



GOH JP & WONG LLC

advocates & solicitors
commissioner for oaths & notary public

GOH TECK WEE

WONG TZE ROY

WONG FUNG KWAI

SOON WEI SONG

133 New Bridge Road #16-09 Chinatown Point Singapore 059413
Tel: 6538 5868 Fax: 6538 4898 (Not for service of Court documents) Email: mail@gohjpwwong.com
Goh JP & Wong LLC is a law corporation with limited liability. GST/UEN: 201406078M

YOUR REF:

OUR REF:

GTW.ACC.10T099.21.wk

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE NO

DATE:

12 APR 2022

3019995519-22

60219645

Lay Tuck Ngar

Block 154 Ang Mo Kio Avenue 5
#03-3112 Singapore 560154

By Certificate of Posting

Dear Sirs

TRAFFIC ACCIDENT INVOLVING FBS 4439T & SHD 3521C ON 01.10.2021 ALONG PIE

We act for Abdul Munaff Mohamed Imran in the above matter.

We are instructed by the abovenamed to claim damages against you in connection with an accident on 1st October 2021 at about 2000 hrs along PIE involving our client's motorcycle FBS 4439T and motortaxi SHD 3521C driven by you at the material time.

We are instructed that the accident was caused by your negligent driving and/or management of the motortaxi SHD 3521C. As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical report annexed to this letter. He has been put to loss and expense, particulars of which are as follows:

1. Particulars of injuries

Right posterior knee pain, right calf contusion and right lower back contusion

2. Quantification of Claim

General Damages \$3,500.00

Special Damages

a)	Costs of Repair	\$3,950.00
b)	Loss of Use at \$30.00 per day for 10 days	\$ 300.00
c)	Survey Fees	\$ 464.00
d)	Rental of bike	\$ 524.00
e)	Transportation Expenses	\$ 38.95
f)	Medical Expenses (and still continuing)	\$1,348.05
g)	Loss of personal effect	\$1,727.00
1.	Helmet -	\$85.00
2.	Laptop -	\$1,180.00
3.	Raincoat -	\$35.00
4.	Jeans -	\$45.00
5.	Shirt -	\$32.00
6.	Handphone -	\$350.00

\$8,352.00

TOTAL

\$11,852.00

3. Names of witnesses

- a) Witnesses of facts: 1) Abdul Munaff Mohamed Imran

- | | | |
|----------------------|----|--|
| | 2) | Muhammad Nur Salam Bin Mohd Salleh |
| | 3) | Representative from M1 Motoring |
| b) Expert witnesses: | 1) | Dr Zou Xiangyu |
| | 2) | Representative from Prudent Adjustors Services |

In accordance with Order 12 Rule 3 of the Rules of Court, we propose the following experts as the one common expert for their respective fields of expertise.

1. Dr Zou Xiangyu from Tan Tock Seng Hospital as the medical common expert
2. Bok Jee Tan from Prudent Adjustors Services as the motor surveyor common expert
4. Officer in Charge of Investigation/ Traffic Police Investigation Result

Careless Driving Causing Hurt against motortaxi SHD 3521C

A copy each of the following supporting documents is enclosed:

1. Traffic Accident Report and GIA Report of motorcycle FBS 4439T;
2. GIA Report of motortaxi SHD 3521C;
3. Land Transport Authority search of motortaxi SHD 3521C;
4. Witness Statement from one, Muhammad Nur Salam Bin Mohd Salleh;
5. Final Traffic Investigation result (14.10.2021);
6. 8 photographs taken at the scene;
7. Report from Emergency Department of Tan Tock Seng Hospital (02.10.2021);
8. Medical Report from Tan Tock Seng Hospital (15.10.2021);
9. Medical Tax Invoices (04.10.2021, 20.10.2021);
10. Medical Certificate (02.10.2021);
11. Rental Invoice from R&B Moto-Rent Pte Ltd (10.07.2021);
12. Taxi receipts;
13. 10 photograph showing damaged to our client's personal effects;
14. Repair Bill from M1 Motoring;
15. Survey Report from Prudent Adjustors Services.

In compliance with the pre-action protocol under paragraph 39 of the State Courts Practice Directions 2021, we propose using one of the following medical experts as a single joint expert: Dr Zou Xiangyu

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 acknowledgment of receipt of this letter within 14 days of your receipt of this letter. Please also inform us within 14 days of your acknowledgement of receipt of this letter whether you have any objection to our proposed medical expert or whether you wish to propose other medical experts.

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

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

Goh JP & Wong LLC

Enc.

Cc **AXA Insurance Singapore Pte Ltd**
8 Shenton Way
#27-01 AXA Tower
Singapore 068811
Attention: Motor Claims Department

AR Registered Post





SINGAPORE POLICE FORCE



T/20211004/2013

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20211004/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2021 09:02	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: ABDUL MUNAFF MOHAMED IMRAN			Address: APT BLK 97 ALJUNIED CRESCENT #08-447 SINGAPORE 380097		
ID Type / ID No.: FIN NO / G3233314T			Contact No.: Home/Office: Mobile: 94516606		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 16/11/1989	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: NIL			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/10/2021 20:00	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4439T	Motorcycle	YAMAHA	FZS ABS MANUAL	Red	Slightly Damaged	0
SHD3521C (Not Accurate)	Car			Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20211004/2013

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20211004/2013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBS4439T	AXA INSURANCE SINGAPORE PTE LTD	P2434822	19/04/2021	18/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL MUNAFF MOHAMED IMRAN	ID No.	G3233314T
Related Vehicle	FBS4439T (Motorcycle)	Contact No.	94516606
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/10/2021	Date Discharge	02/10/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHD3521C (Car)	Contact No.	82221308
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 above mentioned date, time and location, I was along the said location looking out for traffic when said taxi from the back collided into my rear. I was then conveyed to Tan Tock Seng Hospital and given 7 days MC. A witness contacted me informing me he saw the incident. His name is Salam, HP: 89092867. He inform me that he was behind the taxi when the incident occurred.

As such I am here to lodge a traffic police report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20211004/2013

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20211004/2013

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 CHIAN JUN YING
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No.: 65476433
Authentication Stamp NP168

Signature Of Informant: A. Imran
Date/Time: 04/10/2021 09:02
Classification Of Case:



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 04/10/2021 16:21 (SGT)
Date of Accident 01/10/2021 20:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS4439T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL MUNAFF MOHAMED IMRAN
Passport No/FIN G3233314T
Email Address MOHAMEDIMRANAC@GMAIL.COM
Mobile Phone No (Phone) +65-94516606
Alternative Phone No +65-94516606

VEHICLE PARTICULARS

Manufacturer Yamaha
Model FES ABS MANUAL
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
Transmission Auto
CC 149

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number P2434822
Cover Note Number ANZ3192584

DRIVER

Name of Driver ABDUL MUNAFF MOHAMED IMRAN
Passport No/FIN G3233314T



Date Of Birth	16/11/1989
Occupation	Indoor
Date Of Driving Pass	18/09/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94516606
Alt. Phone Number	+65-94516606
Email Address	MOHAMEDIMRANAC@GMAIL.COM
Address	BLK 97 ALJUNIED CRESCENT #08-447
Address complement	-
Postcode	380097
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO REPORT ATTACHED- SULENG
PROGRESSIVE CAR CARE PTE LTD- 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	SHD3521C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	-
NRIC No	-1
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL MUNAFF MOHAMED IMRAN
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?	-

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 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.
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.

