

GARAGE 13 PTE LTD

8 KAKI BUKIT AVE 4 #03-46 PREMIER@KB SINGAPORE 415875
TEL: 9666 4445

30th August 2021

Our Ref: FBK351E
Your Ref: SHC432B

MS First Capital Insurance Ltd
Motor Claims Department
36 Robinson Road
#16-01 City House
Singapore 068877

Dear Sirs,

ACCIDENT INVOLVING FBK351E AND SHC432B ALONG NEWTON CIRCUS ON 28.09.2020

We are the representative for Mohamed Faizal Ajmalhan, whose vehicle registration number **FBK351E** was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration **SHC432B**. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:-

Cost of repairs	\$ 3,531.00
Loss of use for 19 days @\$50.00	\$ 950.00
Survey Report	\$ 498.00
LTA search fee	\$ <u>7.45</u>
	\$ <u>4,986.45</u>

Enclosed are the supporting documents for your perusal:-

GIA
LTA search
Repair bill

Kindly let us have your payment of **\$4,986.45** in our workshop's name within the next 14 days.

Please do not hesitate to contact our Ms Tan at 9838 8224 or email motor@iaconsulting.com.sg should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully,



Encl.

GARAGE 13

8 Kaki Bukit Ave 4
Premier @ Kaki Bukit #03-46
Singapore 415875
Company Reg Number: 202005684D

LETTER OF AUTHORISATION

I/We, MUHAMMAD HAZAL AJMALHAN ("the third party claimant")
of NRIC/FIN/UEN No. S8380323A, owner of vehicle no. FBK 351E hereby authorize
M/s GARAGE 13 PTE LTD ("the workshop") to my claim for repair cost
and/or rental and/or loss of use and/or survey fee ("claim") for my vehicle no. FBK 351E that
was damaged pursuant to the accident which occurred on 28/9/2020 along
NEWTON CIRCUS
SHC 432 B involving vehicle no/s
_____ ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

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

Dated this 28 (day) of 9 (month) 20 (year)



SIGNATURE OF OWNER/ COMPANY STAMP (IF APPLICABLE)

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 05 Oct 2020 / 12:43:41

Receipt Date/Time : 05 Oct 2020 / 12:43:41

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201005-001373

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHC432B				
As at 28 Sep 2020/18:20:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC432B Enquiry Fee 20201005124225330225	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20201005124235151	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

GARAGE 13 PTE LTD

8 KAKI BUKIT AVE 4 #03-46 PREMIER@KB SINGAPORE 415875
TEL: 9666 4445

PROFORMA INVOICE

To: Mohamed Faizal Ajmalhan

Invoice No. : G13/20654
Date : 26/08/2021
Vehicle No. : FBK351E

No.	Description	Qty	Unit Price	Amount
1	Repair cost	1	\$ 3,300.00	\$ 3,300.00
Sub-Total				\$ 3,300.00
GST 7%				\$ 231.00
Total:				\$ 3,531.00

Payment by cheque should be crossed and made payable to 'Garage 13 Pte Ltd'

Issued By:



.....
Authorised Signature

Our reference: 20-11-9591

Date: 28/11/2020

INVOICE NO. 9591

Mohamed Faizal Ajmalhan

c/o Garage 13 Pte Ltd
8 Kaki Bukit Ave 4
#03-46 Premier@KB
Singapore 415875

Registration No. **FBK351E**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$498.00
Total amount			<u><u>\$ 498.00</u></u>

Please kindly cross all cheques made payable to "Impact Analysis Consultant".

We thank you in anticipation for your prompt payment.



L. L. Tan (Ms)
Principal Consultant

Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd
www.iaconsultingsg.com

Our reference: 20-11-9591

Date: 28/11/2020

c/o Garage 13 Pte Ltd
8 Kaki Bukit Ave 4
#03-46 Premier@KB
Singapore 415875

Dear Sirs

**RE: Road Traffic Accident on 28/9/2020
Mohamed Faizal Ajmalhan**

In accordance with your instructions received in this office on **9/10/2020**, we made arrangements to examine the vehicle on **9/10/2020** at above-mentioned address. The following data was recorded:

Vehicle details

Make	Honda	Registration	FBK351E
Model	CBR250R	Chassis	MLHMC41A2B5004304
Colour	Black	Gearbox	Manual
Odometer	84104km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

Tyre Depths

Front	100/80-17	85% Dunlop
Rear	140/70-17	80% Pirelli

Impact Direction & Area of Damage:

Refer to photographs

Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of **\$3,300.00** and **5** working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

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- www.iaconsulting.sg.com

Our reference 20-11-9591

Date 28/11/2020

Page 2

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
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List Items :

Clutch lever	1	damaged	75.00	75.00 60/-
Brake lever	1	damaged	78.00	78.00 60/-
Side mirror	set	damaged	190.00	190.00 150/-
Front side cover	set	damaged	250.00	250.00 200/-
Front side cover inner lh	1	damaged	120.00	120.00 -
Exhaust cover assy	1	damaged	221.00	221.00 180/-
Top meter (inner) cover rh	1	damaged	65.00	65.00 -
Coil casing	1	damaged	95.00	95.00 x nn
Front foot rest	1	damaged	90.00	90.00 -
Lower cover set	1	damaged	130.00	130.00 -
Handle bar rh	1	damaged	175.00	175.00 100/-
Handle bar lh	1	damaged	145.00	145.00 x nn
Balancer	1	damaged	120.00	120.00 x nf
Handle grip lh / rh	2	damaged	132.00	132.00 x nn
Side stand	1	damaged	110.00	110.00 x nn
Signal light front lh / rh	2	damaged	140.00	140.00 -
Front fork assy	set	repair	754.80	0.00 x nn
Sub- Total cost			2890.80	2136.00
Percentage discount : 15%			433.62	320.40
Sub-Total costs for parts			2457.18	1815.60

Special Nett Items:

Handphone holder	1	damaged	55.00	55.00 40/-
Sub-Total costs for parts			55.00	55.00

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Our reference 20-11-9591

Date 28/11/2020

Parts Repair

*	*	*	0.00	0.00
		Sub- Total costs	0.00	0.00
		Total costs for parts	2512.18	1870.60

No.25 Kaki Bukit Road 4
#06-46 Synergy @KB
Singapore 41780
Hotline: 6385 1171

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Date 28/11/2020

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Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ -	0	\$ 450.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.			\$ 700.00
Apply rust proofing on the adjacent panels.			\$ 20.00
Front wheel alignment charges / body chassis alignment charges			\$ 300.00
Wiring and bulb checking	\$ -	0	\$ 20.00
Total labour cost			\$ 1,490.00

