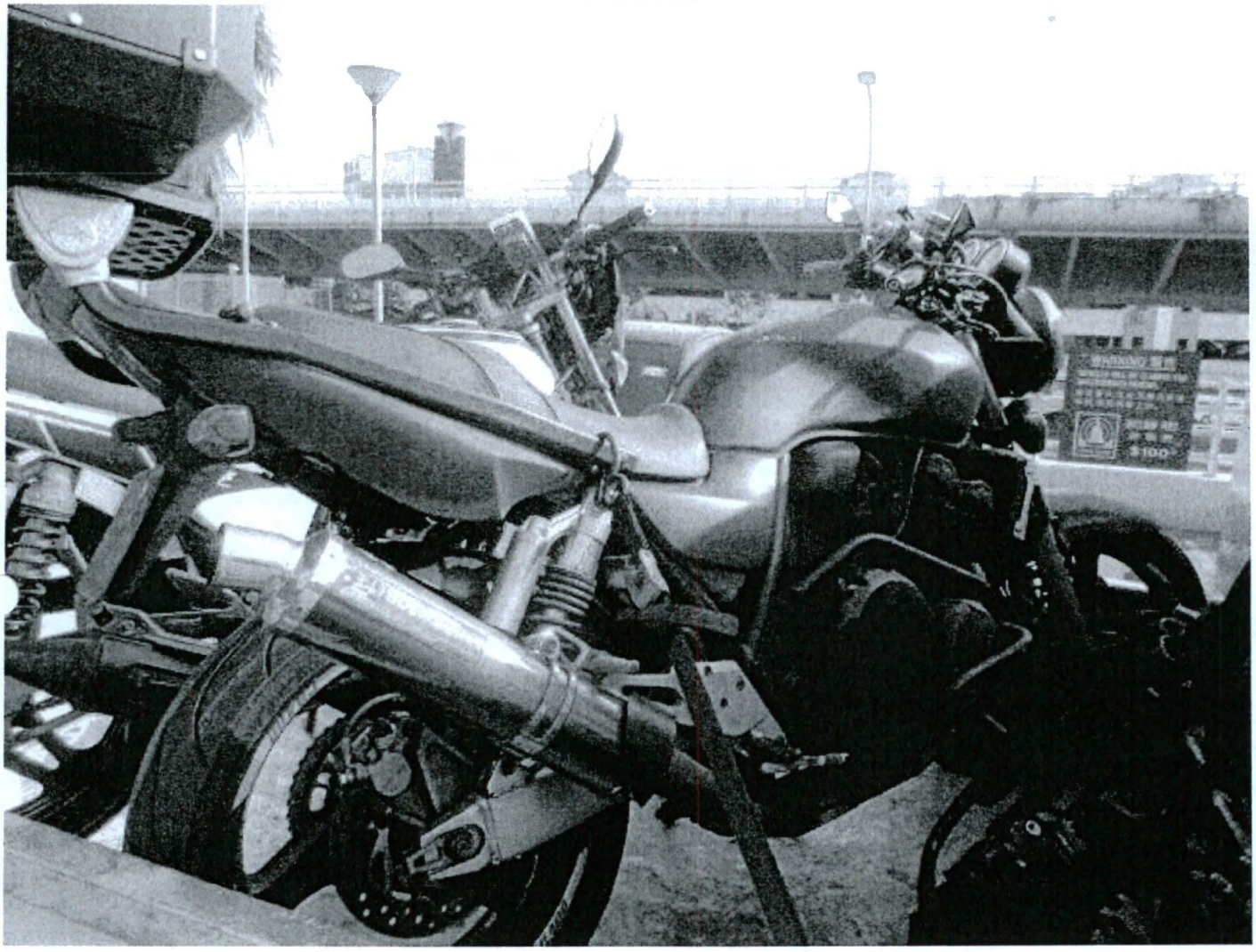

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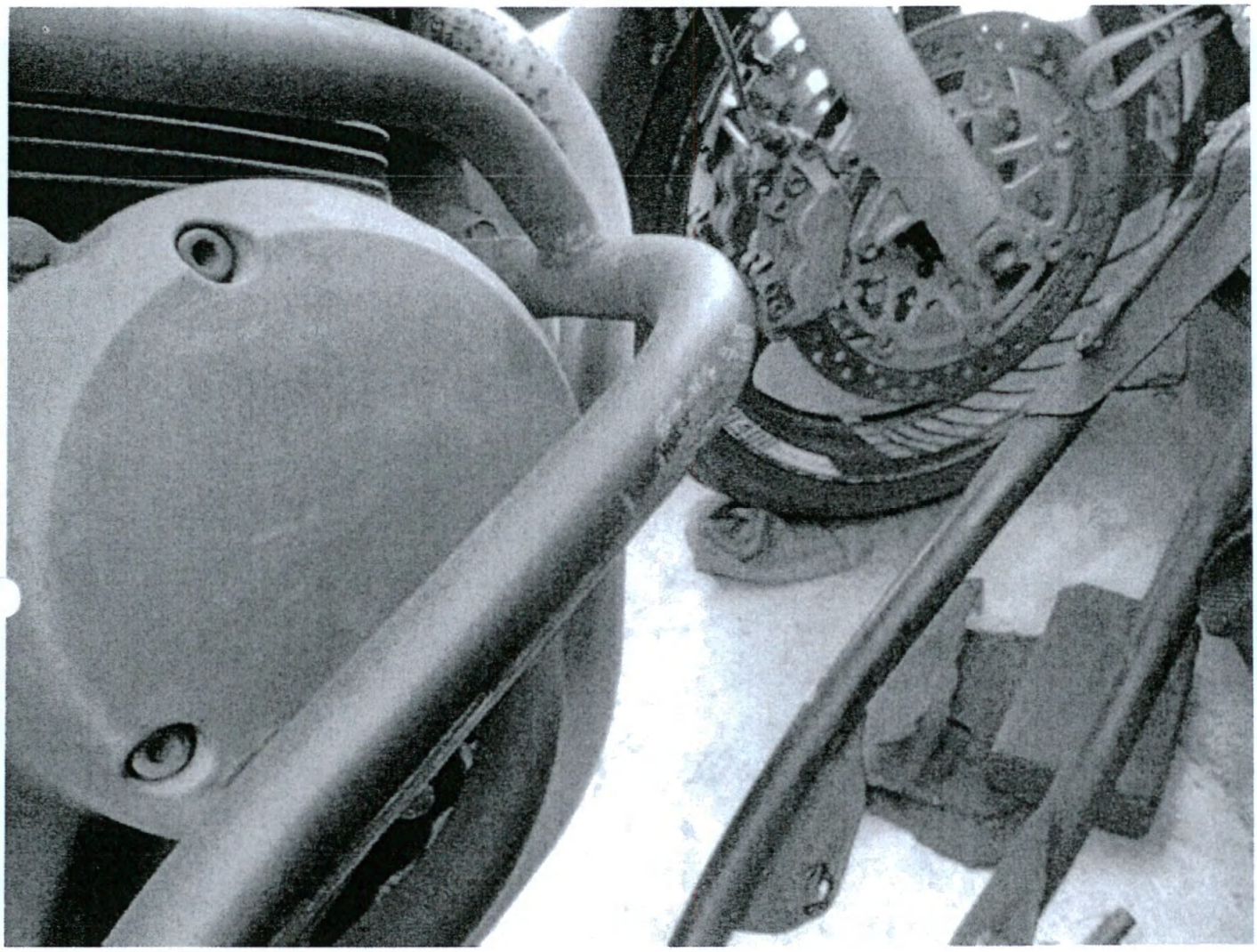