<p><u>A. Jmran.</u></p> <p>Policyholder's Signature / Date & Time</p> <p>Sketch Plan 04/10/21</p>	<p><u>[Signature]</u></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p><u>[Signature]</u></p> <p>Witnessed by Reporting Centre Personnel</p> <p>04/10/21</p>
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A - FB54439T

B - 84D3521C





















**SINGAPORE
POLICE FORCE**



T/20211004/2013

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20211004/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2021 09:02		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: ABDUL MUNAFF MOHAMED IMRAN			Address: APT BLK 97 ALJUNIED CRESCENT #08-447 SINGAPORE 380097		
ID Type / ID No.: FIN NO / G3233314T			Contact No.: Home/Office: Mobile: 94516606		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 16/11/1989	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: NIL			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/10/2021 20:00	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4439T	Motorcycle	YAMAHA	FZS ABS MANUAL	Red	Slightly Damaged	0
SHD3521C (Not Accurate)	Car			Blue	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20211004/2013

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20211004/2013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS4439T	AXA INSURANCE SINGAPORE PTE LTD	P2434822	19/04/2021	18/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL MUNAFF MOHAMED IMRAN	ID No.	G3233314T
Related Vehicle	FBS4439T (Motorcycle)	Contact No.	94516606
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/10/2021	Date Discharge	02/10/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHD3521C (Car)	Contact No.	82221308
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 above mentioned date, time and location, I was along the said location looking out for traffic when said taxi from the back collided into my rear. I was then conveyed to Tan Tock Seng Hospital and given 7 days MC. A witness contacted me informing me he saw the incident. His name is Salam, HP: 89092867. He inform me that he was behind the taxi when the incident occurred.

As such I am here to lodge a traffic police report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20211004/2013

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20211004/2013

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 CHIAN JUN YING

Signature Of Informant:

A. Imran

Signature Of Interpreter:
Not applicable

Date/Time:
04/10/2021 09:02

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168

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 02/10/2021 12:07 (SGT)
Date of Accident 01/10/2021 20:40 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3521C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I40
Variant -
Vehicle Category Taxi
Transmission Auto
CC 1685

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/P2419138
Cover Note Number -

DRIVER

Name of Driver LAY TUCK NGAR
NRIC No S1473367A
Address BLK 154 ANG MO KIO AVENUE 5 #03-3112
Address complement -
Postcode 560154
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collided into Motorcyclist
Weather Conditions Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/2021100/2137

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident FILE IS NOT SUITABLE
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBS4439T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver -
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person UNKNOWN
Gender Male
Phone No (Phone) +65-94516606
Injured person in which vehicle? FBS4439T

SKETCH PLAN

Image As per Original
--CSU--

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 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.
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
02-10-2024 08:20HRS

Witnessed by Reporting Centre Personnel
Kegan Yang

Sketch Plan

A - SHD 3524C
B - FBS 4439T



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/2021100/2137

Declaration

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



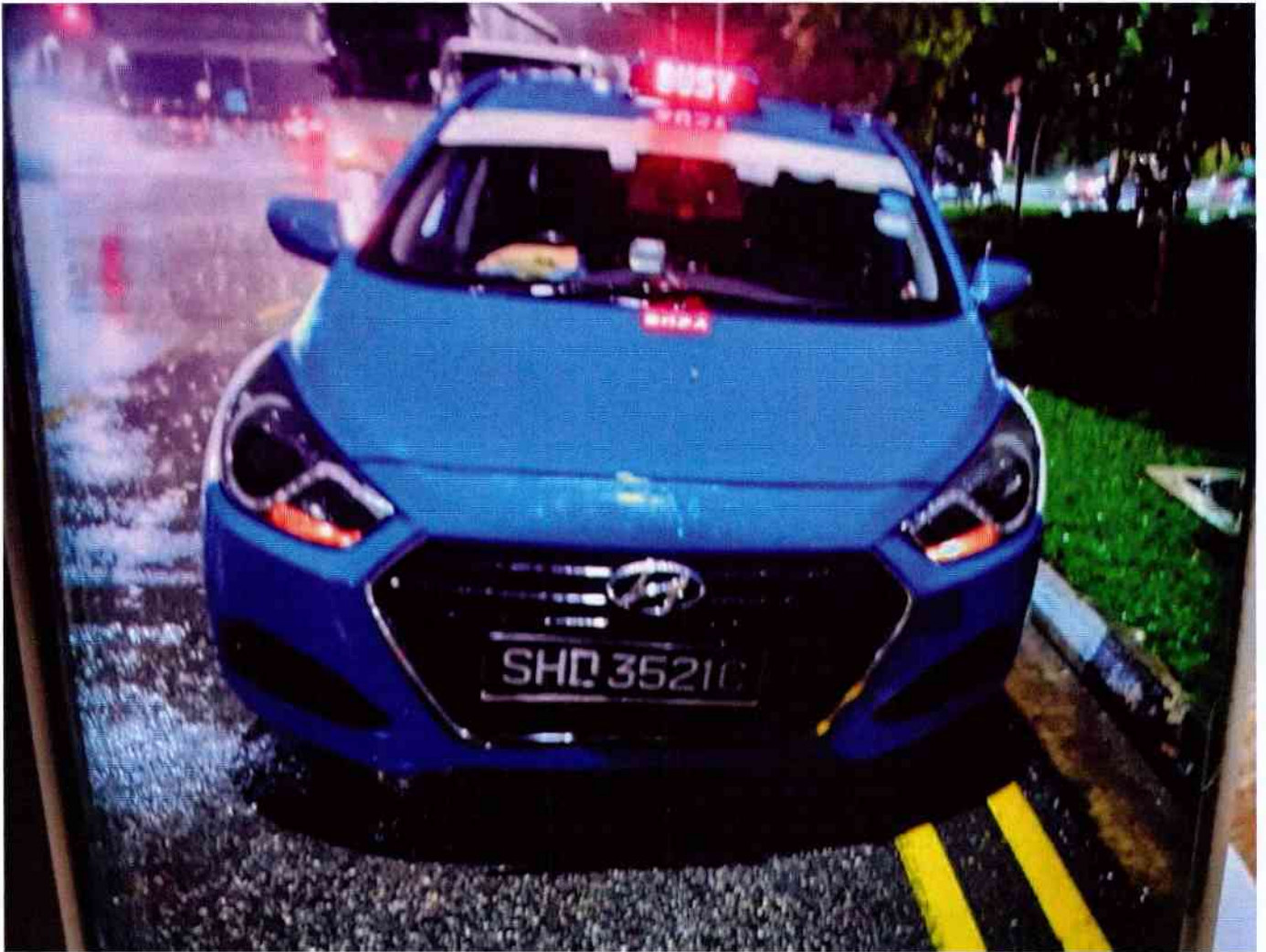
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 02.10.2021 0825HRS