300

400

—

100

—

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

4 repair days

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www.iaconsultingsg.com

Our reference 20-11-9591

Date 28/11/2020

Section C: Summary Table of Total Repair Cost

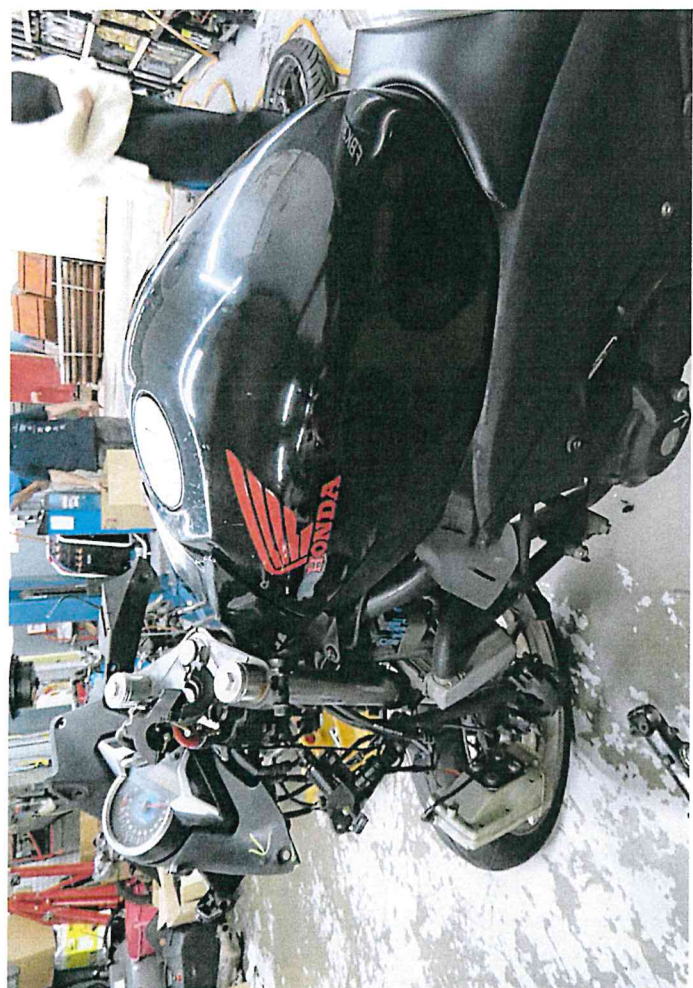
Description		Cost
Damaged Parts Assessment (See section A)		\$1,870.60
Labour Cost Calculation (See section B)		\$1,490.00
Total cost		\$3,360.60
		\$0.00
Further discount	0%	
Total Repair Cost		\$3,300.00

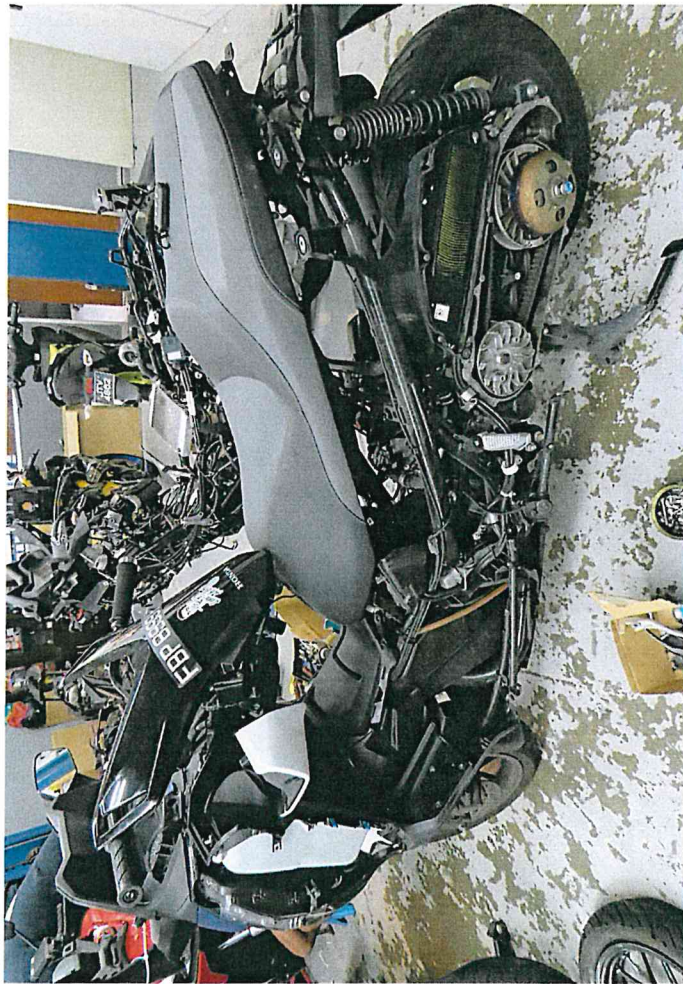
We would recommend a sum of **\$3,300.00** and **5** working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.


Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)
B.Eng. (Hons, NUS)
Diploma Mechanical Engineering
NTC-2 Automovite Technology
Sr.MIES, Institution of Engineers, Singapore (#20100091)
MATAI, Maryland Association of Traffic Accident Investigators
IAARS, International Association of Accident Reconstruction Specialists
PMC of Singapore Business Advisors & Consultants Council
ACTA certified Trainer, Singapore
Enterprise Singapore - Recognised Certification for Management Consultants
IMI Professional Certificate In Vehicle Accident Damage Assessment (UK)

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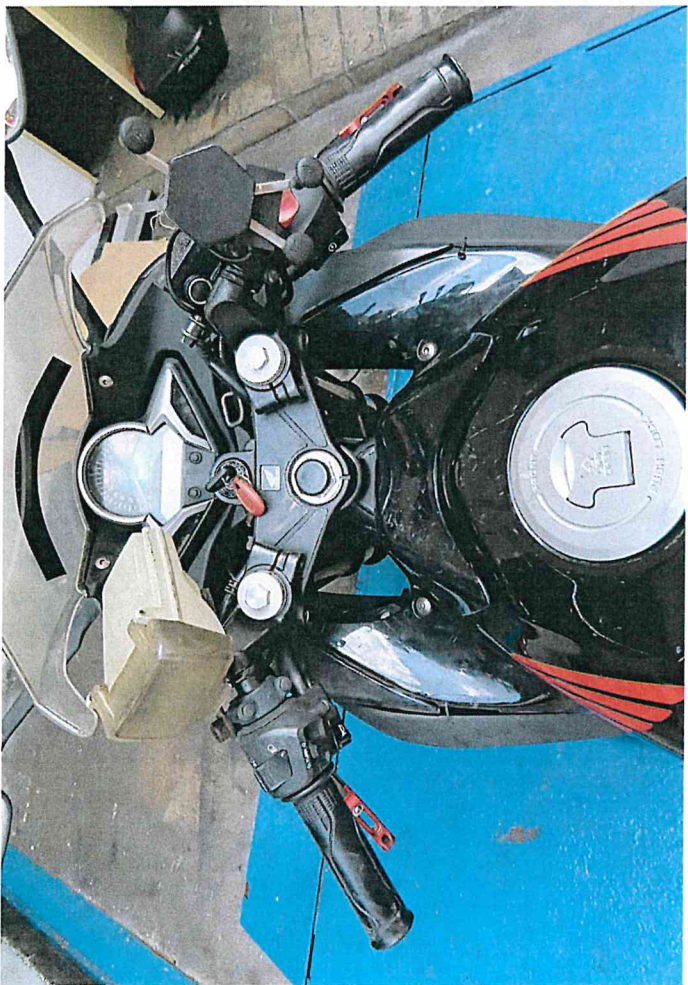


