



COSMAS LLC

A LIMITED LIABILITY LAW CORPORATION

Your Ref No: To be Advise
Our Ref No : CG/ma/5618.22.ChristianEber

29th June 2022

MS First capital Insurance Limited
36 Robinson Road
#16-01 City House
Singapore 068877
Attention: Claims Department

WITHOUT PREJUDICE

BY EMAIL ONLY AT
Aini@msfirstcapital.com.sg

Loo Teck Seng – Driver of SHB 523C
Block 71 Lorong 4 Toa Payoh
#04-379
Singapore 310071

BY POST

Dear Sirs,

CLAIMANT: CHRISTIAN CHARLES EBER (NRIC NO [REDACTED])
ACCIDENT INVOLVING CYCLIST & SHB 523C ALONG STILL ROAD SOUTH ON 11TH APRIL 2022 ALONG STILL ROAD SOUTH ABOUT 2230 HOURS

1. We are instructed by the abovenamed Claimant, who is our client, to claim damages against you, the owner of vehicle SHB 523C in connection with a road accident on 11th April 2022 along Still Road South, involving our client who was the cyclist and vehicle SHB 523C driven by you/your insured at the material time.
2. We are instructed that the accident was caused by you/your insured's negligence in the driving and/or management of vehicle SHB 523C. As a result of the accident, our client has suffered personal injuries. His injuries are set out in the medical report annexed to this letter. He has been put to loss and expense, subject to our client's confirmation, the particulars are as follows: -

a) Pain and suffering	S\$ 7,000.00
b) Medical Expenses <i>and continuing</i>	S\$ 626.00
c) Transport Expenses <i>and continuing</i>	S\$ 100.00
d) Costs on Bicycle Damage	S\$ 5,638.00
e) Miscellaneous Expenses	S\$ 218.00
f) Loss of earnings for 4 days & <i>continuing</i>	To be Assessed

3. We enclose copies of the following documents for your attention: -
 - a) Police report lodge by the Plaintiff and photo of the motor taxi
 - b) Various copies of medical bills and medical certificate
 - c) Various Memo / Polyclinic Referral from Changi General Hospital
 - d) Medical Report of Dr. Pravin Thiruchelvam from Changi General Hospital dated 8th June 2022
 - e) Receipt/ Tax Invoice #991 from Bike Mart SG together with the damage photos of the bicycle taken at the accident scene

133 New Bridge Road, #14-09, Chinatown Point, Singapore 059413
Tel: 65364662 | Fax: 65360738
UEN & GST Registration No. 201334745C
E-mail: cosmas@cosmas.com.sg | Website: www.cosmas.com.sg



- f) Invoice No. S201S2205142 from RadLink (S) Pte Ltd together with the damage short photo
 - g) LTA search result; and
 - h) Proof of disbursement
4. In compliance with the pre-action protocol under paragraph 25C of the State Courts' Practice Directions, we propose using one of the following medical experts as a single joint expert: -
- i) Dr. Pravin Thiruchelvam from Changi General Hospital
5. 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.
6. Please note that you or your insurer should send us an acknowledgement of receipt of this letter to us 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 objections to our proposed medical experts or whether you wish to propose other medical experts. Should you fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer.
7. Please also note that if you have a counterclaim against our client arising out of the accident, you 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,



COSMASLLC

Encs



SINGAPORE POLICE FORCE



T/20220412/7029

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

1 of 3

Report No. T/20220412/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2022 16:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: CHRISTIAN CHARLES EBER		Address:	
ID Type / ID No.: NRIC NO / S 0871		Contact No.: Home/Office: Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 1979	Type of Informant: Cyclist
Race: Eurasian		Language: English	Institution / School Name:
Occupation: Senior Product Specialist		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/04/2022 22:30	Type of Location: Flyover
Location: STILL ROAD SOUTH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHB523C	Car	TOYOTA	Prius	Maroon	Slightly Damaged	2
	Bicycle		Wilier Triestina GTR Grand Turismo	Green	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220412/7029