Witnessed by Reporting Centre Personnel

Sign 4-5




















**SINGAPORE
POLICE FORCE**


T/20211001/2137

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20211001/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2021 23:48		Vide Report No.: G/20211001/0228	Station Diary No.: 85
Informant's Particulars			
Name of Informant: LAY TUCK NGAR		Address: APT BLK 154 ANG MO KIO AVENUE 5 #03-3112 SINGAPORE 560154	
ID Type / ID No.: NRIC NO / S1473367A		Contact No.: Home/Office:	Mobile: 82221308
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 13/02/1961	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name: Comfort Delgro
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/10/2021 20:40	Type of Location: Slip Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4439T	Motorcycle				Slightly Damaged	0
SHD3521C	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20211001/2137

2 of 3

Report No: T/20211001/2137

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBS4439T (Motorcycle)		Contact No. 94516606
Hospital/Clinic	TAN TOCK SENG HOSPITAL		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
Driver			
Name	LAY TUCK NGAR		ID No. S1473367A
Related Vehicle	SHD3521C (Car)		Contact No. 82221308
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 1/10/2021, at about 2036hrs, I was driving along PIE(Tuas) slip road into Paya Lebar Rd towards Guillemard Rd on the left lane. At the point of time, I was driving my customer to Paya Lebar Square.

Thereafter, I saw a motorcyclist in front of me trying to go out of the lane. He seems hesitant to go out and then he suddenly stopped his motorcycle. As he came to an abrupt stop, I had to stopped my vehicle too. However, as the road surface was wet due to the rain, my vehicle (SHD3521C) skidded after stopping and it collided into the rear of the motorcycle (FBS4439T).

My vehicle (SHD3521C) suffered slight damages on the car plate and the motorcycle (FBS4439T) suffered damages on its rear.

The motorcyclist (hp no.: 94516606) was conveyed to Tan Tock Seng Hospital as he suffered injuries. I am not injured and my customer is not injured as well.

I am lodging this report under Traffic Police's instructions and for my company's actions.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20211001/2137

3 of 3

Report No. T/20211001/2137

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature of Officer Recording The Report
F /
Sgt 2 ADELINE TAN BUAY KHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP158



Signature Of Informant:

Date/Time:
01/10/2021 23:48

Classification Of Case:



Enquire Vehicle's Insurance Particulars (As At 01 Oct 2021 / 20:00:00)

Vehicle No.:

SHD3521C

Make Description/Model:

**HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG
4DR**

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20211004154713431454

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

Enquire Vehicle Owner Details (As At 01 Oct 2021 / 20:00:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

199303821R

Owner Name:

COMFORT TRANSPORTATION PTE LTD

Registered Address Type:

Private Residential (Condo Apt or House) /
Shopping / Office Complexes

Registered Block/House No.:

383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

-

Registered Building Name:

GAS BUILDING

Registered Postal Code:

575717

Vehicle Insurance Details

Vehicle No.:

SHD3521C

Make Description/Model:

HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG
4DR

Insurance Company Name:

AXA INSURANCE PTE LTD

WITNESS STATEMENT

NAME: Muhammad Nur Salam Bin Mohd Salleh

ADDRESS: Ang Mo Kio Ave 5 Blk 151 S560151

NRIC NO: S9915025D

CONTACT NUMBERS: 89092867

Date of Accident: 1/10/2021

Place of Accident: Paya Lebar, Merging Lane

I was about to pass by the merging lane when suddenly I heard a loud crash sound
and saw the fellow rider had got hit by the taxi from the back and had fallen to the
ground. The taxi driver did not help and insisted to send his passenger to their
destination first and come back after. After helping to move his bike away from the
road onto the pavement, we were further assisted by other people to which the
traffic police and ambulance arrived to assist the fellow rider.

Sketch Plan

Sign:
Date:



12/10/21



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/46985/2021
Date : 14 October, 2021

ABDUL MUNAFF MOHAMED IMRAN
BLK 97 ALJUNIED CRESCENT
#08-447
SINGAPORE 380097

Dear Sir/Madam

**ACCIDENT INVOLVING FBS4439T & SHD3521C ALONG PIE (TUAS), SLIP ROAD INTO PAYA
LEBAR ROAD ON 1 OCTOBER 2021 AT 2056 HRS.**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of **SHD3521C** has committed an offence of Careless Driving Causing Hurt under Section 65(1)(a) of the Road Traffic Act, Chapter 276 punishable under Section 65(4)(a) of the Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.
3. If you have any queries, please contact the Investigation Officer, Mariah Binte Zakaria at telephone number 6547 6433 or via email at Mariah_ZAKARIA@spf.gov.sg.

Yours faithfully

HAFIZ FAIZAL
for HEAD TRAFFIC INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE





Date: -
Time: -
Location: -

Please bring along your N.R.I.C or BIRTH CERTIFICATE
(if you are below 15) or PASSPORT / WORK PERMIT
(if you are a FOREIGNER)
An administration fee of \$10.00 will be charged for
duplication of referral letter.
For any queries or changes, pls call **63577000/8000**

To: Discharge Summary
STAT

From: Amanda Chia Simin (DR)
66413H
Medical Officer

Re: MRN G3233314T
Name ABDUL MUNAFF MOHAMED IMRAN
DOB/Age/Sex 16-11-1989 / 32 Yrs / Male
Registration date 02-10-2021 05:15 AM

Diagnosis

Principal Diagnosis : RIGHT LEG CONTUSION 2' ROAD TRAFFIC ACCIDENT
Other Diagnosis : LOW BACK STRAIN