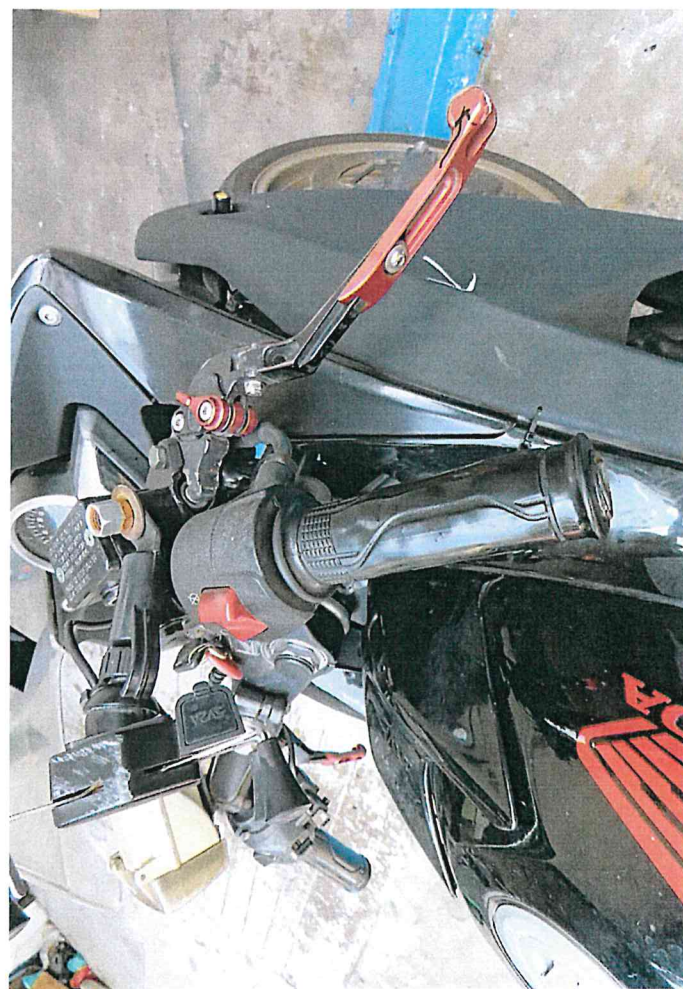
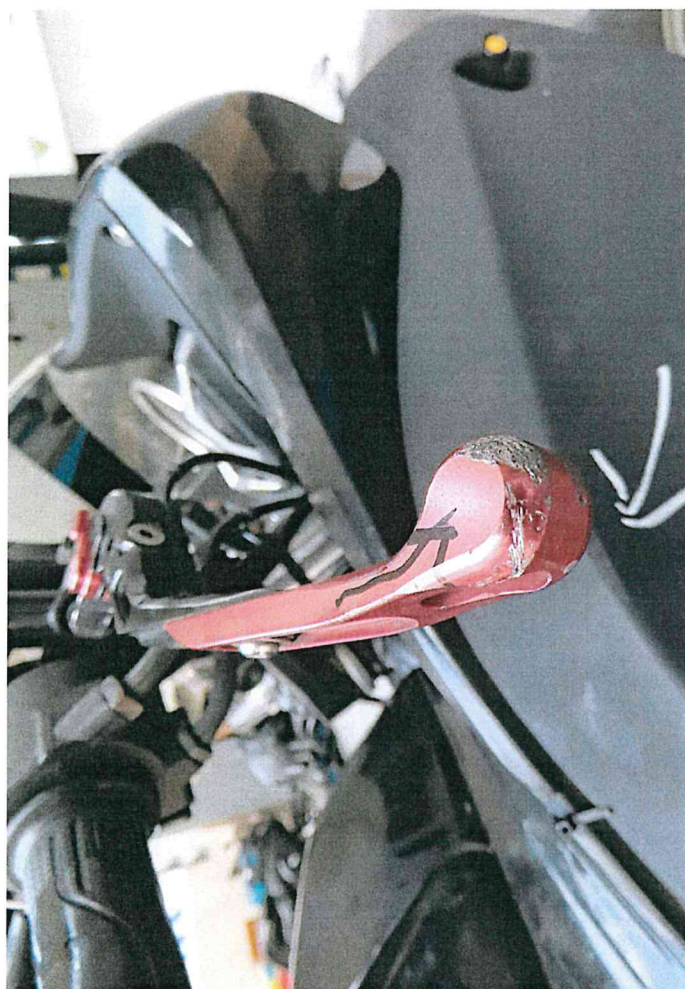