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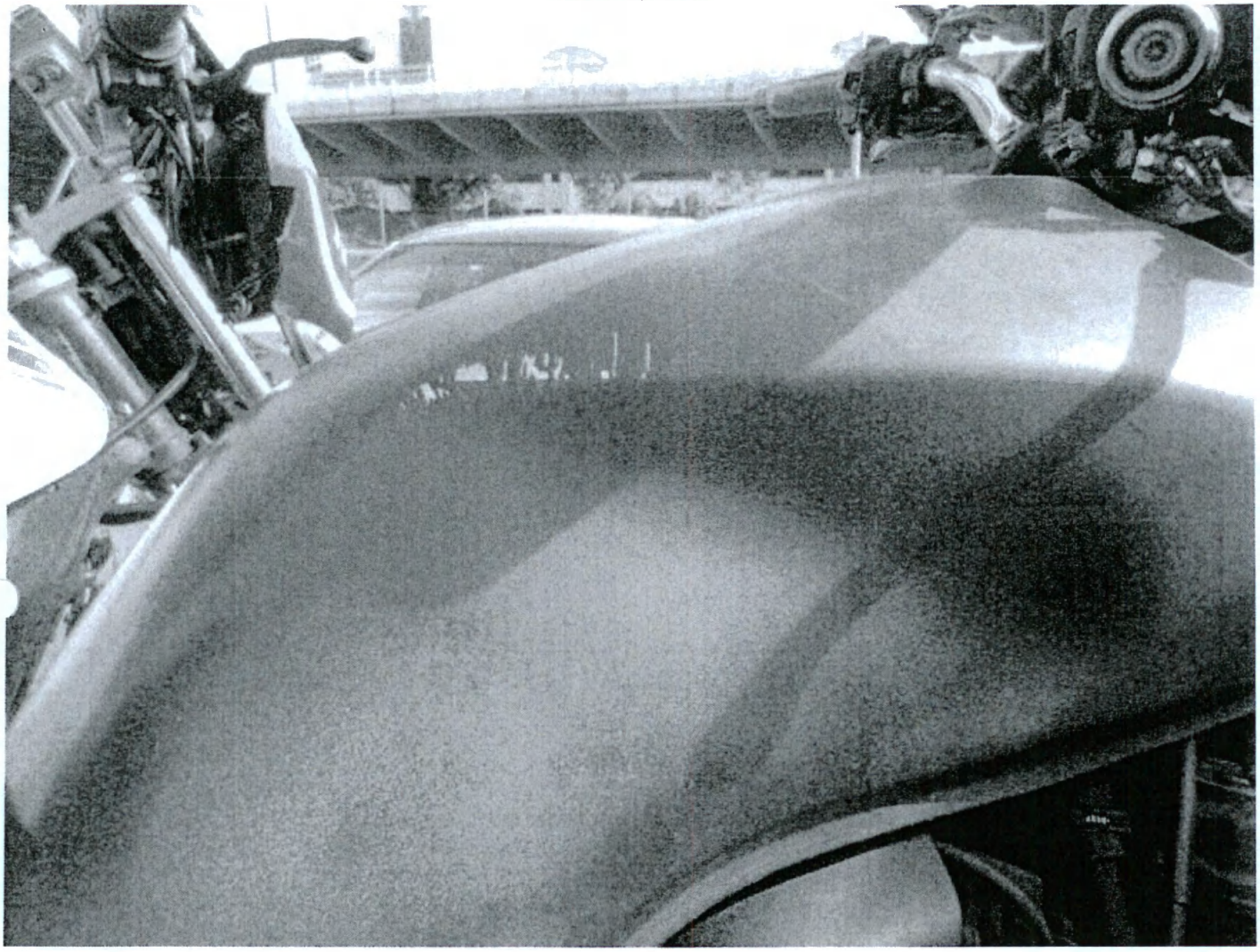

