[O] H 何进才律师馆

COMPANY REGISTRATION NO: 200302898Z ADVOCATES & SOLICITORS **NOTARIES PUBLIC** COMMISSIONERS FOR OATHS TRADE MARK AGENTS

WRITER DID

§ 6665 1250

WRITER EMAIL

bryan@hoh.com.sg

SECRETARY DID 🖟 6899 5864

BLK 131 #03-243 JURONG GATEWAY ROAD SINGAPORE 600131

: 6561 8228 FAX 6561 4262

EMAIL: jurong@hoh.com.sg

Please send all correspondences, documents and facsimile transmissions to the abovementioned Office, Facsimile numbers are not for service of Court documents.

(When replying, please reply to our Jurong Office)

Your Ref: Please advise

Our Ref:

BL.jl.20220030110PI

18 February 2022

M/S CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

Attn: Motor claims department

Dear Sirs.

OPEN LETTER BY C.O.P AND BY EMAIL (Email: claimsdept@cntaiping.com)

21 m

ROAD TRAFFIC ACCIDENT INVOLVING VEHICLES FBL8211T AND SMU9786S ON 8 JANUARY 2022 AT 11:30 AM CLAIM BY MR. MUHAMMAD FERDAUS BIN ABDUL RAHIM ("OUR CLIENT") YOUR INSURED VEHICLE: SMU9786S

- 1. We refer the above matter, and have been instructed to act for Mr. Muhammad Ferdaus Bin Abdul Rahim ("our Client") in an intended claim against your insured driver, Mr. Pang Kim Hsing, the driver of vehicle SMU9786S (the "Car") at the material time.
- 2. We are instructed that at the material time, our Client was riding his motorcycle with registration number FBL8211T (the "Motorcycle") on the second lane of the Central Expressway ("CTE") when suddenly, the Car changed lanes abruptly and moved onto our Client's path of travel, causing an collision (the "Accident"). As a result of the Accident, our Client suffered from injuries and losses, including damage to his Motorcycle.
- 3. In the premises, we are instructed that our Client losses were caused by the negligence of your insured driver, and have been instructed accordingly to proceed to make a claim against your office.
- 4. We attach a copy of our Client's police report and GIA report for your kind attention.
- 5. We note that an LTA search (also attached) has revealed that your office is the insurer of the Car at the material time.
- 6. We are presently taking our Client's instructions about the quantification of his claim and will send our letter of claim containing the relevant quantification in due course.
- 7. Nevertheless, and as our Client's Motorcycle has been damaged, he is desirous of proceeding to repair the same for his own use and to mitigate his losses in respect of the loss of use of the Motorcycle.
- 8. We are instructed that our Client's Motorcycle is presently at the workshop "Southern Motor" (the "Workshop") at 1006 Bukit Merah Lane 2, #01-10 Singapore 159762, and the Workshop has preliminarily accessed the repair cost of the Motorcycle to be approximately \$4,000.00 (though the specific quantum is still to be determined).

A STATE

- 9. In line with the relevant Pre-Action Protocol, we are giving the appropriate 2 working days notice to your good office to consider whether you wish to carry out a pre-repair inspection of the Motorcycle.
- 10. Thus, and in the event that your good office wishes to carry out a pre-repair inspection of the Motorcycle, please let us hear from you by no later than **22 February 2022**, failing which our Client will proceed to carry out the necessary repair works on the Motorcycle without further reference to you.

and the

well it.

11. Thank you.

Yours faithfully,

LIM WEN YANG, BRYAN HOH LAW CORPORATION





Report No. T/20220108/2106

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

	me Report M 022 21:27	flade:	Vide Report No.: A/20220108/0064	Station Diary No.: 118	
Informa	nt's Particu	ulars		2516155700 GLESSON TOTAL STATE	
Name o	f Informant:	DAUS BIN ABDUL	Address: APT BLK 529 JELAPANG RO	DAD #02-15 SINGAPORE 670529	
NRIC No National	ID Type / ID No.: NRIC NO / S8219066Z Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office: Email:	Mobile: 90012694	
Sex: Male	Age:	Date of Birth: 02/07/1982	Type of Informant:		
Race: Malay			Language: English	Institution / School Name;	
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:	

Type of Accident: Injury Conveyed By Amb		Drink Drive: No	Date/Time of Accident: 08/01/2022 11:30	Type of Location: Straight Road	
	EXPRESSWAY				
Lamp Post Number: 458 Weather:		oad Surface:	R	Road Speed Limit:	
Cloor	Traffic Flow: Tra				
	Tr	affic Control: ot Controlled		raffic Volume: oderate	