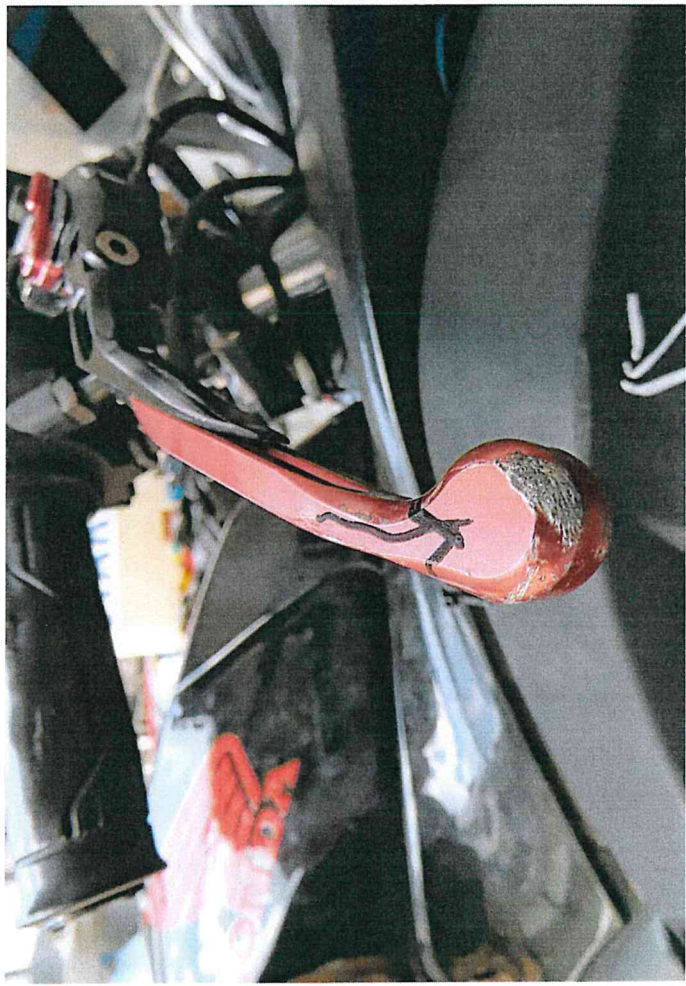




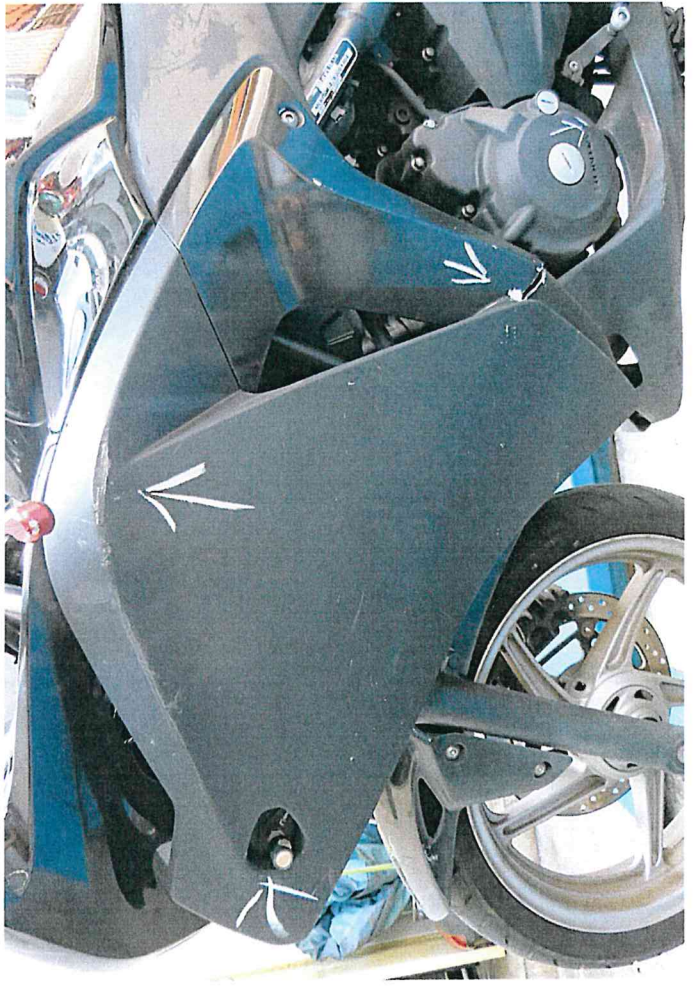
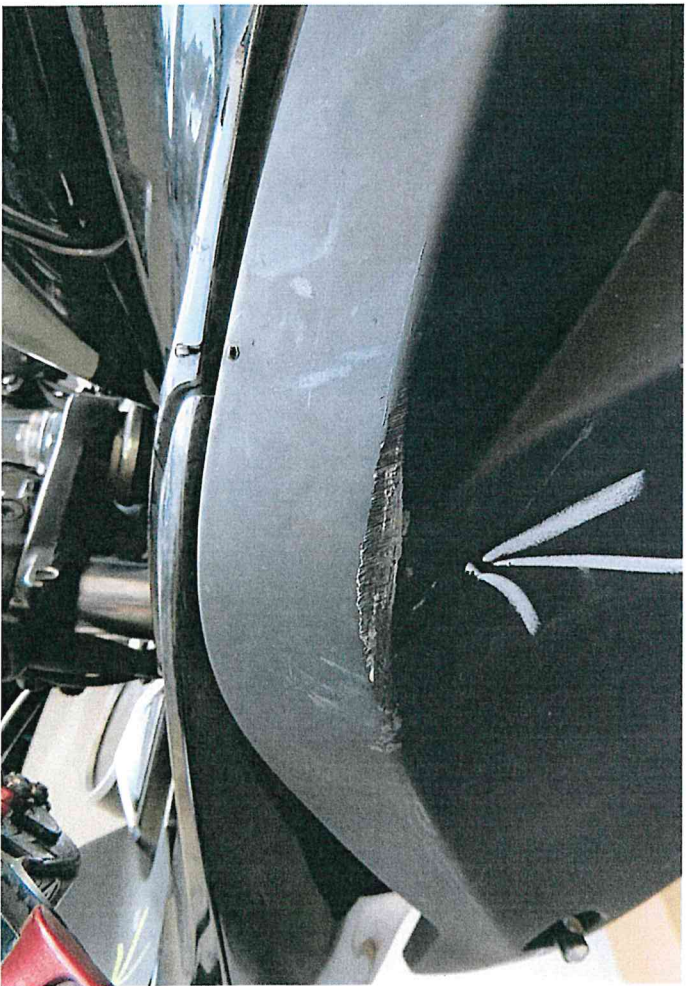
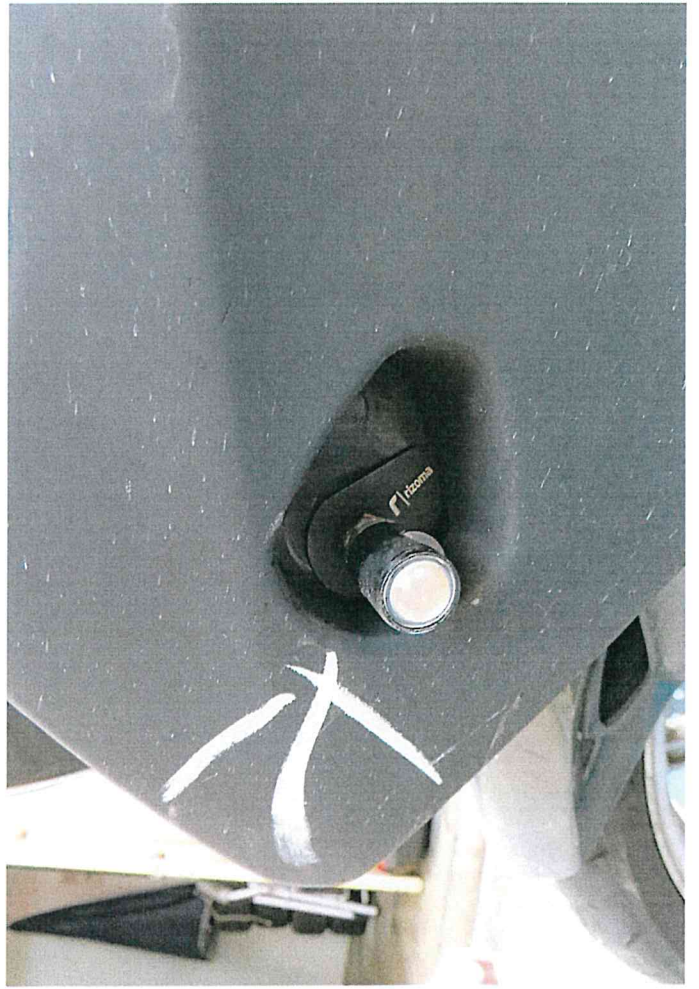