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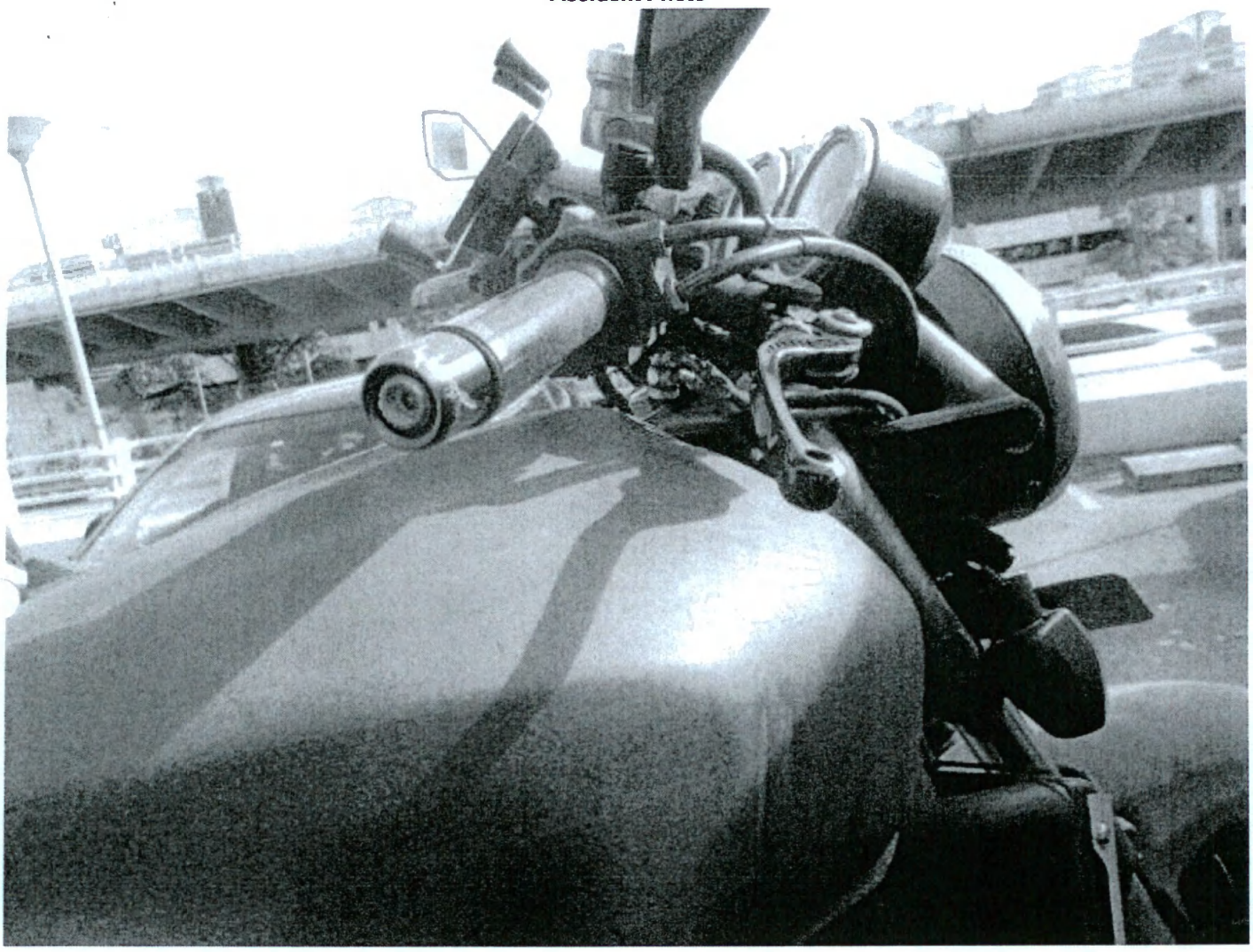