Details of V	ehicle Involve	d Property			Bell Sound of the	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL8211T	Motorcycle	HONDA	NC750XA	Black	Slightly Damaged	0
SMU9786S	Car	MERCEDES BENZ		Blue	Slightly Damaged	2

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8211T	NTUC Income Insurance Co-Operative Limited	5089792982-04	03/04/2021	02/04/2022





2 of 3

Report No. T/20220108/2106

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Perso	n Involved		The fact of the fact of	7.11.51	N Sala	That we see a little
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			sing: NA
Rider					and div	
Name	MUHAMMAD FERDA RAHIM	AUS BIN ABI	DUL	ID No		S8219066Z
Related Vehicle	FBL8211T (Motorcycle)			Conta	ct No.	90012694
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	ate Treatment 08/01/2022			harge	08/01	/2022
No. of Days gran	ted Medical Leave	07	Degree of			

Brief Details.

On 8th Jan 2022 at about 1130hrs, I was riding (Black Honda, FBL8211T) along AYE towards CTE. I was riding on the second lane. While I was riding, suddenly, an unknown car (Blue Mercedes Benz, SMU9786S) applied emergency brake on the first lane and moved on to second lane. I did not had the time to apply emergency brake and hit on the left rear side of the car with the front side of my motorcycle. There was a Police vehicle at AYE and they stopped their vehicle to check on the incident.

The driver (Pang Kim Hsing, S7829863D, 97940318) came out of his car to check on me. We both exchanged our particulars. I had injury on the right side of my hip and right knee. I felt pain on my chest. As of now there were no sign of injury on the driver and the two passengers who were in the car. There were some damage on the left rear side of the car and there were some damages on the front side of my motorcycle.

Subsequently, Ambulance came to the incident location and I was conveyed to NUH. After my medical check up, doctor gave me seven days medical certificate.





3 of 3

Report No. T/20220108/2106

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

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 J /	Signature Of Informant:
Sgt 1 PRASANTH S/O ELENGOVAN	
Signature Of Interpreter:	Date/Time:
Not applicable	08/01/2022 21:27
Officer In Charge Of Case:	Classification Of Case:
TP/GIT/	Case.
Staff Sgt LEE GUANG HUI	
Contact No.: 65476423	
Authentication Stamp NP168	
	TE SELECTED SELECTED

SN07221L000K / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 21/01/2022 14:50 (SGT) SUBMITTED BY: Muammar Gaddafi Bin Marzuki VERSION: 1 (21/01/2022 14:50 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed</u> 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

21/01/2022 14:50 (SGT) 08/01/2022 11:30 (SGT) Singapore AYE TOWARDS CTE NEAR LAMP POST 458 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBL8211T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

MUHAMMAD FERDAUS BIN ABDUL RAHIM S8219066Z DAUS_MANJE@YAHOO.COM.SG (Phone) +65-90012694 +65-90012694

VEHICLE PARTICULARS

Manufacturer Model Variant 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? Vehicle Category Transmission CC

Honda NC750X

Private use

No - Claiming third party Motorcycle Manual 750

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd ThirdPartyFireTheft No 5089792982-04

DRIVER

Name of Driver NRIC No

MUHAMMAD FERDAUS BIN ABDUL RAHIM S8219066Z



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any audio recorded?

02/07/1982 Indoor 22/05/2007

14 YEARS AND 8 MONTHS

Male

(Phone) +65-90012694

+65-90012694

DAUS_MANJE@YAHOO.COM.SG BLK 529 JELAPANG ROAD #02-15

670529

Yes

No

Collision - Head to Rear

Clear

Dry

No 2

Yes Yes

Yes

1

No

Bukit Panjang Neighbourhood Police Centre No.1 Segar Road #01-05 Singapore 677738

No

Was there any video captured by Car Camera?