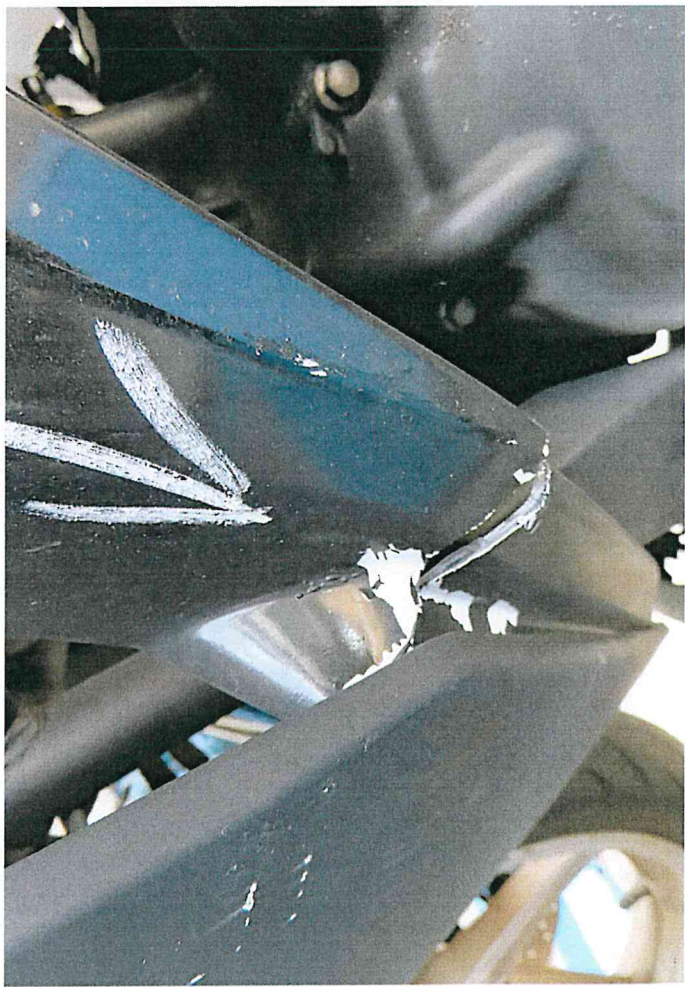
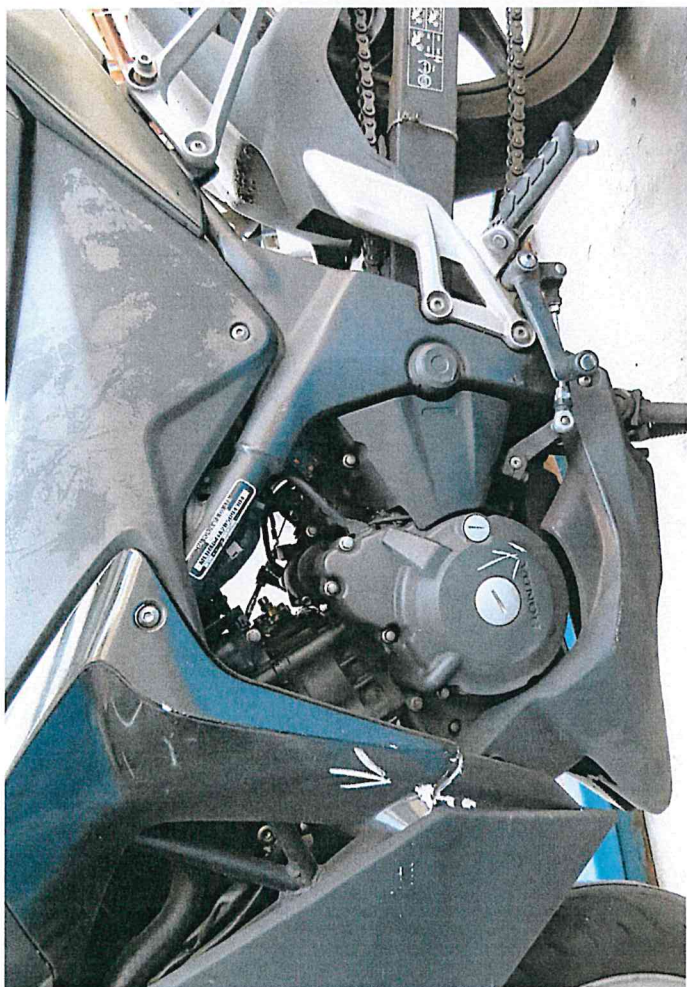