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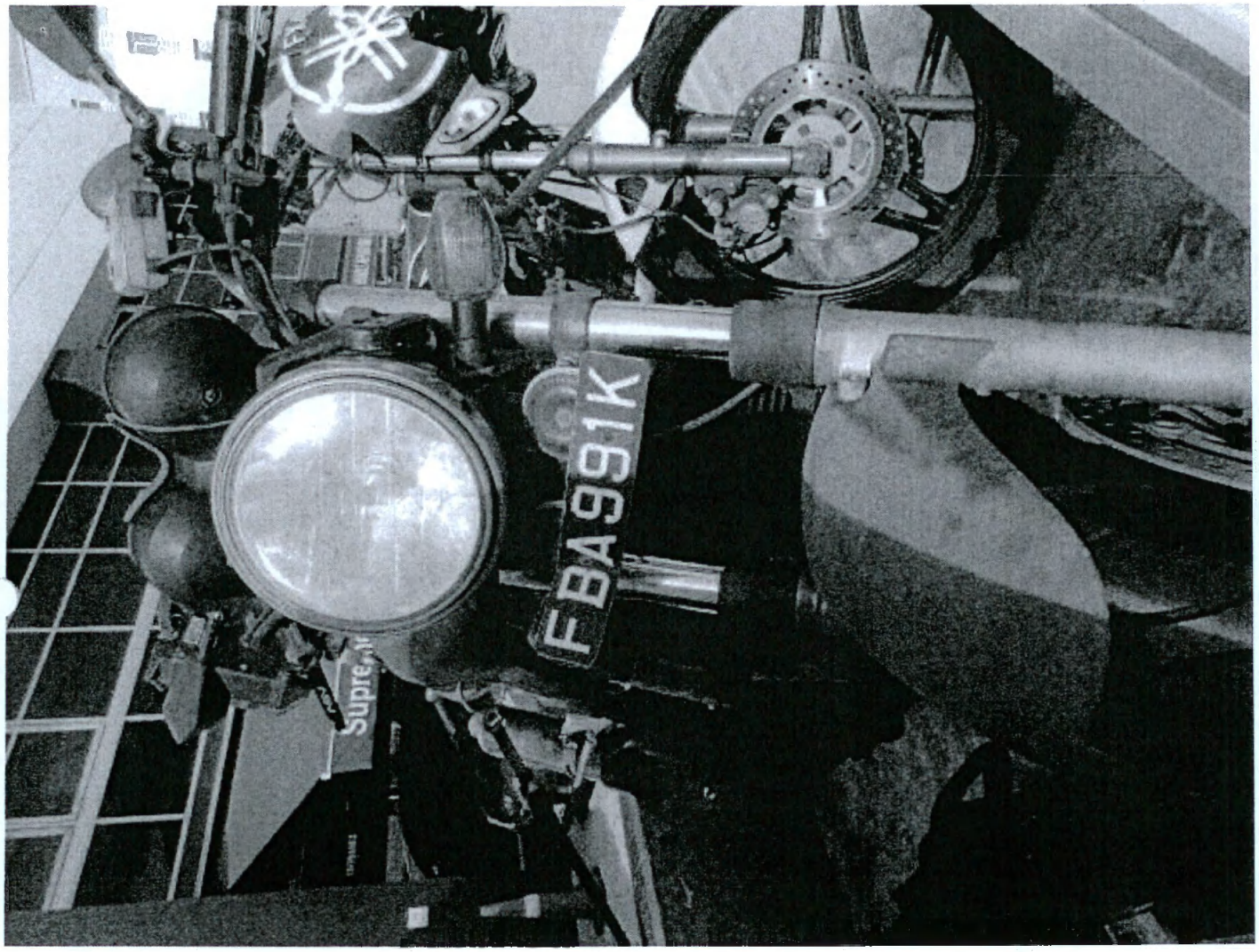