Allergies / Medical Alerts
NIL

Tan Tock Seng Hospital
Emergency Department Therapeutic Centre

**PLEASE TRACE AND REVIEW ALL FINAL
XRAY AND LABORATORY REPORTS**

Clinical Frailty Scale : 2 Well

Investigations
Treatment
eIMR Discharge Prescription

S/N	Medication Name	Dosage	Route	Step Indicator	Frequency	Duration	Order Doctor Name	Order Date	Item Update Time
1	Paracetamol/ Orphenadrine	2 tab	PO		every 8 hourly when necessary	2 weeks	AMANDA CHIA SIMIN	02-OCT-21 11:42	02-OCT-21 11:42
2	Ketoprofen	1 plaster	Topical		every 12 hourly	2 weeks	AMANDA CHIA SIMIN	02-OCT-21 11:42	02-OCT-21 11:42
3	Diclofenac	50 mg	PO		every 8 hourly when necessary	5 days	AMANDA CHIA SIMIN	02-OCT-21 11:42	02-OCT-21 11:42
4	Omeprazole	20 mg	PO		every morning when necessary	5 days	AMANDA CHIA SIMIN	02-OCT-21 11:42	02-OCT-21 11:42
5	traMADol	50 mg	PO		every 8	5 days	AMANDA	02-OCT-21 11:42	02-OCT-21 11:42

This referral letter is valid for six months

The content of this document is confidential and privileged to the doctor and patient. If you have received this document by mistake, please (a) notify the sender immediately ; (b) destroy the document and (c) do not read, use, copy, store, disseminate and/or disclose to any person the information and materials found in the medical records.

				hourly when necessary		CHIA SIMIN		
6	Metoclopramide	10 mg	PO	3 times per day when necessary	5 days	AMANDA CHIA SIMIN	02-OCT-21 11:42	02-OCT-21 11:42

This referral letter is valid for six months

The content of this document is confidential and privileged to the doctor and patient. If you have received this document by mistake, please (a) notify the sender immediately; (b) destroy the document and (c) do not read, use, copy, store, disseminate and/or disclose to any person the information and materials found in the medical records.

Date: -
Time: -
Location: -

Please bring along your N.R.I.C or BIRTH CERTIFICATE
(if you are below 15) or PASSPORT / WORK PERMIT
(if you are a FOREIGNER)
An administration fee of \$10.00 will be charged for
duplication of referral letter.
For any queries or changes, pls call **63577000/8000**

To: Sports - Calf/Knee Inj B1C From: Amanda Chia Simin (DR) Re: MRN G3233314T
Within 2 weeks 66413H
Medical Officer Name ABDUL MUNAFF MOHAMED IMRAN
DOB/Age/Sex 16-11-1989 / 32 Yrs / Male
Registration date 02-10-2021 05:15 AM

REFERRAL REMARKS / REASON FOR REFERRAL

Dear Colleague,

Thank you for seeing our patient!
Reason for referral : R calf injury

He was admitted to EDTC from 1/10/21 - 2/10/21.

DOI : 1/10/21 at around 2130H
MOI : RTA

-lone rider of motorcyclist ,wearing helmet
-was stationary,about to make a left turn
-hit from back by a car
-car was about to come to a stop,estimates travelling ~30km/h
-unsure how he fell off bike but ended up sitting down on floor ,quite certain he was not flung, landed right in front of his bike

XR right knee:
No fracture, dislocation or joint effusion is seen.
The bony alignment is satisfactory.

XR right tibia fibula:
The bony alignment is intact.
No fracture or dislocation is detected.

XR right ankle :
Mild soft tissue swelling noted over the lateral malleolus.
No fracture or dislocation is detected.
The bony alignment is preserved.

PT cleared for discharge. He was discharged with analgesia.

Please kindly assist to review for any muscular/soft tissue injury and manage accordingly.

Thank you very much!

Allergies / Medical Alerts
NIL

PLEASE TRACE AND REVIEW ALL FINAL

XRAY AND LABORATORY REPORTS

This referral letter is valid for six months

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Clinical Frailty Scale : 2 Well

Investigations
Treatment
eIMR Discharge Prescription

S/N	Medication Name	Dosage	Route	Step Indicator	Frequency	Duration	Order Doctor Name	Order Date	Item Update Time
1	Paracetamol/ Orphenadrine	2 tab	PO		every 8 hourly when necessary	2 weeks	AMANDA CHIA SIMIN	02-OCT-21 11:42	02-OCT-21 11:42
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132285 6256 6011
F + 65 6252 7282

www.ttsh.com.sg
TTSH.fbadd.me

RCB Registration No. 199003683 N

Affiliated Teaching Hospital
of NTU Lee Kong Chian
School of Medicine and
NUS Yong Loo Lin School
of Medicine

Our Ref: 2021-15525-0
Yr Ref: LEGAL PROCEEDINGS

15 OCT 2021

GOH JP & WONG LLC
133 NEW BRIDGE ROAD
#16-09 CHINATOWN POINT
SINGAPORE 059413

Through: Head
Emergency Department

Dear Sir/Mdm,

MEDICAL REPORT ON: ABDUL MUNAFF MOHAMED IMRAN

NRIC NO: G3233314T

DATE/TIME SEEN: 01/10/2021 at 22:30 hours by Zou Xiangyu (DR)

DIAGNOSIS: Right calf contusion, Right lower back contusion



Mr Abdul Munaff Mohamed Imran was seen in the Emergency Department, Tan Tock Seng Hospital by myself on 01/10/2021 at 22:30 hours. He was a motorcyclist that was involved in a road traffic accident. He was stationary when hit by a car from the back. He fell off his bike but unsure how he fell. He denied head injury or loss of consciousness. He complained of right knee and calf pain. He also complained of right lower back pain.

On examination, the following injuries were noted:

- (1). Right posterior knee pain.
- (2). Right calf contusion.
- (3). Right lower back contusion.

X-rays of his right knee, tibia/fibula and ankle were done and reported to have no fractures.

He was given analgesia in the Emergency Department and was subsequently admitted to the Emergency Diagnostic and Therapeutic Centre (EDTC) for further observation. He was reviewed by the physiotherapist during his stay in the EDTC and was discharged on 02/10/2021 at 12:33 hours with an appointment to the Department of Sports Medicine and 7 days of hospitalization leave (Serial number: TTSH21182158) from 01/10/2021 to 07/10/2021).

Medical-in-Confidence

1 of 2

Printed By: Rahimah Bte Salimin (EA)

Printed On: 14/10/2021 11:07:49 AM



132235

Thank you.
Yours faithfully,

Zou Xiangyu (DR)
EMERGENCY DEPARTMENT
TAN TOCK SENG HOSPITAL



TAX INVOICE

TO:
MR. ABDUL MUNAFF MOHAMED IMRAN
BLK 97 #08-447
ALJUNIED CRESCENT
MACPHERSON VIEW
SINGAPORE - 380097

MRN/NRIC : G3233314T
CASE NO : 1221289909E
ADMISSION : 02.10.2021 00:46
DISCHARGE : 02.10.2021 12:33
LOCATION : TWEOM TEOM02 16
INVOICE DATE : 04.10.2021
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0094564-6

PATIENT NAME : ABDUL MUNAFF MOHAMED IMRAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMT PAYABLE (\$)
ROOM CHARGE	
EDTC Ward (1 DAY(s))	244.00
DAILY TREATMENT FEE	
EDTC Ward (1 DAY(s))	163.00
INVESTIGATIONS	
Laboratory	108.28
MEDICATIONS	
Non Standard	14.76
Standard	18.75
THERAPY SERVICES	
Physiotherapy	68.91
OTHER SERVICES	
Ward/ Clinic/ Other Procedures/ Services	72.60
Total Charges	690.30
Amount Payable	690.30
A&E Amount Transferred	128.00
Total Amount Payable	818.30
PAYMENTS:	
ABDUL MUNAFF MOHAMED IMRAN	1,200.00
TOTAL DUE AFTER PAYMENT	381.70-
DUE FROM:	
ABDUL MUNAFF MOHAMED IMRAN	381.70-

FOR INFORMATION

Total amount payable before GST is \$773.16.