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

2 of 3

Report No. T/20220412/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Cyclist			
Name	CHRISTIAN CHARLES EBER	ID No.	
Related Vehicle	(Bicycle)	Contact No.	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/04/2022	Date	12/04/2022
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

I was cycling along Still Road South on the way to Still Road when a Taxi SHB523C turned in from ECP Exit 10B and drove straight into the second lane not noticing me in the second lane and hit my bicycle rear wheel causing me to lose control and fall about 5 meters away opposite Blk 67 Marine Drive. My bicycle had both front and rear lights and I was wearing a helmet. However I sustained gritty and abrasion wounds to my rear bottom and right side of body and arm. I also suffered from a sprained right shoulder. Please find attached medical certificate and medical report.



**SINGAPORE
POLICE FORCE**



T/20220412/7029

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

3 of 3

Report No. T/20220412/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

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

Date/Time:
12/04/2022 16:03

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	13/04/2022 15:47 (SGT)
Date of Accident	11/04/2022 22:30 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	EAST COAST PARKWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB523C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Strides Taxi Pte Ltd

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Vehicle Category	Taxi
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-22099115MFSH
Cover Note Number	-

DRIVER

Name of Driver	LOO TECK SENG
NRIC No	
Address	11
Address complement	-
Postcode	-
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collided into Bicyclist
Weather Conditions Clear

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/20220412/2002

ATTACHMENT(S)

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

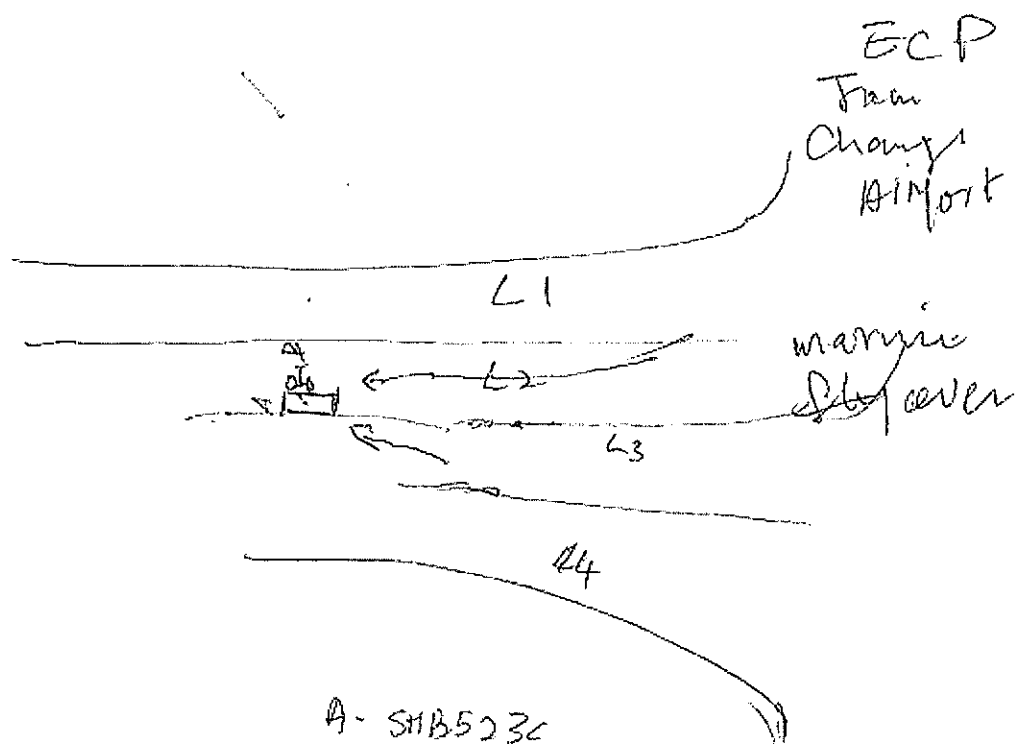
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category NA / Unknown
Name of Driver -
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person UNKNOWN
Gender -
Phone No -
Injured person in which vehicle? UNKNOWN



A- SHB523C

B- Bicycle.