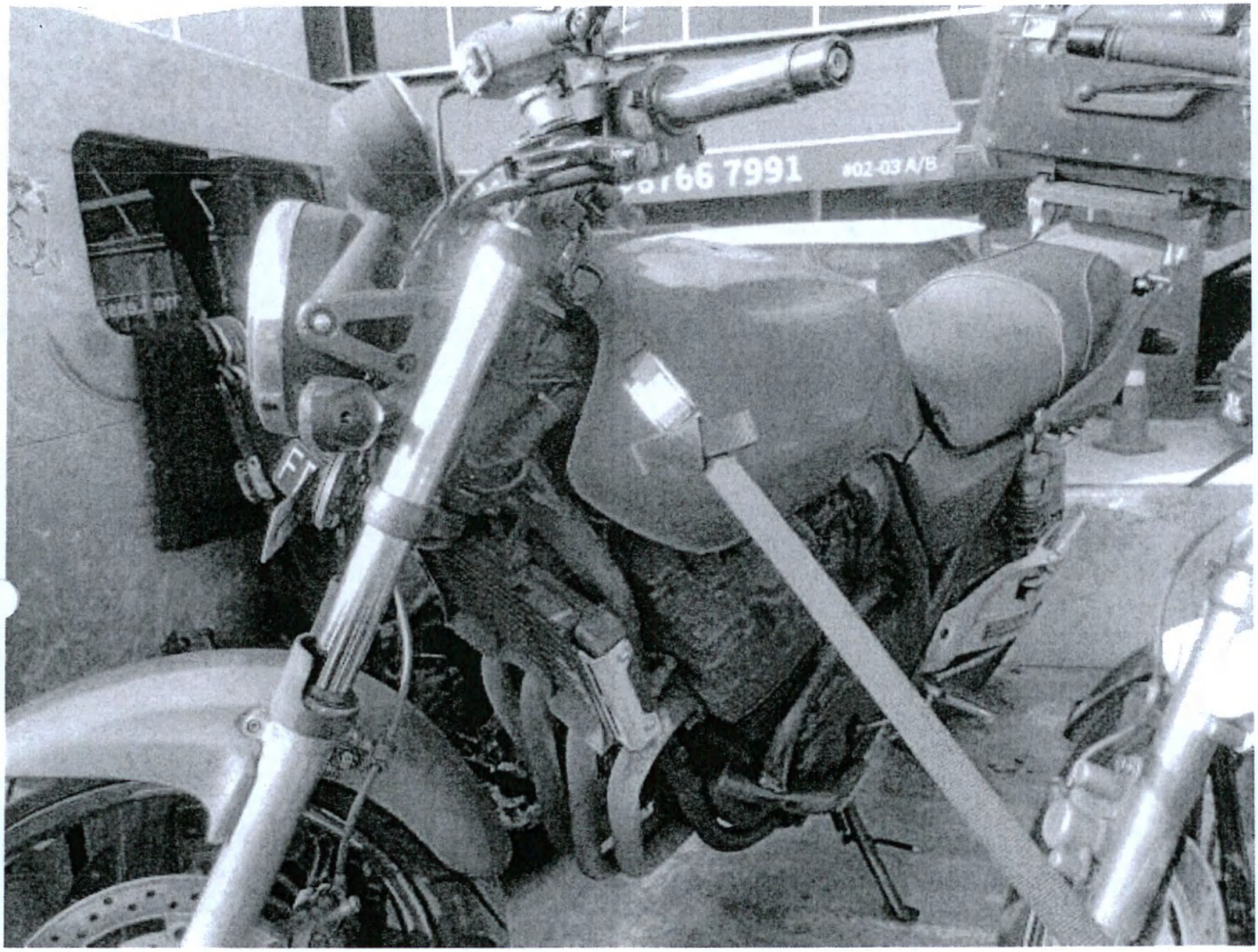
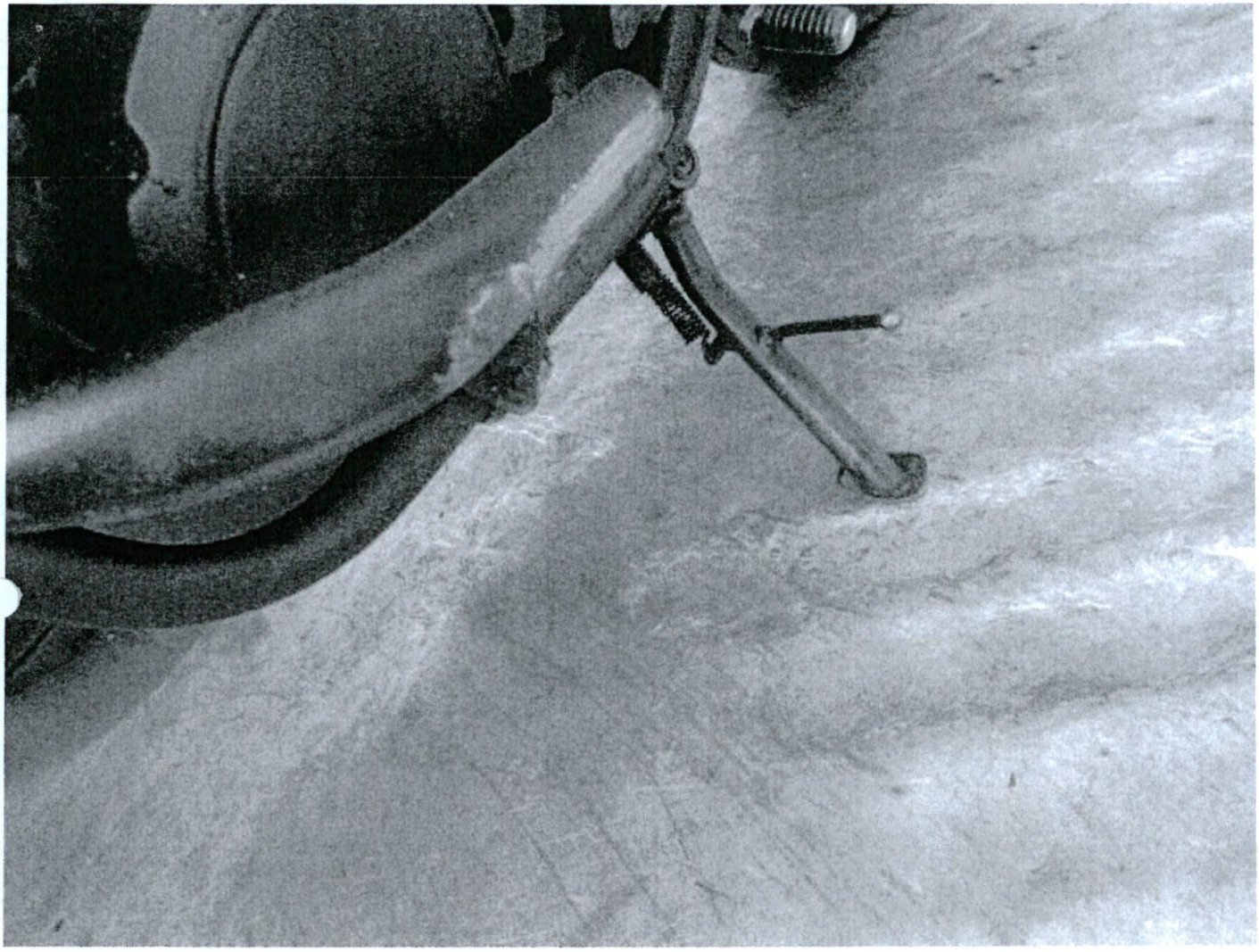