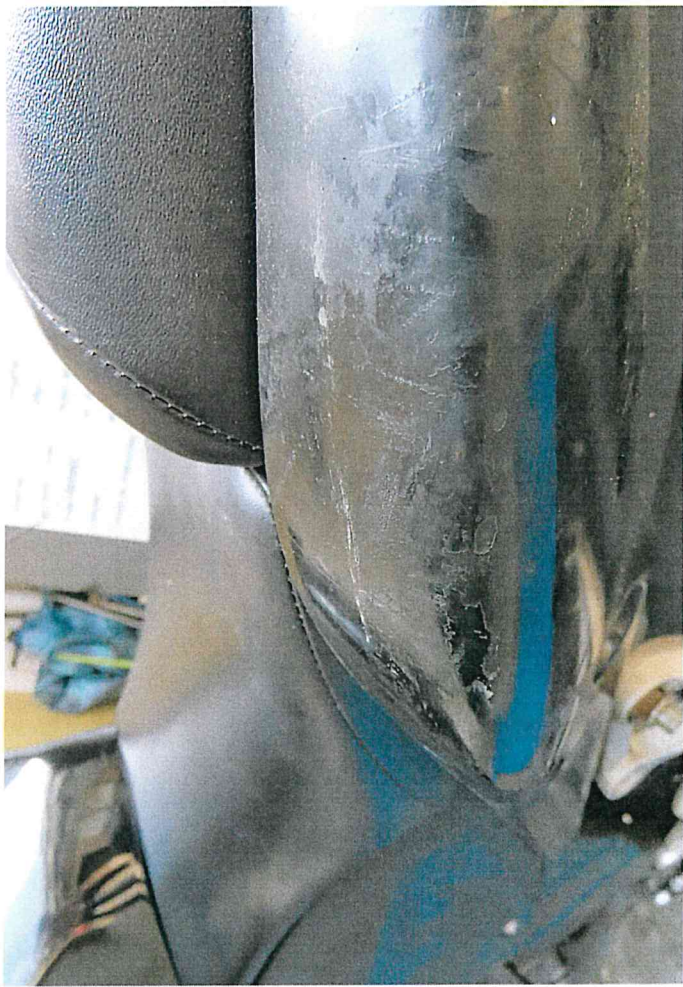
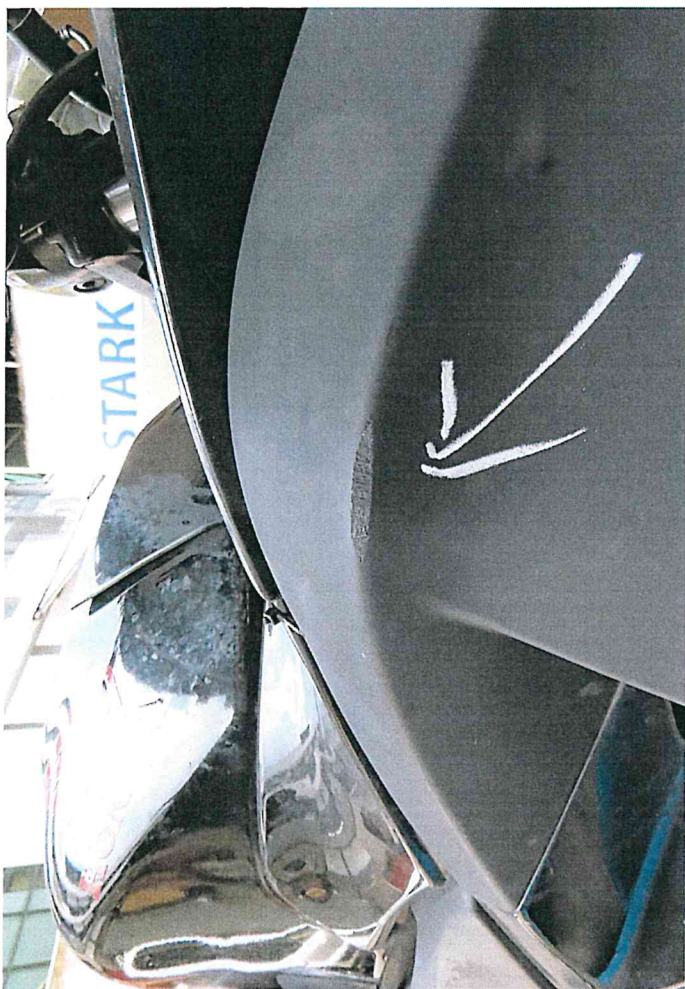


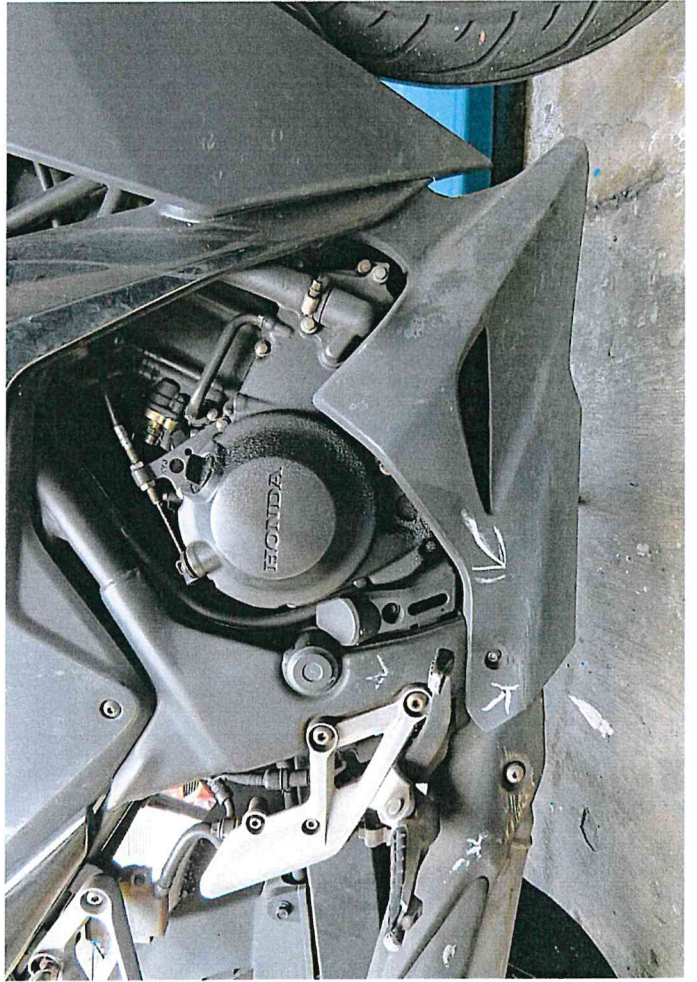
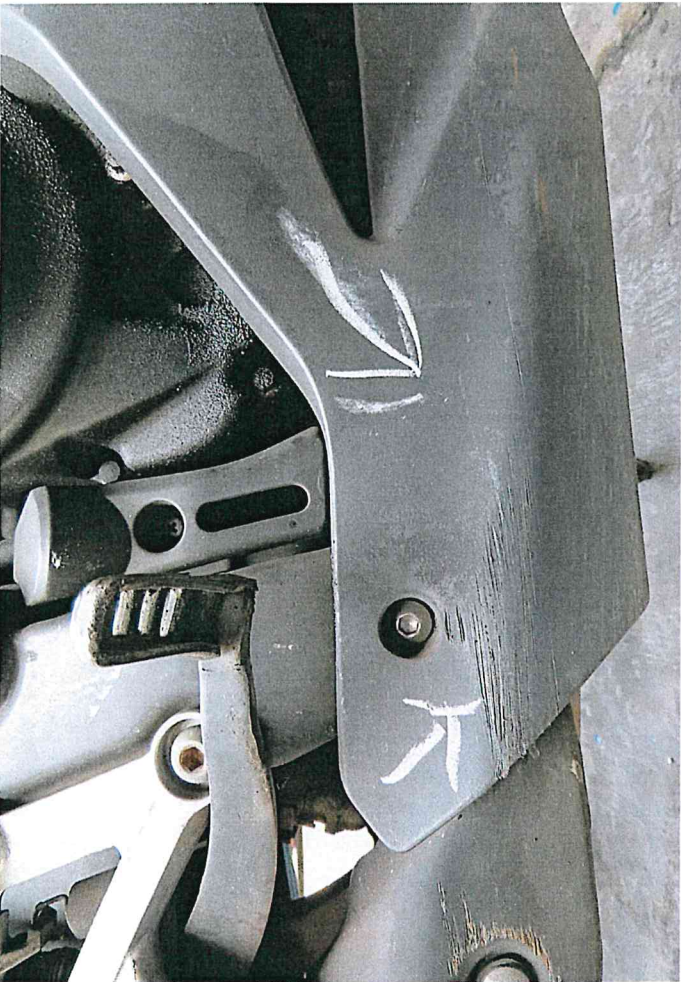