EC
from
Cathy.

[illegible]

Declaration

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

Witnessed by Reporting Centre
Personnel

lin 12.4.2022

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 making 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.

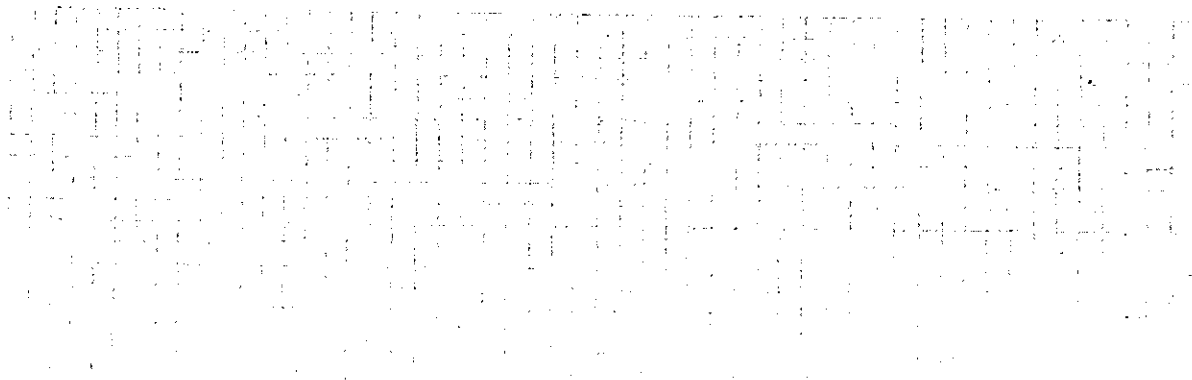


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20220412/2002

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 1
Report No. T/20220412/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2022 00:36	Vide Report No.: G/20220411/0216	Station Diary No.: 11
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Informant's Particulars

Name of Informant: LOO TECK SENG			Address:	
ID Type / ID No.: NRIC NO / 17431			Contact No.: Home/Office: Mobile:	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 73	Date of Birth: /1948	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/04/2022 22:30	Type of Location: Bend
Location: EAST COAST PARKWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against - Pedestrian	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB523C	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



1/20220412/2002

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20220412/2002

CONTINUATION OF REPORT

Driver			
Name	LOO TECK SENG		ID No.
Related Vehicle	NIL		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date
			Class: 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 11/04/2022 I was driving my stripes taxi bearing registration number: SHB523C. On the same day at about 10.25pm I had picked up at female Chinese passenger at Lorong 2 Toa Payoh Taxi stand. Her destination was Marine Parade Cres. At about 10.30pm, I was driving along ECP & exit Still Road. I was on the 3rd lane merging into Still Road. I had switch on my right indicator signal with the intention to switch lane to the 2nd lane. As I was switching lane, a cyclist coming from the Still Road flyover was riding on the 2nd lane. I was slowly switching into the 2nd lane however the cyclist did not slow down & continue to ride faster. As such, my vehicle & the cyclist had a collision. We side swipe each other. After the incident, I stopped my vehicle immediately to check on the cyclist. The cyclist was on the floor. Ambulance & Police were called in. The cyclist was conveyed to hospital. My passenger who witness the incident, quickly left my taxi. I wish to state that my taxi has an on-board camera install & the SD card was seize.

The damage to my vehicle:
Right side engine light crack.


