

KARZ WORKS PTE LTD
53 UBI AVENUE 1 #01-23, PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934
(TEL) 6 8 4 4 5 9 3 4 (FAX) 6 8 4 4 2 4 7 4
(E-MAIL) KARZWORKSSG@GMAIL.COM

09th Mar 2021

Our reference: KK2012-41
Your reference: FBQ9501Z

MS First Capital Insurance Limited
6 RAFFLES QUAY
#21-00
SINGAPORE(048580)
Attn: Motor Claims Department
Dear Sir/ Madam,

BY HAND

Claimant : NUR SABRINA ABDUL SHUKOR
Address : BLK 112 LENGKONG TIGA #02-219 S(410112)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **20 DEC 2020** along **112 LENGKONG TIGA BLK 112 S(410112)** involving our client's vehicle registration number **FA4045T** and vehicle registrations number **FBQ9501Z** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the 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:-

Cost of Repair	:	\$1, 000.00
Loss of Use (9Days x \$30)	:	\$270.00
LTA Search x 2	:	\$14.98
Total	:	\$1,284.98

A copy of each of the following supporting documents are enclosed:-

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorisation;
- e) Tax Invoice;
- f) LTA Search;
- g) Satisfaction Form;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 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 the 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.

Yours faithfully,



Karz Works Pte Ltd

Encl.

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 liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	21/12/2020 15:19 (SGT)
Date of Accident	20/12/2020 15:00 (SGT)
Exact Location of Accident	112 Lengkong Tiga, Block 112, Singapore 410112
Additional Location Information	BLK 112 LENGKONG TIGA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FA4045T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NUR SABRINA BTE ABDUL SHUKOR
NRIC No	S9503566C
Email Address	NOEMAIL@NOEMAIL.COM
Mobile Phone No	(Phone) +65-92310690
Alternative Phone No	+65-92310690

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV 150
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5120277915
Cover Note Number	15/12/2020 - 14/12/2021

DRIVER

Name of Driver	AHMAD ZOOHRI BIN MOHD SAAD
NRIC No	S8832658Z
Date Of Birth	08/09/1988
Occupation	Indoor

Date Of Driving Pass	21/05/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91373404
Alt. Phone Number	-
Email Address	ahmad.zoohri88@gmail.com
Address	BLK 626 HOUGANG AVENUE 8 #02-176
Address complement	-
Postcode	530626
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ9031M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBQ9501Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHC7157A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 21/12/2020 / 15:09

Report No: MT/ _____

D.O.A: 20/12/2020

Time: 15:00 hrs

Vehicle No: FA4045T

Reporting Type: TP

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.

21/12/20 / 15:09

Policyholder's Signature / Date & Time



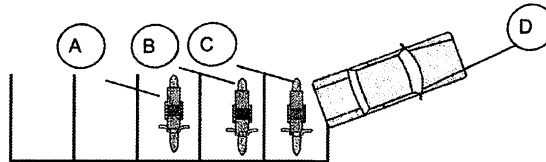
21/12/20 / 15:09

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

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



OSCP OF BLK 112 LENGKONG TIGA

Vehicle A: FA4045T

Vehicle B: FBQ9031M

Vehicle C: FBQ9501Z

Vehicle D: SHC7157A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No.T/20201220/7024