FOR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE:

Login to mycpl online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement >> Section B >> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> >> FAQ >> Healthcare.
(Please refer to backpage for reimbursement information for Employers and Insurers).

04/10/2021 03:21



TAX INVOICE

<p>TO:</p> <p>MR. ABDUL MUNAFF MOHAMED IMRAN</p> <p>BLK 97 #08-447</p> <p>ALJUNIED CRESCENT</p> <p>MACPHERSON VIEW</p> <p>SINGAPORE - 380097</p>	<p>MRN/NRIC : G3233314T</p> <p>CASE NO : 1221289909E</p> <p>ADMISSION : 02.10.2021 00:46</p> <p>DISCHARGE : 02.10.2021 12:33</p> <p>LOCATION : TWEOM TEOM02 16</p> <p>INVOICE DATE : 04.10.2021</p> <p>TYPE OF SUPPLY : CASH/CREDIT</p> <p>GST REG NO : M2-0094564-6</p>
--	--

PATIENT NAME : ABDUL MUNAFF MOHAMED IMRAN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES

AMT PAYABLE
(\$)

Total GST at 7% is \$45.14 for this bill.

A&E Charges are included in this bill.

Please disregard all A&E Tax Invoices for Case No. 1221290503F issued prior to this Tax Invoice.

OFFICIAL RECEIPT

TAN TOCK SENG HOSPITAL
GST REGISTRATION NO : M2-0094564-6
OPS FINANCIAL COUNSELLING

RECEIPT NO : T013968822
DATE / TIME : 02.10.2021 / 01:24:49

PAYMENT RECEIVED FROM MOHAMED RASOOL
PATIENT NAME : ABDUL MUNAFF MOHAMED IMRAN
EXT PATIENT ID : G3233314T
CUSTOMER NO : 8176839

PAYMENT DATE : 02.10.2021
PAYMENT TIME : 01:24:49
PAYMENT MODE : MASTER CARD

TOTAL DEPOSIT PAID (SGD) : 1,200.00

CASE / VISIT NO	DEPOSIT AMOUNT
1221289909E	SGD 1,200.00

This is a computer-generated letter. No signature is required.



TTSH - OPSFC
11 JALAN TAN TOCK SENG
BASEMENT 1
SINGAPORE 308433

DATE/TIME: 02/10/21 01:23:54
MID: 000001050635085
TID: 51512624 INV: 002679
BATCH: 001104 TRACE: 004438
S/W : 2311.00.01.4
APPR CODE: 005250
SALE
MASTERCARD OFFUS
**** * 2951
ENT: Chip
REF NUM: 000011004438
CARD NAME: DBS Debit TSI: E800
TVR: 0000008000 AID: A0000000041010
APP CRYPT: FA2BD7804464BAE4

BASE : S\$ 1,200.00
TOTAL : S\$ 1,200.00

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT.

**** CUSTOMER COPY ****
THANK YOU. HAVE A NICE DAY



MED

TTSH - CLINIC B1B
11 JALAN TAN TOCK SENG
BASEMENT 1
SINGAPORE 308433

DATE/TIME: 20/10/21 10:47:30
MID: 000001050634807
TID: 51512556 INV: 008138
BATCH: 000880 TRACE: 010013
ECR NO: 0000000001221298264
S/W : 2311.00.01.4
APPR CODE: 001613

CONTACTLESS SALE

VISA OFFUS

**** * 3501

ENT: PAYWAVE

REF NUM: 000011010013

BASE : S\$ 148.05

TOTAL : S\$ 148.05

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT

**** CUSTOMER COPY ****
THANK YOU. HAVE A NICE DAY

TAX INVOICE (Finalised)

Page 1 of 2

BILL REF. NO.
12212982648-00001

BILL DATE
20 OCT 2021

LOCATION
CLINIC B1B

NRIC / FIN / MRN
G3233314T

VISIT DATE ► 20 OCT 2021 09:45 AM

TOTAL AMOUNT (BEFORE GST)	\$	138.36
7% GST	\$	9.69
TOTAL AMOUNT	\$	148.05
TOTAL AMOUNT PAYABLE	\$	148.05
Net Payment made	\$	-148.05
FINAL AMOUNT PAYABLE	\$	0.00

SERVICES	DESCRIPTION	AMOUNT (\$)
CONSULTATION FEE	Consultant - 1st Visit	138.36
	TOTAL AMOUNT (BEFORE GST)	138.36
	7% GST	9.69
	TOTAL AMOUNT	148.05

PAYMENT SUMMARY

		TOTAL AMOUNT	148.05
SCHEMES (SCHEME ID) / PAYOR		REFERENCE NO.	AMOUNT PAYABLE (\$)
MR. ABDUL MUNAFF MOHAMED IMRAN			148.05
MR. ABDUL MUNAFF MOHAMED IMRAN		TOTAL AMOUNT PAYABLE	148.05
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MR. ABDUL MUNAFF MOHAMED IMRAN			-148.05

Payment Summary to be continued on page 2



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

Tan Tock Seng Hospital
Singapore 308433

MEDICAL CERTIFICATE	ORIGINAL	TTSH21182158
NAME: ABDUL MUNAFF MOHAMED IMRAN		NRIC: G3233314T

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 7 day(s) from 01-Oct-2021 to 07-Oct-2021 inclusive

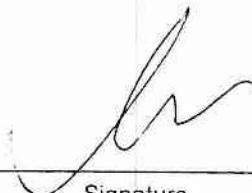
The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 01-Oct-2021 22:10 to 02-Oct-2021 11:52

02-Oct-2021
Date

AMANDA CHIA SIMIN (66413H)
Issued by

Emergency Department
Location


Signature

 A member of National Healthcare Group
Adding years of healthy life



10/7/2021

R100001

BILL TO

Mr Imran.