**SINGAPORE
POLICE FORCE**


T/20220412/2002

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519899

3 of 3

Report No. T/20220412/2002

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:

E /

SGT 3 MUHAMMAD AL-RAZIF

S/O G SUPPAIYAH MD FAIZAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/04/2022 00:36

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

NP168



Bikemart SG

Address : 140 Sims Ave S387462

Contact Number :+65 8806 1843

Mon-Sat: 12.00am-7.30pm

Sun & Public Holidays: Closed

Email: info@bikemartsg.com

Christian Eber

Email
Store Credit \$0.00
On Account \$0.00

Receipt / Tax Invoice #991
7 May 2022 5:01pm | Main Outlet

1	Complete Bike	@ \$4980.00	\$4980.00
	Note: Cervelo S-Series		
1	Garmin Edge 530	@ \$469.00	\$469.00
1	Garmin Speed and Cadence Sensor 2	@ \$80.00	\$80.00
	Disc: 26.606% / \$29.00 off		\$109.00
1	Garmin Heart Rate Monitor Dual	@ \$109.00	\$109.00
2	Basic Bottle Cage	@ \$0.00	\$0.00
	Disc: 100% / \$18.00 off		\$36.00
TOTAL 6 items			\$5638.00
Paynow			\$5638.00
TOTAL SAVINGS			\$65.00
TO PAY			\$0.00

Thank You for your order

Goods sold and deposits are not refundable & exchangeable.

Customers will be required to collect their bicycles within 3 working days otherwise delivery will be imposed (\$30), unless prior arrangements are confirmed.

All bikes purchased are subjected to our 30 day warranty.

Deposits will be forfeited if bike is not claimed within 90days.





RDL-SG.SIN.U-EASTCOAST
166C UPPER EAST COAST ROAD
SINGAPORE
6242 8330

Rodalink (S) Pte Ltd
20-0108177-M

INVOICE NO. : S201S2205142
DATE : 13 May 2022
SALES PERSON : AZHAR
NAME : CHRISTIAN EBER
EMAIL :
PHONE :

ITEM	PRICE	QTY	DISCOUNT	SUBTOTAL
SHORTS AXIOM MAN, L1, B 723267001 - BELLWETHER	99.00	1 EA	0 %	99.00
JERSEY REVEL, L1, 2L 733362003 - BELLWETHER	119.00	1 EA	0 %	119.00

TOTAL	: \$	218.00
DISCOUNT	: \$	0.00
ROUNDING	: \$	0.00
GRAND TOTAL	: \$	218.00

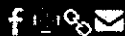
Payments

VISA CARD (0000)	: \$	218.00
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Membership