Yes No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

NRIC No

Name of Driver

SMU9786S

Mercedes

Private car

PANG KIM HSING

S7829863D

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

PASSENGER 1

Name

Gender

PASSENGER 2

Name Gender

UNKNOWN Female

3

(Phone) +65-97940318

UNKNOWN

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender Phone No

Address Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

MUHAMMAD FERDAUS BIN ABDUL RAHIM

Male

39

RIGHT KNEE BRUISES

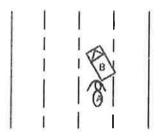
RIGHT HIP BRUISE **PAIN ON RIGHT CHEST**

FBL8211T

No

Yes

SKETCH PLAN



A - FBL8211T B - SMU9786S

AYE TOWARDS CTE NEAR LAMPOST 458

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS

DECLARATION

I/WigNeclare the foregoing particulars are true in every respect

Policyholder's Signature Date & Time: 21/01/2022 Dr. ver's Signature

fit driver is not the policyholder). Date & Time:

Reporting Centre Personnel's Signature

Name GADDAFI NAME/FIN No. \$993841

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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the pert of the insurance companies.
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- h. The report will be forwarded by the insurers of the GrA 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.
- By the ledgment of this report to the insurers, you hereby convent 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)

l understand, acknowledge, agree and consent that:

- (a) My inserer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use disclose and/or process my personal deta/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 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' in wyers/law firms, the Monetery Authority of Singapore and any relevant government agency/authority (such as the police). For the purpose(s) of
 - (i) processing, handler 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) corrying out and/or dealing with my instructions or responding to any enquines by me;
 - If v) administering my claim; (including the mailing of correspondence, statements, invoices, reports or natices 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 implicable law in administering, processing charding and/or dealing with my claims (collectively the "Purposes")
- (b) all (asarer(s) who have insured vehicle(s) involved in this accident and the insurers' towyers/low firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Perposes, 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 luwyers/law firms), which may be sited autside of Singapore, for one or more of the above Parnoses.
- (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 dalers.
- (e) the information to collected under (d) above may be shared / disclosed.
 - to all insurers and/or any other third parties that assist in evaluating investigating, controlling or managing haud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

fu). Far complying with regularments under any regulations, laws or court orders

Penlyholder's Signature Date & Fime | 21/01/2022 Univer's Signature (If driver is not the policyholder) Date & Time