[illegible]

Remarks / Payment Instructions:

SUBTOTAL

424

DISCOUNT

SUBTOTAL LESS DISCOUNT

Balance Due

§ 424



Paul

COMFORT TRANSPORTATION
SHD6668T

TRIP NO 5092223266
START 04/10/2021 14:19
END 04/10/2021 14:34
DISTANCE RUN 12.80 KM

VISA 000014
xxxxxxxxxxxxx3501 02/25
SALE
Ref 000000000000
APPROVAL* 003501

ComfortRIDE \$ 10.50
TOTAL FARE \$ 10.50
AMOUNT PAID \$ 10.50

SIGN

Check out <https://www.cdgtaxi.com.sg> for our promotions

With immediate effect,
credit card acceptance
on the cashless payment
terminal will be
temporarily suspended

COMFORT TRANSPORTATION
SHA3778U

TRIP NO 5092220971
START 04/10/2021 13:39
END 04/10/2021 13:52
DISTANCE RUN 4.40 KM

VISA 000014
xxxxxxxxxxxxx3501 02/25
SALE
Ref 000000000000
APPROVAL* 003501

ComfortRIDE \$ 8.10
TOTAL FARE \$ 8.10
AMOUNT PAID \$ 8.10

SIGN

Check out <https://www.cdgtaxi.com.sg> for our promotions

With immediate effect,
credit card acceptance
on the cashless payment
terminal will be
temporarily suspended

COMFORT TRANSPORTATION
SHA7899C

TRIP NO 5092106735
START 02/10/2021 12:57
END 02/10/2021 13:15
DISTANCE RUN 8.10 KM

VISA 000014
xxxxxxxxxxxxx3501 02/25
SALE
Ref 000000000000
APPROVAL* 003501

ComfortRIDE \$ 12.30
TOTAL FARE \$ 12.30
AMOUNT PAID \$ 12.30

SIGN

Check out <https://www.cdgtaxi.com.sg> for our promotions

With immediate effect,
credit card acceptance
on the cashless payment
terminal will be
temporarily suspended

Premier Taxis Pte Ltd
Reg No. 20 030497511

TAXI NO. SHD14028
RECEIPT NO. 0410041100
START 04/10/2021 11:00
END 04/10/2021 11:11
DISTANCE RUN 5.4KM
METER FARE \$8.08
TOTAL \$8.08
PAID AMT \$8.05
Cust Service 04/6 3033







M1 MOTORING

411 CHANGI ROAD , SINGAPORE 419860
TEL : 67437030 FAX : 67437556

18/03/2022

RE : Final repair bill for vehicle no FBS4439T

Receipt No :202203-00302

S/N	ITEM	UNIT	PRICE
01			\$3,950

01 Repair the above motorcycle on a lump sum "Abdul Munaff Mohamed Imran"

PRUDENT ADJUSTORS SERVICES

BLOCK 607 ELIAS ROAD #05-192
SINGAPORE (510607)
BUSINESS REGN. No. 53193457L
Email: willybjt@gmail.com / Mobile: 96699986

INVOICE

Mr. Abdul Munaff Mohamed Imran
c/o Goh JP & Wong LLC
133 New Bridge Road # 16-09
Chinatown Point
Singapore 059413

Invoice No : PA/2203/0004/G
Our Ref : PA/FBS4439/1021/tpw
Date : 17 March 2022

Claim Type	Third Party	Date of Accident	01 October 2021
Vehicle No.	FBS 4439 T	Date of Inspection	06 October 2021
No	Description	Amount (S\$)	
1	Survey fees inclusive of Transportation and Photographs (44) copies	\$464.00	
	Total	\$464.00	
Singapore Dollar: Four Hundred and Sixty-Four Only			
Terms of Payment - Within 30 (Thirty) days after receiving our Final Report & Invoice Payment payable as follows and kindly indicate Invoice No. <ul style="list-style-type: none">• Cheque - Payable to Prudent Adjustors Services• Bank Transfer - DBS 025-902513-4• Paynow - UEN No 53193457LBJT			



Prudent Adjustors Services
Bok Jee Tan

PRUDENT ADJUSTORS SERVICES

BLOCK 607 ELIAS ROAD #05-192

SINGAPORE 510607

BUSINESS REGN. No. 53193457L

Email: willybjt@gmail.com / Mobile: 96699986

VEHICLE DAMAGE INSPECTION REPORT

Mr. Abdul Munaff Mohamed Imran
c/o Goh JP & Wong LLC
133 New Bridge Road # 16-09
Chinatown Point
Singapore 059413

Our Ref : PA/FBS4439/1021/tpw
Date : 17 March 2022

REFERENCES

Claim Type	: Third Party	Date of Accident	: 01 October 2021
Vehicle No	: FBS 4439 T	Date of Assignment	: 05 October 2021
Make	: Yamaha	Date of Inspection	: 06 October 2021
Model	: FZS ABS Manual	Date of Re-inspection	: 12 March 2022
Registration Date	: 19 April 2021	COE Expiry	: 18 April 2031
Color	: Red	Chassis No	: ME1RG6627L0049453
Odometer	: 7,347km	Engine No	: Blocked

TYRE CONDITION

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front	Ceat Zoom Plus	100/80-17	8mm
Rear	Ceat Zoom Plus	140/60-17	8mm

GENERAL DESCRIPTION OF DAMAGE (PHOTOGRAPHS ATTACHED)

The vehicle sustained damage at rear and right sides.
Please refer to photographs and assessment of repairs for details
Enclosed (44) photographs depicting damages and after repaired

INSPECTION AND ADJUSTMENT

Original Quotation : \$5,248.12 Revised Assessment : \$3,950.00 Lump sum

Survey conducted at M1 Motoring (Changi)

In accordance to your instruction, we have not authorized repairs.

In normal circumstances, repairs to the vehicle would take approximately
Six (6) days to complete.

This survey was conducted on a "WITHOUT PREJUDICE" basis.