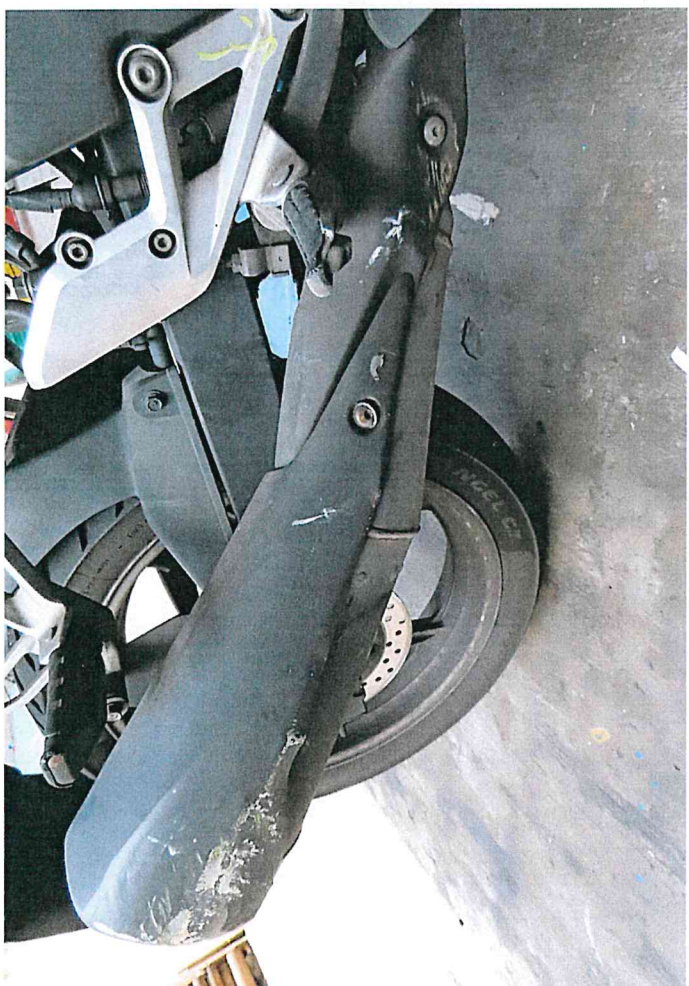
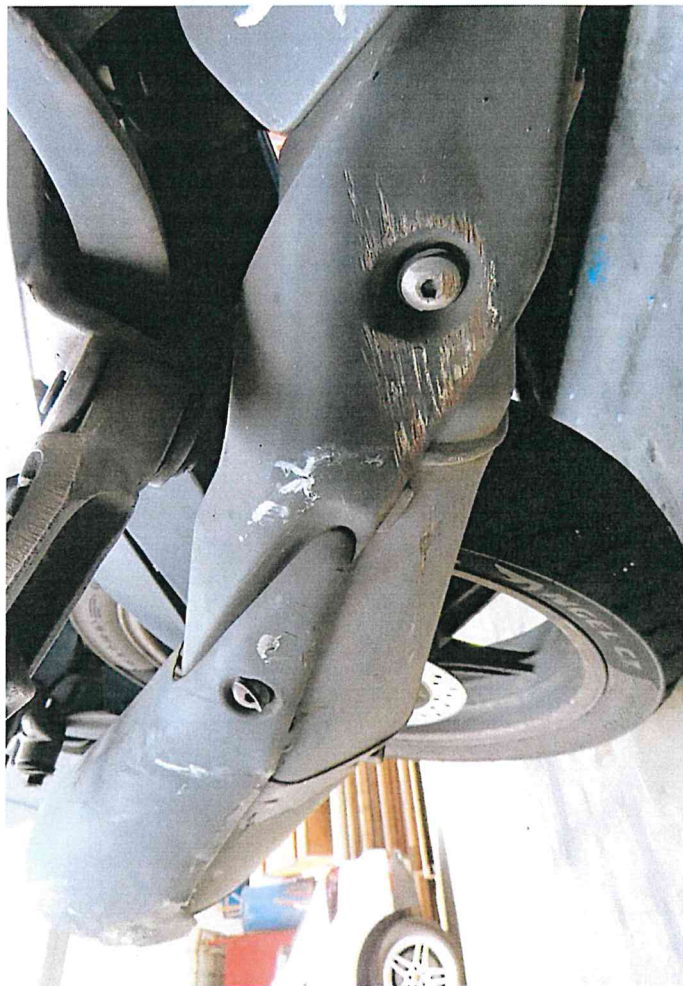