Declaration

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

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

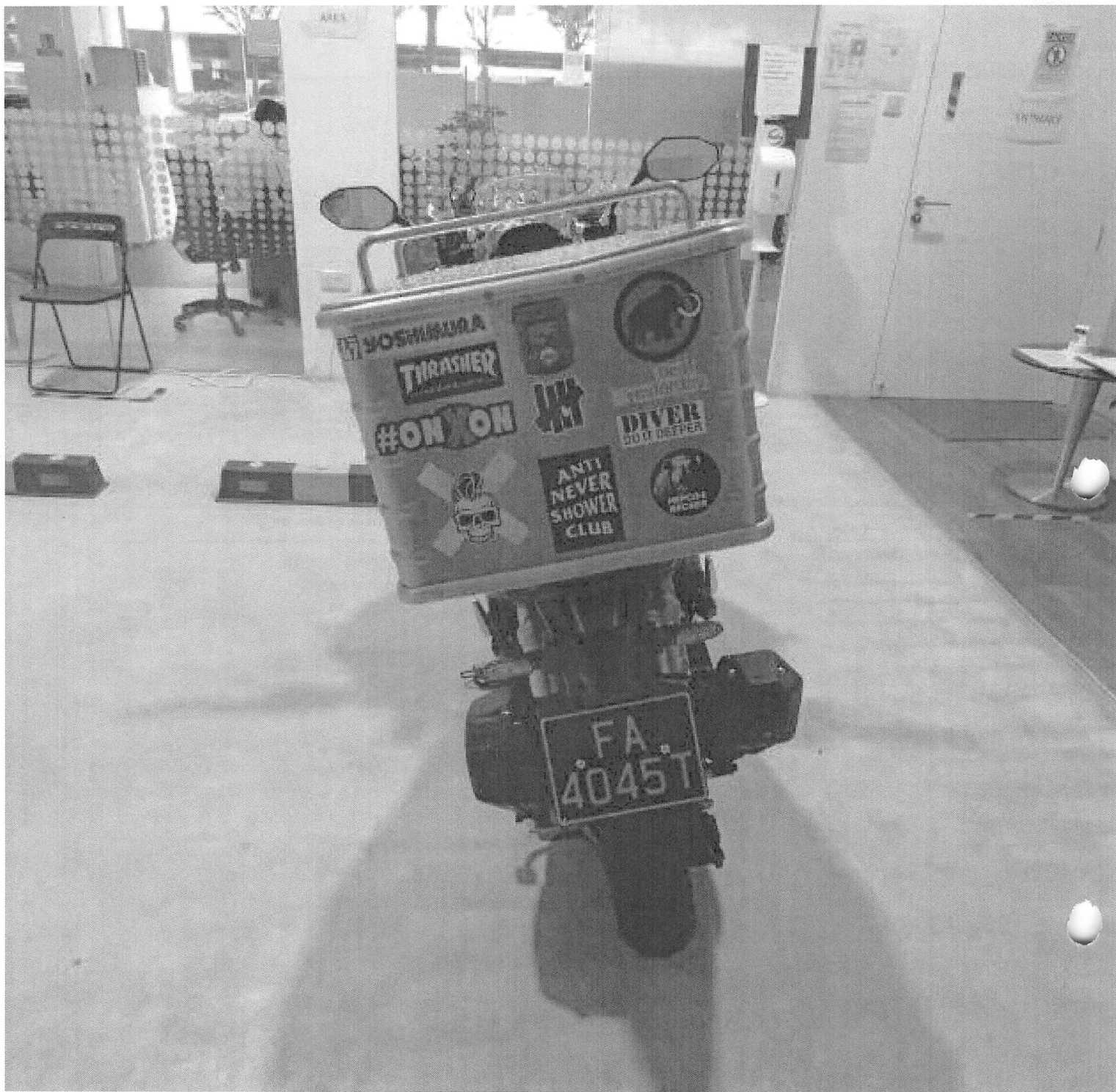
21/12/20 / 15:09

Policyholder's Signature / Date & Time

21/12/20 / 15:09

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

Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20201220/024

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

1 of 3

Report No. T/20201220/024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2020 20:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AHMAD ZOOHRI BIN MOHD SAAD			Address: 626 HOUGANG AVENUE 8 #02-176 SINGAPORE 530626		
ID Type / ID No.: NRIC NO / S8832658Z			Contact No.: Home/Office: Mobile: 91373404		
Nationality: SINGAPORE CITIZEN			Email: ahmad.zoothri88@gmail.com		
Sex: Male	Age: 32	Date of Birth: 08/09/1988	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Fire-fighting and rescue officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/12/2020 15:00	Type of Location: Car Park
Location: LENGKONG TIGA				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 15 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FA4045T	Motorcycle					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201220/7024

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

2 of 3
Report No. T/20201220/7024

CONTINUATION OF REPORT

Rider			
Name	AHMAD ZOOHRI BIN MOHD SAAD	ID No.	S8832658Z
Related Vehicle	FA4045T (Motorcycle)	Contact No.	91373404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I happened to be on the ground floor checking on my bike. My neighbour from the 3rd floor then informed me to check on my bike as he witnessed a yellow Comfort taxi bearing license plate number (SHC7157A) reversed into the first bike (FBQ9501Z) that caused a domino effect to the right onto the 2nd bike (FBQ9031M); and lastly to my own bike (FA4045T). All three bikes sustained cosmetic damages. No person was injured.

The taxi driver left after picking up the first bike. He mentioned that two passerby assisted him with the bike.

I personally contacted Comfort taxi hotline to retrieve the plate number.

Driver did not leave any notes behind regarding the accident; claiming he had a passenger with him. In addition, he did not had any intention to return until I called Comfort Delgro and retrieve his personal mobile number.

Taxi driver insist on a private settlement but Mr. Jerome, owner of bike (FBQ9031M) and myself (FA4045T) rejected and wish to proceed for an insurance claim. Mr Hilmi, owner of (FBQ9501Z) was not present at the time of incident also wish to proceed with an insurance claim.