Heporting Contro Mesonnai's Signature

Same: GADDAFA
MRE/FIN No. \$993841















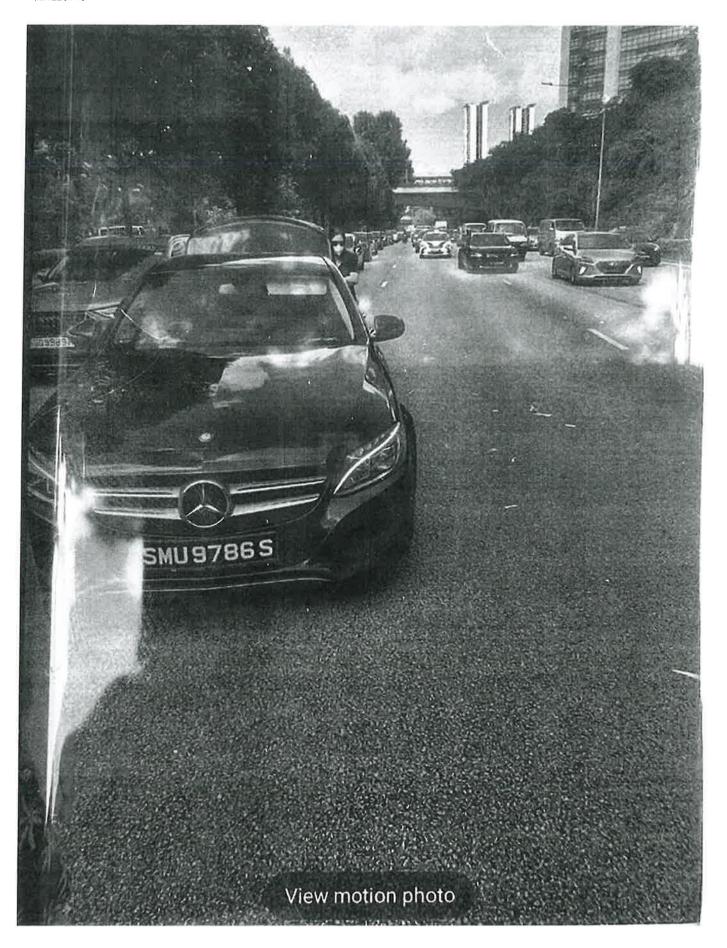














Report No. 1/2022Blox 2106

Police Station Of Origin Bukit Panjang NPC

1 Segar Road #01-05 SINGAPORE 677738

Tel No. 1800-8929999

CONTINUATION OF REPORT

Details of Perso		NA CALIFORNIA				
Any Pedestrian	And the state of t		11000 0	0-4-4	0	Inm NA
No. of Pedestrians Injured: NIL			Use of	Pedestnan	Cross	ing, iva
Rider		100 100 15	ALCOHOLD IN ALL	NEGERI GUEST	14 H. 175	MARCH NUMBER OF THE STREET
Name	MUHAMMAD FERDAUS BIN ABDUL RAHIM			ID No		S8219066Z
Related Vehicle	FBL8211T (Motorcycle)			Conta	ct No.	90012694
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class Drivin Licend Expire	9	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment	08/01/2022		Date 0	Discharge	08/01	/2022
No. of Days gran	led Medical Leave	07		e of Injury	Secretary and the second section is a second section of the second section of the second section is a second section of the second section of the second section of the second section of the section of the second section of the section of the second section of the secti	

Brief Details.

On 8th Jan 2022 at about 1130hrs, I was riding (Black Honda, FBL8211T) along AYE towards CTE. I was riding on the second lane. While I was riding, suddenly, an unknown car (Blue Mercedes Benz, SMU9786S) applied emergency brake on the first lane and moved on to second lane. I did not had the time to apply emergency brake and hit on the left rear side of the car with the front side of my motorcycle. There was a Police vehicle at AYE and they stopped their vehicle to check on the incident.

The driver (Pang Kim Hsing, \$7829863D, 97940318) came out of his car to check on me. We both exchanged our particulars. I had injury on the right side of my hip and right knee. I felt pain on my chest. As of now there were no sign of injury on the driver and the two passengers who were in the car. There were some damage on the left rear side of the car and there were some damages on the front side of my motorcycle.

Subsequently, Ambulance came to the incident location and I was conveyed to NUH. After my medical check up, doctor gave me seven days medical certificate.



SINGAPORE POLICE FORCE



Report No. 1 Colleges 2 to a

Police Station Of Origin Bukit Panjang N P C 1 Segar Road #01-05 SINGAPORE 677738 Tel No 1800-8929999

	me Report 022 21:27	Made:	Vide Report No. A/20220108/0064	Station Diary No 118	
Informa	int's Partic	ulars	And the late of the second		
	f Informant IMAD FERI	DAUS BIN ABDUL	Address: APT BLK 529 JELAPANG RO	AD #02-15 SINGAPORE 670529	
ID Type / ID No. NRIC NO / S8219066Z		66Z	Contact No.: Home/Office:	Mobile: 90012694	
National SINGAP	ity ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 39 02/07/1982			Type of Informant Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry	

Type of Accident:	Injury Conveyed By Ambulanc	Drink Drive: No	Date/Time of Accident: 08/01/2022 11 30	Type of Location Straight Road	
Location: AYER RAJAH Lamp Post No Weather: Clear	EXPRESSWAY umber: 458	ad Surface:		Road Speed Limit	
Traffic Flow: Two Way	1,550	iffic Control: t Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov		Anyone conveyed by ambulance: Yes			

Vehicle No.	ehicle Involve	Make	Model	Color	Condition	No of Passenge
FBL8211T	Motorcycle	HONDA	NC750XA	Black	Slightly Damaged	0
SMU9786S	Car	MERCEDES BENZ		Blue	Slightly Damaged	2

Details of V	ehicle Insurance		Son Colon	1
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
F8L8211T	NTUC Income Insurance Co-Operative	5089792982-04	03/04/2021	02/04/2022
, 0202	Limited			



SINGAPORE POLICE FORCE



Police Station Of Origin Bukit Panjang N.P.C. 1 Segar Road #01-05 SINGAPORE 677738 Tel No. 1800-8929999

Report No. 1, 20220108 2106

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 Sgt 1 PRASANTH S/O **ELENGOVAN** Signature Of Interpreter: Not applicable

Date/Time: 08/01/2022 21:27

Signature/Qf Informant.

Officer In Charge Of Case:

TP/GIT/

Staff Sgt LEE GUANG HUI Contact No.: 65476423

Authentication Stamp

NP168

Classification Of Case:



Enquire Vehicle's Insurance Particulars (As At 08 Jan 2022 / 11:30:00)

Vehicle No.:

Make Description/Model:

SMU97865

MERCEDES BENZ / C180 AVANTGARDE (R17 LED)

Insurance Company Name:

LIBERTY INS PL

Insurance Company Name:

CHINA TAIPING INSURANCE (SINGAPORE)
PTE LTD

Business Transaction Reference No.:

20220218101524817036

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).