Accident Photo



Accident Photo



Accident Photo

SINGAPORE POLICE FORCE

T/20200114/2061

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

Report No. T/20200114/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
14/01/2020 13:56		101

Informant's Particulars

Name of Informant:			Address:
PRASAD S/O ARUNASALAM			APT BLK 842E TAMPINES STREET 82 #02-122 SINGAPORE 525842
ID Type / ID No.:			Contact No.:
NRIC NO / S8803849E			Home/Office: Mobile: 84880502
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	31	05/02/1988	Rider
Race:			Language: / Institution / School Name:
Indian			
Occupation:			Driving Licence Information:
SAFETY COORDINATOR			Class: 2B,2A,2 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Conveyed By Ambulance	No	13/01/2020 20:00	Bend

Location:
Along Road 1 Traveling Toward Road 2
TAMPINES AVENUE 5
TAMPINES AVENUE 4
From Tampines Ave 5, slip road to Tampines ave 4

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	Moderate
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA991K	Motorcycle				Seriously Damaged	0
SGZ7923X	Car					0

Details of Person Involved

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

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

CONTINUATION OF REPORT

Rider			
Name	PRASAD S/O ARUNASALAM	ID No.	S8803849E
Related Vehicle	FBA991K (Motorcycle)	Contact No.	84880502
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	13/01/2020	Date Discharge	13/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Driver			
Name	POK SAI SHEN	ID No.	S7802311B
Related Vehicle	SGZ7923X (Car)	Contact No.	92378580
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 2000hrs, I was riding my bike FBA991K along Tampines Ave 5. At the cross-junction of Tampines Ave 5 and Ave 4, I was on the most left lane, riding on the slip road to turn left into Tampines Ave 4.

While I was stationary at the stop line after the zebra crossing, suddenly something collided from the rear of my bike. I flew from front off from my bike and fell onto the ground face down, with my arms supporting my body. Subsequently, I rested on the ground for a bit before I got up with the help of some of the passerbys.

I also realised that it was SGZ7923X, which collided onto the rear of my bike. The driver then spoke to me for a bit before I called my insurance agent. My insurance agent came down to scene to assist me with the accident and called for police. The ambulance also came along.

I was being checked by the paramedic and I was told that I should be conveyed in case there is any fracture to my right leg. I also informed them that I feel pain at my shoulder and scapular area after the fall as I used them as support when I landed on the ground from the fall.

I was then conveyed to Changi General Hospital by the ambulance. I was given 3 days MC and a week light-duty.

I wish to state that there is a give-way sign at the stop line where I stopped.

So far, I know that my bike's suspension broken, engine leaking, right side signal, light headlight broken, fuel tank scratched, exhaust pipe dented.

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

CONTINUATION OF REPORT

The other party informed that there is no injury to him.

I do not have any camera on my vehicle.

SINGAPORE POLICE FORCE

T/20200114/2061

Report No. T/20200114/2061

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

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: G / Sgt 2 CHIN XUE NI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2020 13:56
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

SIGNATURE

Enquire Vehicle & Owner Information (Vehicle No. SGZ7923X As At 13 Jan 2020 / 20:00:00)

Law Firm Search Details

Search Reason:	Insurance claim in relation to traffic accident
Law Firm Case No.:	O29-MISC.20.FBA991K

Current Owner Details

Owner ID Type:	Singapore NRIC
Owner ID:	S0481137B
Owner Name:	POK EE
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	169
Registered Street Name:	TANAH MERAH KECHIL AVENUE
Registered Unit No.:	-
Registered Building Name:	-
Registered Postal Code:	465712

Current Vehicle Details

Vehicle No.:	SGZ7923X
Make Description/Model:	SUBARU / 2.5 WRX
Insurance Company Name:	AIG ASIA PACIFIC INSURANCE PTE. LTD.

PHOTOCOPY

CASH SALES / WORK ORDER

SWIFT MOTORBIKES & SCOOTERS RECOVERY

Co. Reg No. : 53354658C

NO.

Date : 150120

宝号 Messrs : Cash

车号 Vehicle No : FBA991

车型 Model No : vtec

由 From : Tpcom → Zdac

到 To : OM

备注 Remarks : 84880502 HP 2way

Cash $: 100

注意: 本公司对所拖之车辆，在进行中如有任何损失或破坏，一概由车主自行负责。
NOTE : Vehicle is transported at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being transported.

Received by

Issued By

income
made different

THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).
The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.
We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.
The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M4-0003030-8

Policy Number	:	5075961335-03
The Policyholder	:	MUHAMMAD RUSTAM BIN MAIDEEN GANI BLK 853 #05-218 TAMPINES STREET 83 SINGAPORE 520853

Period of Insurance	:	26 Jan 2019 To 25 Jan 2020
Sum Insured	:	Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	:	S$350.05

Interest Insured

Cover Type	:	Third Party, Fire & Theft			
Named Driver (1)	:	MUHAMMAD RUSTAM BIN MAIDEEN GANI			
Named Driver (2)	:	PRASAD S/O ARUNASALAM			
Make/Model	:	HONDA/CB400			
Capacity	:	400cc	Number of Seater	:	2
Registration Number	:	FBA991K	Registration Year	:	2006
Chassis Number	:	JH2NC39945M100285	Insure with COE	:	YES
Excess (Section 1)	:	N/A	NCD Entitlement	:	20%
Excess (Section 2)	:	N/A	Loyalty Discount	:	5%
Hire Purchase Company	:	REPUBLIC MOTOR PTE LTD			

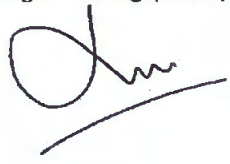
Memo A : N/A

Endorsement Operative: M2

Agency	:	KIMBERLEY INSURANCE AGENCY (00000571380)
Date of Issue	:	31 Dec 2018 21:18 hrs

DUTY OF DISCLOSURE
We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

PHOTOCOPY

O.M. Motor Rental
10 Kaki Bukit road 2,
#01-36 First East Centre,
Singapore 417868

UEN No.53377151W

Invoice

Bill To:
Prasad S/O Arunasalam

Invoice No :	00000105
Date :	19/2/2020
Page :	1

Ship To:
Prasad S/O Arunasalam

Attn: **Phone:** **Fax:**

SalesPerson	P.O. Number	Date Shipped	Shipped Via	Terms
	Accident@			Net 30th after

Description	Amount (S$)
FT1341H 21/01/2020 to 18/02/2020 (28 days x $45 per day)	$1,260.00

Memo:

Total	**$1,260.00**
Freight	**$0.00**
Less: Deposit	**$0.00**
Balance Due	**$1,260.00**

E. & O. E

RECEIVED BY	DATE	COMPANY STAMP	O.M. Motor Rental

PHOTOCOPY

O. M. Motor Services
10 Kaki Bukit Road 2
#01-36 First East Centre
Singapore 417868
Operating Hours: 12p.m. to 12a.m. (Weekdays)
12p.m. to 10p.m. (Saturday)
Sunday and P.H. Closed.

UEN No. 53367942K

H/P : +65 90851277
Office : +65 65381009

Invoice

Bill To:

FBA991K*
Tampines st 82 Blk 842E #02-122

Ship To:

FBA991K*
Tampines st 82 Blk 842E #02-122

Phone : 84880502

Fax :

Attention : Mr Prasad

Invoice No:	00013930
Date :	11/3/2020
Pages :	2

P/O Number	SalesPerson	Ship Via	Ship Date	Terms
Accident@13/01/2020				C.O.D.

Qty	Item No	Description	Price	Amount (S$)
1	Handle Grip	Handle Grip		
1	Engine Guard	Engine Guard		
1	front signal lamp	front signal lamp		
1	Rear Signal lamp	Rear Signal lamp		
1	Fork Oil	Fork Oil		
1	Fork Seal set	Fork Seal set		
1	Engine Oil	Engine Oil 4L		
1	Oil filter	Oil filter		
1	Labour	To carry out body frame alignment		
1	Labour	To remove/ Replace & affected parts		
1	Labour	To respray replaced & affected parts		
1	Total	Estimated Grand Total	$7,126.00	$7,126.00

Memo:

Total	**$7,126.00**
Freight	**$0.00**
Less: Deposit	**$0.00**
Balance Due	**$7,126.00**

Sale; FBA991K*

E. & O. E

RECEIVED BY	DATE	O.M. Motor Services

Thank You very much

O. M. Motor Services
10 Kaki Bukit Road 2
#01-36 First East Centre
Singapore 417868
Operating Hours: 12p.m. to 12a.m. (Week days)
12p.m. to 10p.m. (Saturday)
Sunday and P.H. Closed.

UEN No. 53367942K

H/P : +65 90851277
Office : +65 65381009

PHOTOCOPY

Invoice

Bill To:

FBA991K*
Tampines st 82 Blk 842E #02-122

Ship To:

FBA991K*
Tampines st 82 Blk 842E #02-122

Phone : 84880502

Fax :

Attention : Mr Prasad

Invoice No:	00013930
Date :	11/3/2020
Pages :	1

P/O Number	SalesPerson	Ship Via	Ship Date	Terms
Accident@13/01/2020				C.O.D.

Qty	Item No	Description	Price	Amount (S$)
1	Front Fender	Front Fender		
2	Front Fork tube	Front Fork tube		
1	Front Fork clamp	Front Fork clamp		
1	Meter casing	Meter Casing (black)		
1	Head lamp	Head lamp		
1	Head lamp holder	Head lamp holder		
1	Handlebars	Handlebars		
1	Rear mudguard	Rear mudguard		
1	Tail light	Tail light		
1	Tail board	Tail board		
1	Rear Absorber	Rear Absorber		
1	Footrest long	Footrest long Bracket (left)		
1	Footrest long	Footrest long Bracket (right)		
1	Pillion footpeg	Pillion footpeg bracke. (left and right)		
1	Rider Footrest	Rider Footrest		
1	Pillion footrest	Pillion footrest		
1	Gear Shifter	Gear Shifter		
1	Gear pedal	Gear pedal		
1	Swing arm	Swing arm		
1	Clutch Lever	Clutch Lever		
1	Radiator assy	Radiator assy		
1	Rear Brake disc	Rear Brake disc		
1	Exhaust pipe	Exhaust pipe yoshimura		

Memo:

Total	
Freight	
Less: Deposit	
Balance Due	

Sale; FBA991K*

E. & O. E

RECEIVED BY	DATE	O.M. Motor Services

Thank You very much

O.M. MOTOR SERVICES

10 Kaki Bukit Road 2 #01-36 First East Centre Singapore 417868 Office: (65)65381009 / 87990940 Mr Ng)

Make/Model: HONDA CB400
Engine/ Chasis No. :-
Date of accident: 13/01/2020

Date: 14/02/2020
Claim Type: TP
VRN: FBA991K

List Items				
S/N	Parts Description	Qty	Unit Price	Amount
1	Front Fender	1	$155.00	$155.00
2	Front fork	2	$340.00	$680.00
3	Front fork clamp	1	$180.00	$180.00
4	Meter Casing (Black)	1	$180.00	$180.00
5	Headlamp	1	$310.00	$310.00
6	Headlamp Holder	2	$68.00	$136.00
7	Handlebar	1	$130.00	$130.00
8	Rear Mudguard	1	$78.00	$78.00
9	Tail light	1	$310.00	$310.00
10	Tail board	1	$235.00	$235.00
11	Rear Absorber	1	$814.00	$814.00
12	Footrest long Bracket (left)	1	$130.00	$130.00
13	Footrest long Bracket (right)	1	$130.00	$130.00
14	Pillion footpeg bracket (left and right)	1	$25.00	$25.00
15	Rider Footrest	1	$35.00	$35.00
16	Gear Shifter	1	$95.00	$95.00
17	Gear pedal	1	$77.00	$77.00
18	Swing arm	1	$740.00	$740.00
19	Clutch lever	1	$95.00	$95.00
20	Radiator assy	1	$380.00	$380.00
21	Rear Disc	1	$160.00	$160.00
22	Exhaust pipe yoshimura	1	$780.00	$780.00
23	Handle Grip	1	$35.00	$35.00
				$0.00
				$0.00
				$0.00
			Subtotal	$5,890.00
			List Discount	10%
			Total	$5,301.00

Special nett items				
No.	Parts Description	Qty	Unit Price	Amount
1	Engine guard set	1	$ 190.00	$ 190.00
2	Front signal lamp	1	$ 75.00	$ 75.00
3	Rear signal lamp	1	$ 75.00	$ 75.00
4	Fork oil	1	$ 20.00	$ 20.00
5	Fork seal	1	$ 40.00	$ 40.00
6	4L Engine Oil	1	$ 60.00	$ 60.00

7	Oil filter	1	$ 15.00	$ 15.00
				$ -
			Total	$475.00

Labour				
No.	Description	Work unit		Amount
1	To carry out body frame alignment	1		$350.00
2	Tp remove/ replace & damaged parts &components.	1		$500.00
3	To respray replaced & affected parts	1		$500.00
			Total Labour	$1,350.00

Estimate Grand Total	$7,126.00

SURVEYOR ACKNOWLEDGEMENT FOR PRE-REPAIR SURVEY

OUR REF NO. FBA 991K

Vehicle no: FBA 991K	Date of Accident : 13/01/2020

Pre-Repair Survey by :	H·ANN 85311883 / 67418434 Name of Surveyor & Signature
For Insurance company :	(Allc) (HockANN@Allc.Beta.com
Conducted on Date :	21/1/20 / 1.45pm

Survey during repair:	(Allc) H·ANN 85311883 / 67418434 Name of Surveyor & Signature
Conducted on Date :	31/1/20 4.10pm

Survey after repair	H ANN (Allc) Name of Surveyor & Signature
Conducted on Date :	17/2/20 12.40pm