MEMBER CARD ID	:	*****3451
ADDED POINT (MAX 24 HOURS)	:	218 pts
MEMBER CARD POINT	:	39 pts

THANK YOU - GOODS SOLD ARE NON-REFUNDABLE AND NON-EXCHANGEABLE

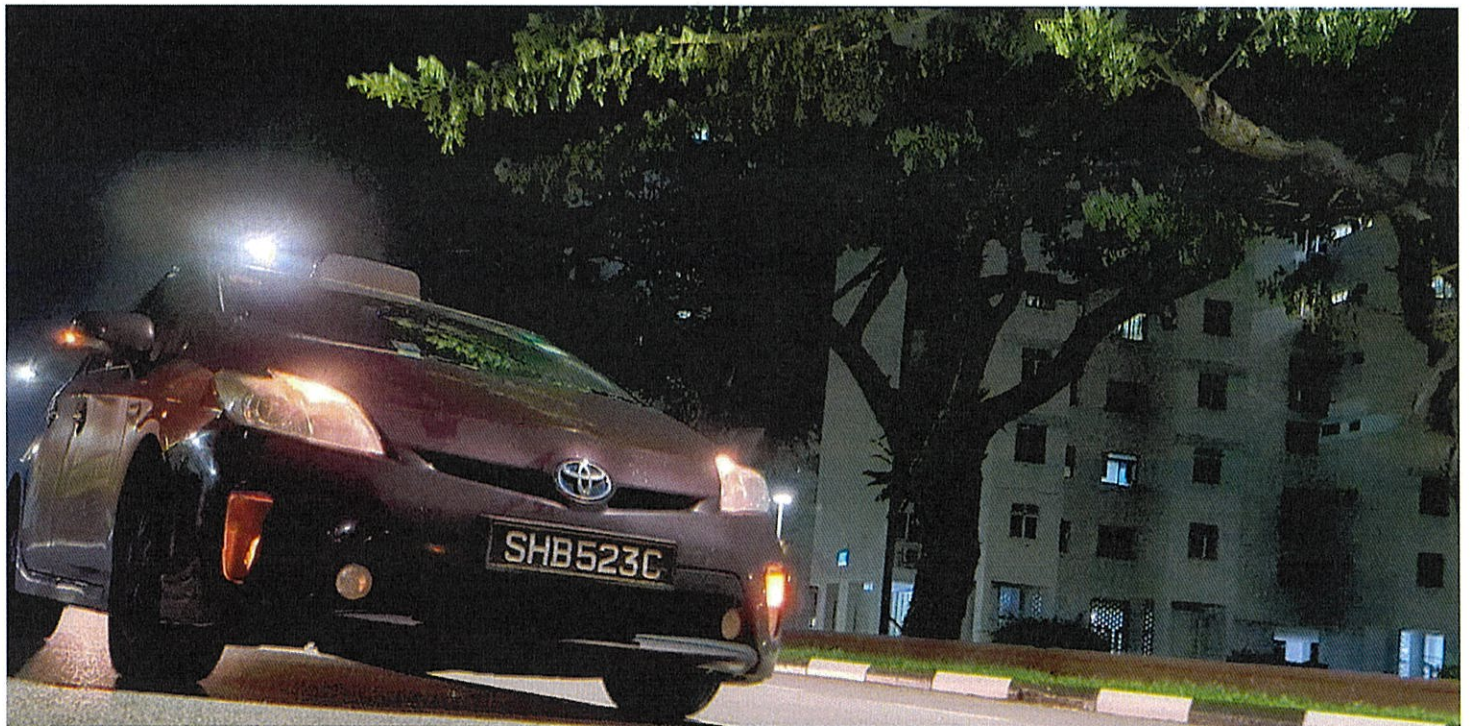


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166C Upper East Coast Road



MY SHORTS THAT DIDN'T FAIL ME



THE TAXI THAT DIDN'T SEE ME

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 11 Apr 2022 / 22:30:00)

Vehicle Insurance Details

Vehicle No.:

SHB523C

Make Description/Model:

TOYOTA / PRIUS TAXI (SMRT)

Insurance Company Name:

MS FIRST CAPITAL INSURANCE LIMITED

Business Transaction Reference No.:

20220420103212664994

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

Save as PDF

Print

OK →



RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

9 Temasek Boulevard #42-01b, Singapore 038989

Email: gears-support@shift-technology.com

GST Reg No: M400017735

UEN: S66SS0020G

TAX INVOICE

Cosmas LLC - Christian Charles Eber

Invoice Number
GR-2022-001449

Invoice Issue Date
19 Apr 2022

Invoice Due Date
26 Apr 2022

Total Amount (S\$) 28.97
Total GST 7.00% (S\$) 2.03
Total Amount Incl. of GST (S\$) 31.00

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	19/04/2022,11/04/2022,SHB523C,SHB523C	28.97	2.03	31.00
		Total Amount (S\$)		28.97
		Total GST 7.00% (S\$)		2.03
		Total Amount Incl. of GST (S\$)		31.00

*This is a computer generated document.
No signature is required.*

Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 11 Apr 2022 / 22:30:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

198905369K

Owner Name:

STRIDES TAXI PTE. LTD.

Registered Address Type:

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

Registered Block/House No.:

60

Registered Street Name:

WOODLANDS INDUSTRIAL PARK E4

Registered Unit No.:

-

Registered Building Name:

-

Registered Postal Code:

757705

Vehicle Insurance Details

Vehicle No.:

SHB523C

Make Description/Model:

TOYOTA / PRIUS TAXI (SMRT)

Insurance Company Name:

MS FIRST CAPITAL INSURANCE LIMITED

Save as PDF

Print

OK →