Note:

The workshop has agreed to undertake the repair on a lump sum basis, and or the use of ex-stock reconditioned parts whichever is possible

PRUDENT ADJUSTORS SERVICES

Vehicle No: FBS 4439 T

Our Ref: PA/FBS4439/1021/tpw

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

<u>S/N</u>	<u>Description Material</u>	<u>Qty</u>	<u>Condition</u>	<u>Original Quotation</u>	<u>Revised Quotation</u>
1	Handle bar	1 pc	Bent	114.40	114.40
2	Handle balance	1 set	Cut	50.00	50.00
3	Brake lever	1 pc	Bent/Cut	38.00	38.00
4	Front brake master pump complete	1 pc	Cut	425.50	425.50
5	Mirror	1 set	Grazed	130.00	130.00
6	Front indicator light RH	1 pc	Grazed	85.50	85.50
7	Front mudguard (mat black)	1 pc	Scratches	105.00	105.00
8	Fuel Tank side cover RH	1 pc	Cracked	165.20	165.20
9	Rider footrest @ \$68/-	2 pcs	Cut RH	136.00	68.00
10	Rider footrest bracket RH	1 pc	Bent	115.00	115.00
11	Front brake pedal	1 pc	Cut/bent	65.00	65.00
12	Exhaust protector	1 pc	Grazed	118.50	118.50
13	Exhaust muffler cap	1 pc	Scratches	98.00	98.00
14	Rear mudguard	1 pc	Deformed	125.80	125.80
15	Rear mudguard side reflector LH	1 pc	Cut	58.00	58.00
16	Rear chain cover	1 pc	Torn	106.90	106.90
				1,936.80	1,868.80
Less 10%				193.68	186.88
				1,743.12	1,681.92
<u>Add special nett item</u>					
17	Front number plate	1 pc	Cut	20.00	18.00
18	Rear number plate	1 pc	Bent	25.00	20.00
19	Steering cone & bearing	1 set	Necessary	180.00	140.00
20	Front fork oil seal & dust cover	2 set	Necessary	160.00	120.00
21	Front fork hydraulic fluid	4 lits	Necessary	80.00	60.00
22	Body sticker	1 set	Necessary	100.00	80.00
23	Rear swing arm bushes	1 set	Necessary	120.00	80.00
24	Rear top box (45L)	1 pc	Cut	350.00	280.00
25	Rear box rack with base	1 set	Bent	180.00	150.00
				1,215.00	948.00

PRUDENT ADJUSTORS SERVICES

Vehicle No: **FBS 4439 T**

Our Ref: PA/FBS4439/1021/tpw

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

Labour charges

Towing (2 trips)	150.00	120.00
Front wheel balance	120.00	80.00
Rear wheel balance	120.00	80.00
Front fork repair & align	400.00	300.00
Steering stem repair & align	200.00	150.00
Rear swing arm repair & align	350.00	280.00
Body frame alignment	450.00	350.00
Remove & replace accident damage parts	500.00	400.00
	<u>2,290.00</u>	<u>1,760.00</u>

Total parts & labour concluded	<u>5,248.12</u>	<u>4,389.92</u>
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Final lump sum adjustment (less 10% due to no used parts)		<u>3,950.00</u>
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Prudent Adjustors Services
Bok Jee Tan

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Foreign Identification Number
Owner ID:	314T

Vehicle Details

Vehicle No.:	FBS4439T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Oct 2021
Vehicle Make:	YAMAHA
Vehicle Model:	FZS ABS MANUAL
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	G3N5E0048856
Chassis No.:	ME1RG6627L0049453
Maximum Power Output:	-
Open Market Value:	\$1,770.00
Original Registration Date:	19 Apr 2021
First Registration Date:	19 Apr 2021
Transfer Count:	1
Actual ARF Paid:	\$266.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	18 Apr 2031
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$8,000.00
COE Rebate Amount:	\$6,400.00
Total Rebate Amount:	\$6,400.00

The information contained herein is correct as at 05 Oct 2021

OK



Share

Share

Report >

10

Yamaha FZS150

Listing Type	Paid Ad
Brand	Yamaha
Model	Yamaha FZS150
Engine Capacity	149cc
Classification	Class 2B
Registration Date	09/07/2019
COE Expiry Date	08/07/2029 (7 years 3 months left)
Mileage	14000km
No. of owners	1
Type of Vehicle	Street Bikes

SGD **\$10300**

Pre Own Yamaha FZS150Abs For Sale!

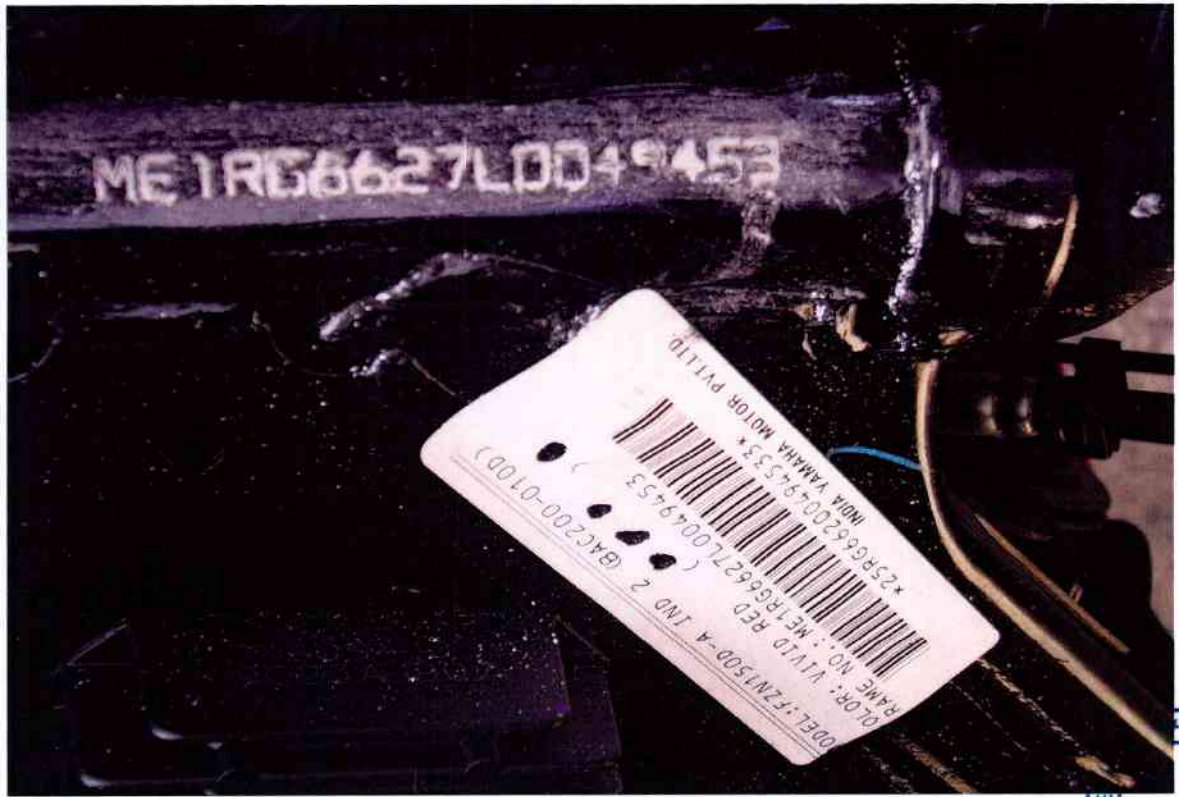
Well Maintain By Previous Owner.

Fully Stock Condition.

1 Owner

Read more









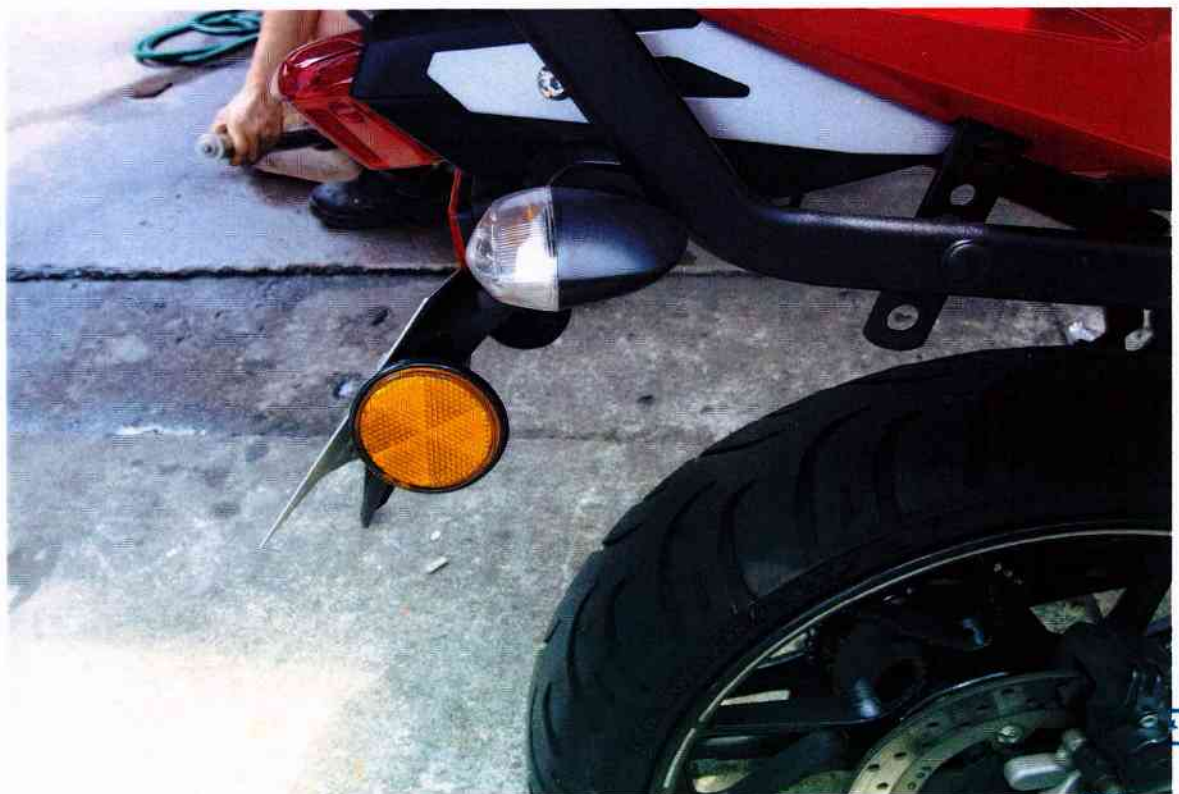








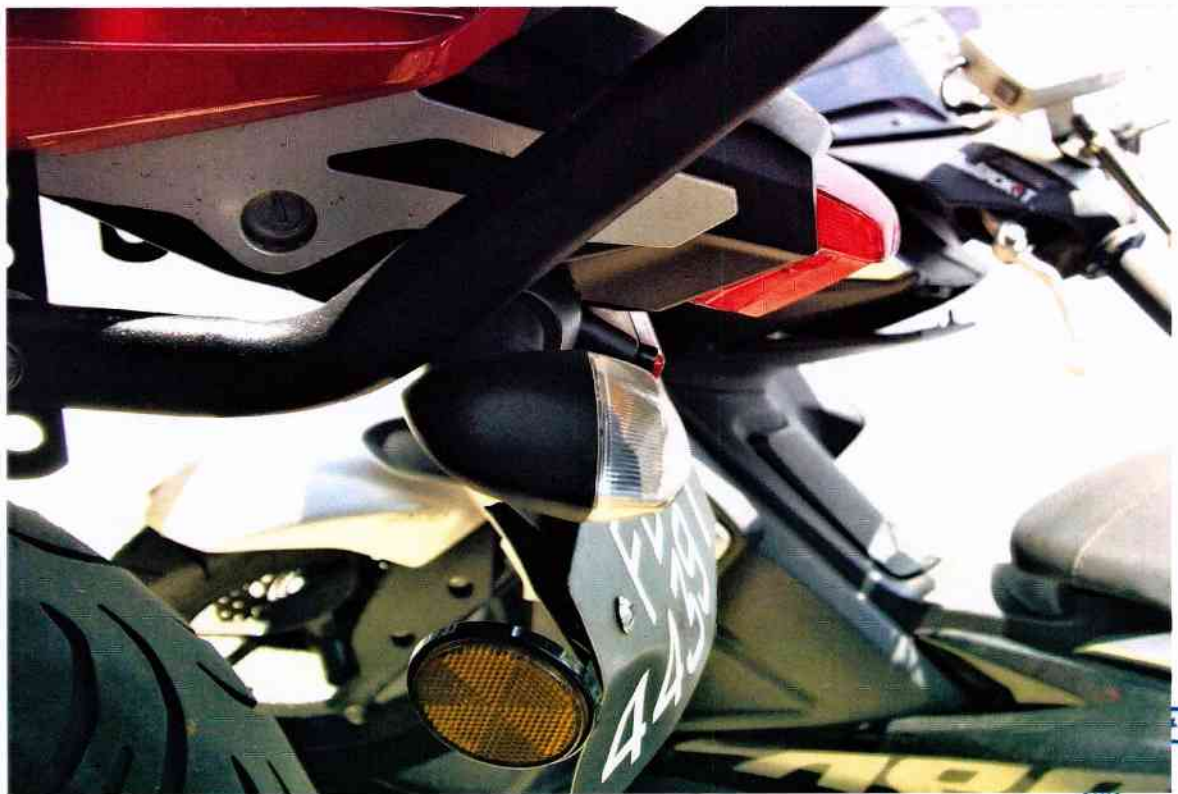




















Re-Survey
After Repair





Re-Survey
After Repair





Re-Survey
After Repair





Re-Survey
After Repair





Re-Survey
After Repair



Axa Insurance Singapore Pte Ltd

P O BOX 1094 P O BOX ROBINSON ROAD
ROBINSON ROAD POST OFFICE
SINGAPORE 902144

Ref no: 06/0033/B2D

Expiry Date: 22 Aug 2022



B0602

17

Affn : motor claims Dept

SINGAPORE



SINGAPORE

\$132

\$2.00

SINGAPORE

\$132

\$2.00



GOH JP & WONG LLC
133 New Bridge Road
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Singapore 059413
Tel: 6538 5868 Fax: 6538 4898
UEN/GST No: 201406078M