**SINGAPORE
POLICE FORCE**



T/20201220/7024

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

3 of 3

Report No. T/20201220/7024

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
VILTON HIA WEE SIANG
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
20/12/2020 20:58

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	566C
Vehicle Details	
Vehicle No.:	FA4045T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Dec 2020
Vehicle Make:	HONDA
Vehicle Model:	ADV150 CBS CVT
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	KF51E1045218
Chassis No.:	MH1KF5114LK046249
Maximum Power Output:	-
Open Market Value:	\$2,962.00
Original Registration Date:	14 Dec 2020
First Registration Date:	14 Dec 2020
Transfer Count:	1
Actual ARF Paid:	\$445.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	13 Dec 2030
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$7,701.00
COE Rebate Amount:	\$6,160.00
Total Rebate Amount:	\$6,160.00

The information contained herein is correct as at 22 Dec 2020

OK

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8832658Z



Name

AHMAD ZOOHRI BIN MOHD SAAD

أحمد زهري بن محمد سعد

Race

MALAY

Date of birth

08-09-1988

Sex

M

S8832658Z

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8832658Z

Name: AHMAD ZOOHRI BIN MOHD SAAD

Birth Date: 08 Sep 1988

Issue Date: 21 May 2014

002306664E

60214



NRIC No. S8832658Z



Date of issue

12-09-2018

Address

APT BLK 626 HOUGANG AVENUE 8
#02-176
SINGAPORE 530626

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	21 May 2014
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	08 Dec 2014
Class 4	Heavy motor cars and motor tractors > 2500 kg	22 Jan 2020

S / No: 9000347211

S8832658Z

NP 428A

License No: S8832658Z

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9503566C



Name

NUR SABRINA BINTE ABDUL
SHUKOR

نور صبرينا بنت عبد الشكور

Race

MALAY

Date of birth

03-02-1995

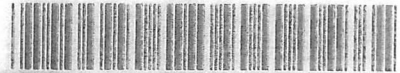
Sex

F

S9503566C

Country of birth

SINGAPORE



4554299

NRIC No. S9503566C



Date of issue

22-03-2010

Address

APT BLK 112 LENGKONG TIGA
#02-219
SINGAPORE 410112

LETTER OF AUTHORIZATION

To : FCI & Karz works PTE LTD (Third party insurance & Workshop)
Claimant : Nur Sabrina Bte Abdul Shukor

Dear Sirs,

I/We, Nur Sabrina Bte Abdul Shukor owner of vehicle no. FA404ST
hereby authorize my/our repairer, Karz works PTE LTD
act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or
loss of use ("claim") for my/our vehicle no. FA404ST that was damage pursuant to the
accident which occurred at/along
112 Lengkong Tiga, Blk 112 S(410112)
involving vehicle nos. FA404ST & FBQ95012

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies
pertaining the above mentioned accident due to me/us to my/our repairer/solicitors
Karz works PTE LTD. I/We hereby authorize you to forward and release all
compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors
Karz works PTE LTD pertaining to above said accident whom I/we
authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice
and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the
personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein
should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured
losses claim arising of the subject matter in the action.

Thank you.

Dated this 21 day of 12 (month) 20 20 (year)

Signature of owner vehicle (claimant):

Name of owner of vehicle (claimant) : Nur Sabrina Bte Abdul Shukor

NRIC Number (claimant): S9503566C



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 22 Dec 2020 / 15:00:41

Receipt Date/Time : 22 Dec 2020 / 15:00:41

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201222-002829

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - FBQ9031M

As at 20 Dec 2020/15:00:00

Insurance Co: SOMPO INSURANCE SINGAPORE PTE. LTD.

1	Insurance Enquiry - FBQ9031M Enquiry Fee 20201222145931196274	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49

Result of Insurance Enquiry - SHC7157A

As at 20 Dec 2020/15:00:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

2	Insurance Enquiry - SHC7157A Enquiry Fee 20201222145931237031	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49

Result of Insurance Enquiry - XD9277D

As at 22 Dec 2020/10:00:00

Insurance Co: SOMPO INSURANCE SINGAPORE PTE. LTD.

3	Insurance Enquiry - XD9277D Enquiry Fee 20201222145931279153	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49

Result of Insurance Enquiry - SLP1751H

As at 22 Dec 2020/12:27:00

Insurance Co: NTUC INCOME INS CO-OP LTD

4	Insurance Enquiry - SLP1751H Enquiry Fee 20201222145931328743	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49

Total Before Rounding	28.00	1.96	29.96
Rounding Difference			0.01
Total Amount Payable			29.95

Paid By		
540191XXXXXX4799	eNETS Credit Card	29.95
Total		29.95
Cash Change		0.00
Tendered Amount		29.95
Excess Refundable Amount		0.00

THANK YOU AND HAVE A NICE DAY!

KK 2012-41

SATISFACTION OF REPAIRED VEHICLE

I/We, _____, owner/driver of vehicle No. FA 4045T declare that the repairs of my/our vehicle has been completed and to my/our satisfaction.

I/We agree that I/we hereby irrevocable absolutely accept the settlement amount and the liability from the third party on the repair costs and/or rental and/or loss of use which are final and that the sum of amount are to be released and payment to the workshop for such repairs in respect of the damages caused in the accident.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Dated this 06 day of 01 (month) 20 21 (year)
@ 10 hrs 10 mins

AHMAD ZOHRI AK 6/1/2021
Name and Signature