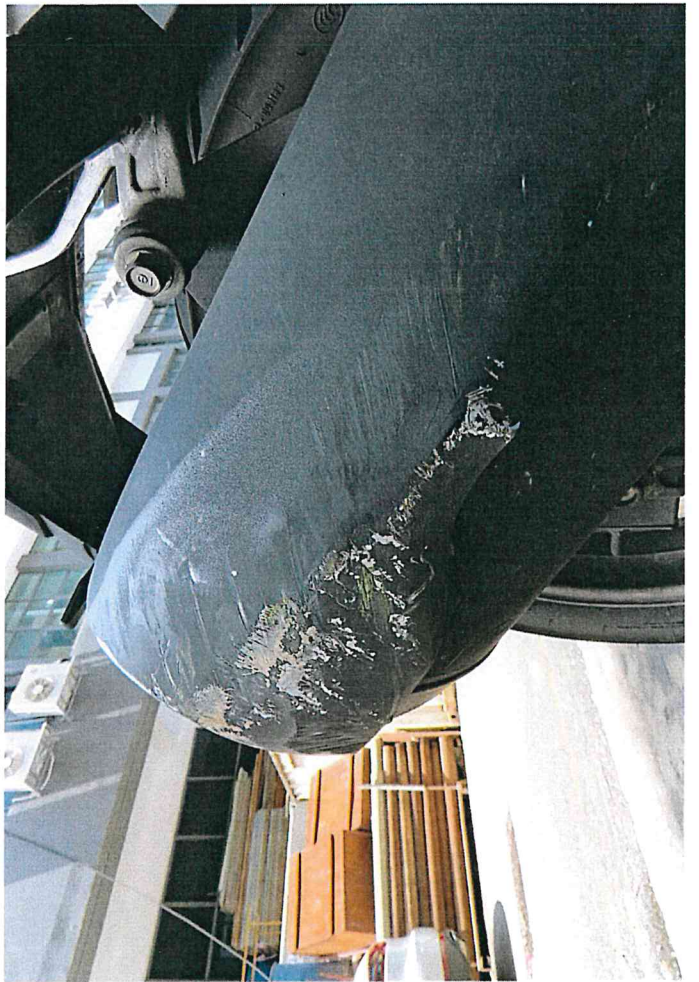


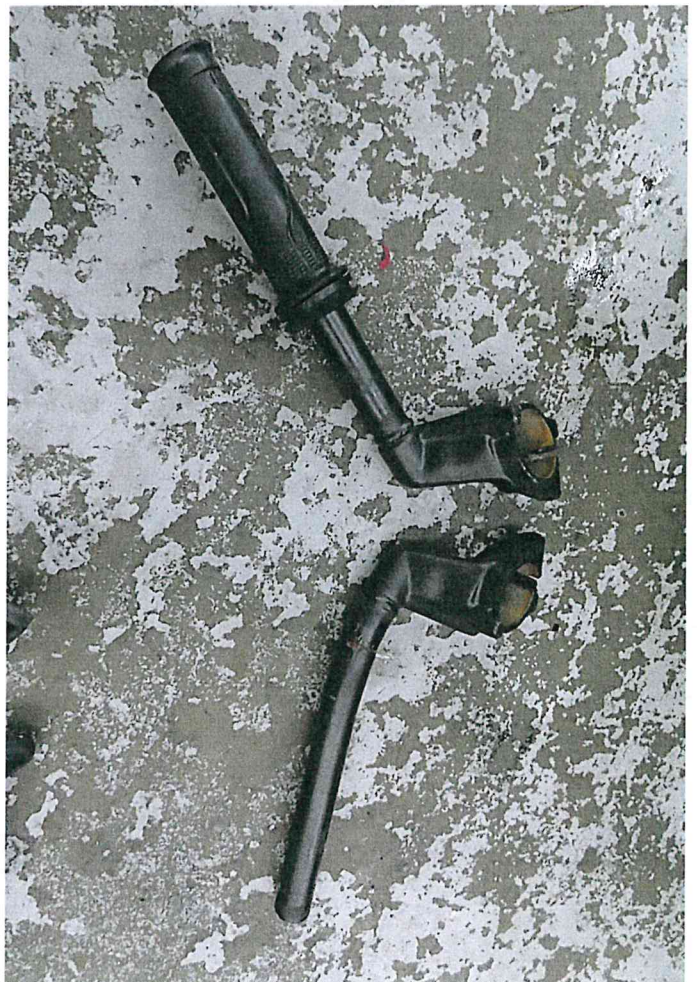


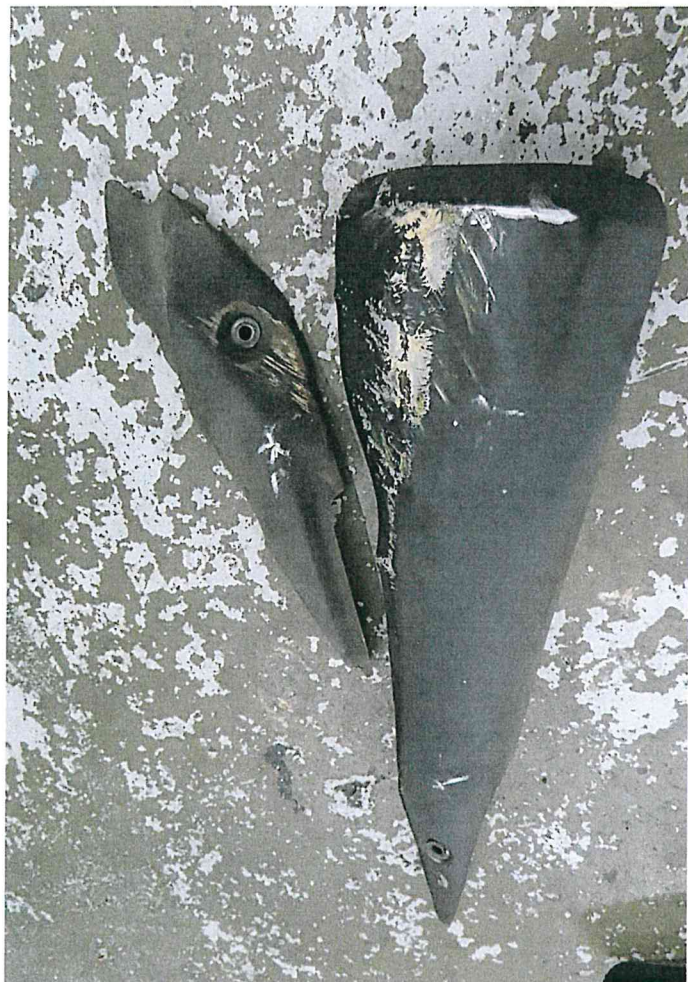












SINGAPORE ACCIDENT STATEMENT

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 Report	29/09/2020 17:59
Date Of Accident	28/09/2020 18:20
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK351E
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FAIZAL AJMALHAN
NRIC No	SXXXX323A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90676635
Alternative Phone No	OTHERS-90676635

Vehicle Particulars

Manufacturer	HONDA
Model	CBR250R
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

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800127013-01
Cover Note Number	

Driver

Name of Driver	MOHAMED FAIZAL AJMALHAN
NRIC No	SXXXX323A
Date Of Birth	07/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2008
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90676635
Fax Number	
Contact Number	OTHERS-90676635
EEmail Address	NOEMAIL

Address	APT BLK 613 BUKIT PANJANG RING ROAD #04-860
Postcode	670613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHC432B
Vehicle Make/Model/Colour	
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)	

Sketch Plan

SKETCH PLAN

Vehicle
A - FBK351E
B - SHC432B

A -  - B

Legend
 Vehicle
 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29 Sep 2020 At about 18~~4~~30hrs. I was travelling along newton circus towards newton Road at the Roundabout on lane 3 went Vehicle B SHC432B on lane 2 Suddenly make a left turn and collidal into me.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

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.: