



# SL LAW CHAMBERS

ADVOCATES & SOLICITORS, Notary Public & Commissioner For Oaths

Reg No. 53388805X

133 New Bridge Road #13-01 Chinatown Point Singapore 059413

Tel : 6909 9355, Fax : 6909 6246, E-mail : [claims@slaw.com.sg](mailto:claims@slaw.com.sg)

Our ref : PDPI.191469/LH

Your ref : **S0M02XPT**

Date : 11 NOV 2021

**AXA INSURANCE PTE LTD**

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

**Attention: Motor Claims Department**

**WITHOUT PREJUDICE  
BY HAND**

Dear Sir,

**CLAIMANT: MUHAMMAD SAIFULLAH BIN SHAHUL HAMID – OWNER & DRIVER OF FU8075A  
PROPERTY DAMAGE & PERSONAL INJURY CLAIM ARISING FROM ROAD TRAFFIC ACCIDENT INVOLVING MOTOR  
VEHICLES NO. FU8075A AND SJQ3497Y ALONG JUNCTION OF YISHUN AVENUE 6 AND YISHUN STREET 23 ON 23  
NOVEMBER 2020 AT ABOUT 1345 HOURS**

We act for **MUHAMMAD SAIFULLAH BIN SHAHUL HAMID**, owner & driver of **FU8075A** who was involved in the above accident.

We are instructed by the above named to claim damages against your insured in connection with a road traffic accident on **23 NOVEMBER 2020 ALONG JUNCTION OF YISHUN AVENUE 6 AND YISHUN STREET 23** involving **SJQ3497Y** driven by you / your insured's driver at the material time.

We are instructed that the accident was caused by your / your insured driver's negligence. As a result of the accident, our client suffered personal injuries, suffered damages, loss and expenses which particulars are set out in the medical report[s] annexed to this letter.

Table of injuries: -

1. Multiple abrasion
  - Right deltoid
  - Lateral right forearm
  - Medial right 1<sup>st</sup> metacarpophalangeal joint
  - Dorsal right 5<sup>th</sup> metacarpal
  - Dorsal right ankle
  
2. Tender over his right 5<sup>th</sup> metatarsal region

Our client has been put to loss and expenses, particulars of which are as follows:

a)	General Damages	: S\$ 8,000.00
b)	Medical Expenses	: S\$ 122.00
c)	Transport Expenses (1 trip)	: S\$ 30.00
d)	Loss of Income	: To be Assessed
e)	Medical report fee	: S\$ 90.00
f)	Cost of Repair	: S\$ 4,150.00
g)	Loss of Use (\$150.00 x 7 days)	: S\$ 1,050.00
h)	Survey Report Fee	: S\$ 595.00
i)	LTA search / GIA report fee	: S\$ 36.49
j)	Coloured Photographs (\$1.00/page x 34 pages)	: S\$ 34.00
k)	Public Trustee fee	: S\$ 225.00
l)	Incidentals	: S\$ 200.00
m)	Costs	: S\$ 3,000.00
	<b>Total</b>	<b>: S\$ 17,532.49</b>



# SL LAW CHAMBERS

ADVOCATES & SOLICITORS, Notary Public & Commissioner For Oaths

Reg No. 53388805X

133 New Bridge Road #13-01 Chinatown Point Singapore 059413

Tel : 6909 9355, Fax : 6909 6246, E-mail : claims@sllaw.com.sg

=====

A copy each of the following supporting documents is enclosed:

- (1) Our client's GIA/TP report;
- (2) Traffic Police Investigation Result;
- (3) LTA Search;
- (4) Medical Report dated 15 October 2021 from Khoo Teck Puat Hospital;
- (5) Medical report fee receipt;
- (6) Medical receipts;
- (7) Medical certificates;
- (8) Final Repair Bill; and
- (9) Survey Report with Photographs

We have on 23 December 2020 notified **AXA INSURANCE PTE LTD** of the accident and a reply was received with an appointment fixed for pre-repair survey of our client's vehicle.

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.

In compliance with the pre-action protocol under the State Courts' Practice Direction 38, we propose using the medical practitioner who treated our client as a single joint expert.

Please note that you or your insurer should send to us an acknowledgement of receipt to us within 14 days of your receipt of this letter. Should you/your insurer 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. 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.

If you wish to have our client examined by your own medical expert, this should be stated in your acknowledgment of receipt. Please also advise within 14 days of the acknowledgment of receipt, where and when examination of our client is to take place so that we may arrange for our client to attend. Please note that we deem you/your insurer has no interest in conducting medical examination if the request is not made within the timeline stated above.

If you have any evidence on the issue of liability against our client in any form in your possession, kindly let us have the same immediately or as soon as such evidence comes into your possession. If such evidence is produced at a later stage, our client(s) will not be liable for any such costs incurred in proceeding with the claim herein.

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

**S L LAW CHAMBERS**

Encl

**TO OWNER OF SJQ3497Y**

**ALLMOTORING.SG**

48 Toh Guan Road East

#06-99 Enterprise Hub

Singapore 608586

**CERTIFICATE OF POSTING**

(WITHOUT ENCLOSURES)



# S L LAW CHAMBERS

ADVOCATES & SOLICITORS, Notary Public & Commissioner For Oaths

Reg No. 53388805X

133 New Bridge Road #13-01 Chinatown Point Singapore 059413

Tel : 6909 9355, Fax : 6909 6246, E-mail : claims@slaw.com.sg

Our ref : PDPI.191469/LH

Your ref : **SJQ3497Y**

Date : 11 NOV 2021

**ALLMOTORING.SG**

48 Toh Guan Road East  
#06-99 Enterprise Hub  
Singapore 608586

**CERTIFICATE OF POSTING**

Dear Sir,

**PROPERTY DAMAGE & PERSONAL INJURY CLAIM ARISING FROM ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. FU8075A AND SJQ3497Y ALONG JUNCTION OF YISHUN AVENUE 6 AND YISHUN STREET 23 ON 23 NOVEMBER 2020 AT ABOUT 1345 HOURS**

We refer to the above matter.

Our client sustained personal injuries, suffered damages, loss and expenses as a result of the negligence of the driver of **SJQ3497Y**. It has come to our knowledge that you were the owner of the said vehicle at the material time of the accident.

As the owner of the said vehicle **SJQ3497Y**, you are required to let us have the following :-

- 1) driver name: \_\_\_\_\_
- 2) driver NRIC No. \_\_\_\_\_
- 3) driver address: \_\_\_\_\_
- 4) whether the driver was at the time of the accident driving as your servant or agent; ( YES / NO )
- 5) whether the driver was an authorised driver and covered by the policy of insurance? ( YES / NO )

**TAKE NOTICE** that there is a presumption in law that the said driver was driving as your servant or agent and if we do not hear from you within the next seven (7) days from the date hereof, we shall commence legal action against you without further notice or warning.

If your vehicle is insured against any third party claims, kindly bring this letter to the attention of your insurance company, **AXA INSURANCE PTE LTD**, to handle the claims on your behalf.

Yours faithfully



**S L LAW CHAMBERS**

# 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	18/12/2020 17:46 (SGT)
Date of Accident	23/11/2020 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG YISHUN AVENUE 6 JUNCTION OF YISHUN STREET 23
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU8075A
-----------------------------	---------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SAIFULLAH BIN SHAHUL HAMID
NRIC No	SXXXX769E
Email Address	tohmotorclaims@gmail.com
Mobile Phone No	(Phone) +65-84251805
Alternative Phone No	+65-84251805

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	RXZ
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?	No - Claiming third party
Vehicle Category	Motorcycle

### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MSD-VMT/20-50S452-WTT
Cover Note Number	-

### DRIVER

Name of Driver	MUHAMMAD SAIFULLAH BIN SHAHUL HAMID
NRIC No	SXXXX769E
Date Of Birth	12/07/1995
Occupation	Outdoor

Date Of Driving Pass	03/04/2020
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84251805
Alt. Phone Number	+65-84251805
Email Address	tohmotorclaims@gmail.com
Address	BLK 162 YISHUN STREET 11 #09-270
Address complement	-
Postcode	760162
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	Side Swipe
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MUHAMMAD RIFQI BIN MOHAMED RAMZAN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ3497Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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	MUHAMMAD SAIFULLAH BIN SHAHUL HAMID
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FU8075A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

#### INJURED 2

Name of injured person	MUHAMMAD RIFQI BIN MOHAMED RAMZAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FU8075A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

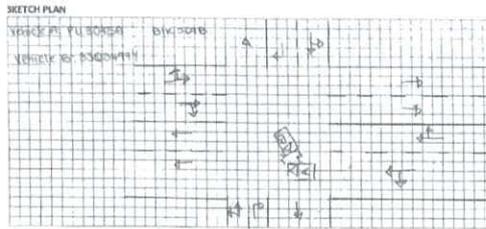
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 statements may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**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 be 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 be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may (can) be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
    - (ii) for complying with requirements under any regulations, laws or court orders.

**CITY AUTO PTE LTD**  
 Blk. 8 Ser. Meng Road  
 #01-08/ROBQ Sun Ming Hot Spa  
 Singapore 437564  
 Tel: 6453 7299 Fax: 6453 7944  
 (Claims Section)

Policyholder's Signature Date & Time:	Insurer's Signature (If it is not for policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/IN No.:
--	--	---



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the stated date and time, vehicle A was travelling along Thong Annue  
 & Junction of Thong Street 25 and the traffic light is green in favor  
 suddenly, vehicle B enters vehicle A side across A the way.

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

Policyholder's Signature  
 Date & Time:  
 (NAME, Surname, Y)

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

Reporting Centre Personnel's Signature  
 Name: CITY AUTO PTE LTD  
 No: 814 0111111111  
 801, 85-85/82, 2nd Floor, P-11  
 Singapore 115643  
 Tel: 6453 4251 Fax: 6453 7944  
 (Claims Section)









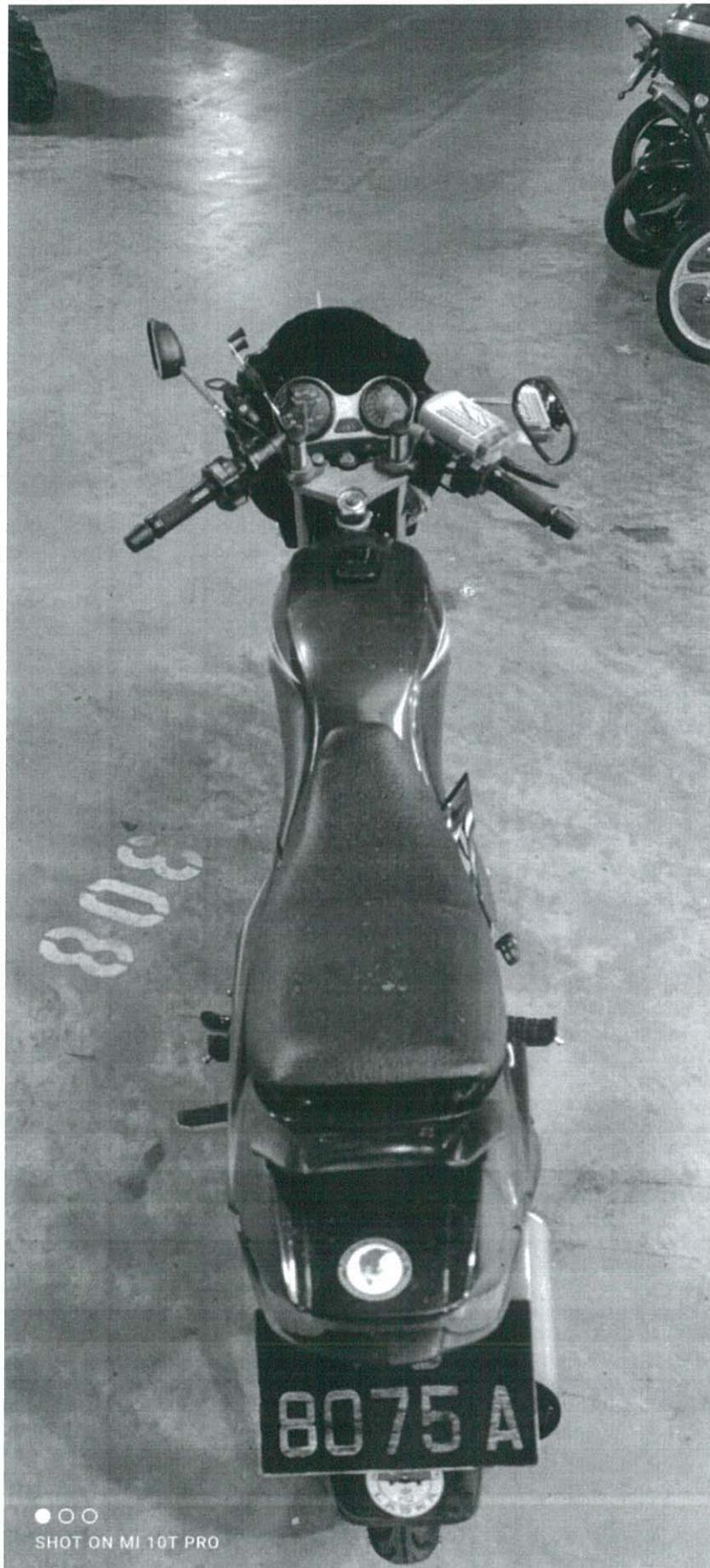














**SINGAPORE  
POLICE FORCE**



T/20201123/2149

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768027  
Tel No: 1800-8529999

1 of 4  
Report No: T/20201123/2149

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/11/2020 22:33	Video Report No.: L/20201123/0086	Station Diary No.: 142
--	--------------------------------------	---------------------------

**Informant's Particulars**

Name of Informant: MUHAMMAD SAIFULLAH BIN SHAHJUL HAMID		Address: APT BLK 162 YISHUN STREET 11 #06-270 SINGAPORE 780182	
ID Type / ID No. NRIC NC / S9590789E	Contact No. Home/Office	Mobile: 84251805	
Nationality: SINGAPORE CITIZEN			
Sex Male	Age 25	Date of Birth 12/07/1995	Type of Informant: Rider
Race: Indian	Language: English		Institution / School Name:
Occupation: GRAB RIDER	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: 23/11/2020 13:45	Type of Location: X-Junction
Location: YISHUN AVENUE 6				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU8075A	Motorcycle	YAMAHA	RXZ	Purple	Seriously Damaged	1
SJ03497Y	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU8075A	MSIG INSURANCE (SINGAPORE) P.T.E. LTD.	MSDTMT20506452	07/04/2020	09/04/2021



**SINGAPORE  
POLICE FORCE**  
Police Station Of Origin  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



1702011232148

2 of 4

Report No: 1702011232148

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MUHAMMAD SAIFULLAI BIN SHAHUL HAMID	ID No.	S0560769E
Related Vehicle	FU8075A (Motorcycle)	Contact No	84251605
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: N.L.
Date Treatment	23/11/2020	Date Discharge	23/11/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Rider			
Name	MUHAMMAD RIFQI	ID No.	S6709651Z
Related Vehicle	FU8075A (Motorcycle)	Contact No	97378196
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: Nil.
Date Treatment	23/11/2020	Date Discharge	23/11/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 23/11/2020 at about 1345hrs. I was travelling along Yishun Avenue 6 towards Yishun Street 31. As I was approaching the traffic junction. I realized that the traffic light was already green in my favor. At the opposite side of the road, a car bearing number: 5JQ3457Y seems to be wanting to turn right to Yishun Street 23. I had thought that he would have stopped for me as I was very near the junction however he had continued to turn thus colliding into my motorcycle. As the impact of the collision hit me, both me and my pillion had fell. The driver of the said vehicle came out of his car however he did not render assistance to us. A few passer-by who witnessed the incident had assisted us and call for the police.

Both the ambulance and Traffic police came awhile later and both me and my pillion were conveyed to Khoo Teck Puat hospital and was treated for our injuries. I had sustained multiple abrasion on the right side of my body and my pillion also sustained multiple abrasion on his right side of the body as well. Both of us were given 7 days of medical leave. My motorcycle had multiple damages on the right side. I am not sure what is the cost of repair. The car only had the front part damaged.

This is not the first time such accident happened. I am lodging this report for Traffic Police to look into the matter. That is all.



**SINGAPORE  
POLICE FORCE**  
Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T202011232148

4 of 4

Report No: T202011232148

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 65474685 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / Sgt 2 NUR RAUDHA BINTE SHEIKH ABDUL NAZIR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2020 22:33
Officer In Charge Of Case: TP / GIT / SI THARAGESH JF YATHESH Contact No: 65478178	Classification Of Case:
Authentication Stamp: #168	



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Yishun North N.P.C.  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



TQ20011230149

3 of 4

Report No: TQ20011230149

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20201123/2149

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

4 of 4

Report No. T/20201123/2149

**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: L / Sgt 2 NUR RAUDHA BINTE SHEIKH ABDUL NAZIR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2020 22:33
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:

Authentication Stamp  
NP168

SN 085



Signature: \_\_\_\_\_



Singapore Police Force



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 6299  
www.police.gov.sg

Our Ref : TP/IP/51417/2020  
Date : 14 December, 2020

MUHAMMAD SAIFULLAH BIN SHAHUL HAMID  
BLK 162 YISHUN STREET 11  
#09-270  
SINGAPORE 760162

Dear Sir/Madam

**ACCIDENT INVOLVING FU8075A & SJQ3497Y ALONG YISHUN AVENUE 6  
JUNCTION OF YISHUN STREET 23 ON 23/11/2020 AT 1345 HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of SJQ3497Y had committed the offence of Careless Driving Causing Hurt under Section 65(1)(b) of the Road Traffic Act, Chapter 276 and 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, T. Jeyathesh at 65476178 or via email at [Thabagesh\\_JEYATHESH@spf.gov.sg](mailto:Thabagesh_JEYATHESH@spf.gov.sg).

Yours faithfully

  
Jemeema Farween  
for Head Investigation  
Traffic Police  
Singapore Police Force

# Enquire Vehicle Owner Details

## Enquire Vehicle Owner Details ( As At 23 Nov 2020 / 13:45:00 )

### Vehicle Owner Details ^

Owner ID Type:

**Business**

Owner ID:

**53294502J**

Owner Name:

**ALLMOTORING.SG**

Registered Address Type:

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

Registered Block/House No.:

**48**

Registered Street Name:

**TOH GUAN ROAD EAST**

Registered Unit No.:

**# 06 - 99**

Registered Building Name:

**ENTERPRISE HUB**

Registered Postal Code:

**608586**

### Vehicle Insurance Details ^

Vehicle No.:

**SJQ3497Y**

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 23 Nov 2020 / 13:45:00 )

## Vehicle Insurance Details ^

Vehicle No.:

**SJQ3497Y**

Make Description/Model:

**B.M.W. / Z4 ROADSTER 2.5I A**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Business Transaction Reference No.:

**20201223155042201690**

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

Save as PDF

OK →

Print



Thank you

Kang Peng Luan has successfully logged out.

Your last login date and time was 23 Dec 2020, 15:49:54.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type
1	Vehicle	SJQ3497Y	-	18.19 Enquire Veh Owner Info (Others) by Law Firm

**CONFIDENTIAL**

Your Ref : PDPI.191469/es  
Our Ref : 2021-8591-0

15<sup>th</sup> October 2021

**S L LAW CHAMBERS (NEW BRIDGE ROAD)  
133 NEW BRIDGE ROAD  
#13-01  
CHINATOWN POINT  
SINGAPORE 059413**

Dear Sirs,

Through: Head, Acute and Emergency Care Centre, Khoo Teck Puat Hospital,

**NAME : MUHAMMAD SAIFULLAH BIN, SHAHUL  
NRIC NO : S9590769E**

The above mentioned patient was seen on 23rd November 2020 at the Acute and Emergency Care Centre of Khoo Teck Puat Hospital. He was attended to by Dr Jin Kiat Koh and Dr Kanak Naidu.

Patient was involved in a road traffic accident on the same day. He was a motorcyclist and had collided with a car.

On examination, there were multiple abrasion wounds noted over his right deltoid, lateral right forearm, medial right 1st metacarpophalangeal joint, dorsal right 5th metacarpal and dorsal right ankle. He was also tender over his right 5th metatarsal region.

XRays of his right ankle and right knee did not show any acute pathology. He was treated with analgesia and a dose of anti-tetanus toxoid vaccine. His wounds were cleaned and dressed. He was treated with analgesia with effect. He was eventually discharged with advice, drug prescription and 7 days of medical leave certification.

Impression: Abrasion wounds secondary to road traffic accident.



**DR FRANCESCA THNG  
STAFF PHYSICIAN  
ACUTE AND EMERGENCY CARE CENTRE  
KHOO TECK PUAT HOSPITAL  
MCR: M65014E**



**Dr Teh Meng Chuan  
MBBS (Singapore), MRCSEd (A&E), FAMS, MHPE  
HOD & Senior Consultant, Emergency Physician  
Acute & Emergency Care Centre  
Khoo Teck Puat Hospital  
MCR No. M09413G**

The above findings are with reference to clinical notes done by Dr Jin Kiat Koh and Dr Kanak Naidu.

Your Ref : PDPI.191469/es  
Our Ref : MR22 2021-8591-0  
Date : 14 Oct 2021

S L LAW CHAMBERS (NEW BRIDGE ROAD)  
133 NEW BRIDGE ROAD  
#13-01  
CHINATOWN POINT  
SINGAPORE 059413

ATTENTION:

**RE: MEDICAL REPORT FOR MUHAMMAD SAIFULLAH BIN SHAHUL HAMID (NRIC NO: S9590769E)**

We refer to your request dated 12 Oct 2021 for a medical report. The medical report will be forwarded in due course.

For patients who are collecting the report personally, please bring along your NRIC. If patient is authorising someone to collect on his/her behalf, please provide a photocopy of patient's NRIC and an authorisation letter. Please note that Ministry of Manpower Workmen Compensation Report will be forwarded directly to the Ministry.

Thank you.

Health Information Services(MRO)  
Khoo Teck Puat Hospital

**OFFICIAL RECEIPT**

Receipt No. : MRS-83307

Date : 14 Oct 2021

GST REG NO.: 200717564-H

**ORIGINAL**

SERVICE DESCRIPTION	AMOUNT (\$S)
ORDINARY MEDICAL REPORT  <b>MUHAMMAD SAIFULLAH BIN SHAHUL HAMID S9590769E</b>	<b>90.00</b>
Your Ref : PDPI.191469/es Our Ref : MR22 2021-8591-0 Payment : CHEQUE MB 003034	

7% GST is included in the amount charged.

Note: Administrative charges of 1/3 of the cost of medical report will be imposed if a cancellation request is made while the medical report is being processed.

For enquiries, please contact Elena Low See Chun  
Tel No: 6602 2477/6602 2477/ Khoo Teck Puat Hospital





**MEDICAL CERTIFICATE**

**ORIGINAL**

**KHANE201909279**

**NAME : MUHAMMAD SAIFULLAH BIN, SHAHUL**

**NRIC : S9590769E**

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **23 Nov 2020 14:52** to **23 Nov 2020 17:59**

The above named is unfit for duty for a period of **7** day(s), from **23 Nov 2020** to **29 Nov 2020** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

**23 Nov 2020**

**Dr Koh, Jin Kiat (65646A)**

**A&E**



Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717564H

----- Tear Along Here -----

**MEDICAL CERTIFICATE**

**DUPLICATE**

**KHANE201909279**

**NAME : MUHAMMAD SAIFULLAH BIN, SHAHUL**

**NRIC : S9590769E**

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **23 Nov 2020 14:52** to **23 Nov 2020 17:59**

The above named is unfit for duty for a period of **7** day(s), from **23 Nov 2020** to **29 Nov 2020** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

**23 Nov 2020**

**Dr Koh, Jin Kiat (65646A)**

**A&E**



Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717564H

MEDICAL CERTIFICATE

ORIGINAL

KHANE201909315

NAME : MUHAMMAD RIFQI BIN MOHAMED, R  
NRIC : S9709957Z

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 23-Nov-2020 14:49 to 23-Nov-2020 20:01.

The above named is unfit for duty for a period of 7 day(s), from 24-Nov-2020 to 30-Nov-2020 inclusive.

This certificate is **not valid** for absence from court attendance.

Remarks :

23 Nov 2020 Dr Tan, Jay Basiao Ian (11931H)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717564H

----- Tear Along Here -----

MEDICAL CERTIFICATE

DUPLICATE

KHANE201909315

NAME : MUHAMMAD RIFQI BIN MOHAMED, R  
NRIC : S9709957Z

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 23-Nov-2020 14:49 to 23-Nov-2020 20:01.

The above named is unfit for duty for a period of 7 day(s), from 24-Nov-2020 to 30-Nov-2020 inclusive.

This certificate is **not valid** for absence from court attendance.

Remarks :

23 Nov 2020 Dr Tan, Jay Basiao Ian (11931H)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717564H



# Toh Motor Enterprise

Business Reg. No.: 53112359J

Blk 160 #05-16 Sin Ming AutoCity Sin Ming Drive Singapore 575722

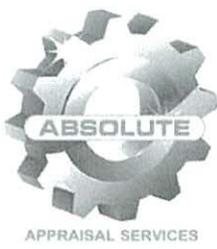
Mobile : 9748 3351 Fax: 6266 7396 Email: tohmotorclaims@gmail.com

M / S : MUHAMMAD SAIFULLAH BIN SHAHUL S / No. : **10556**  
Contact No. : HAMID Job Sheet No. : -  
Car No. : FU8075A Date : 06/May/2021

Brand	Model	Description	Qty	Unit Price	Amount
YAMAHA	RXZ	LUMP SUM REPAIR			\$ 4,150.00
<b>Total :</b>					\$ 4,150.00

- Goods sold are not returnable or exchangeable
- All cheques should be crossed and made payable to "TOH MOTOR ENTERPRISE".

TOH MOTOR ENTERPRISE



**ABSOLUTE APPRAISAL SERVICES PTE LTD**  
**LOSS ADJUSTERS & MOTOR APPRAISERS**  
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722  
Mobile: 9688-0413 Fax: 6266-7396  
Email: absolute.app.svcs@gmail.com

### Invoice

Customer: Muhammad Saifullah Bin Shahul Hamid  
C/o: 160 Sin Ming Drive #05-16  
Sin Ming AutoCity (S) 575722

Date: 30.01.2021

Invoice No: NS-2020-287

Description		Amount
Vehicle No:	FU8075A	
Make & Model:	Yamaha RXZ (Motorcycle)	
Our reference:	AAS/2020/287	
<b>Services rendered for appraiser / inspection report</b>		
Survey Fee		
Photographs		
Transport Fees		
Re-inspection Fees		
SGD Dollar : Five hundred ninety five dollar only	Total:	SGD \$ 595.00

Notes:

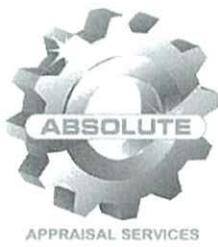
All cheques payment should be crossed and made payment to "Absolute Appraisal Services Pte Ltd"

Please indicate our "Invoice No." on the reverse side of the cheque.

Please do not hesitate to contact us should you have any enquires.



Absolute Appraisal Services Pte Ltd



---

---

**Vehicle Inspection Report**

To: Muhammad Saifullah Bin Shahul Hamid  
C/o: 160 Sin Ming Drive #05-16  
Sin Ming AutoCity (S) 575722

Date of report: 30.01.2021  
Date of request: 29.12.2020  
Date of inspection: 29.12.2020  
Date of accident: 23.11.2020  
Claim type: Third Party Claim

Report No: AAS/2020/287

**Particulars of affected vehicle:**

Registration no:	FU8075A	Odometer:	99126 km
Make/Model:	Yamaha RXZ (Motorcycle)	Engine Capacity:	133 cc
Year of registration:	2002	Engine no:	3BS264234
Colour:	Red	Chassis no:	ZMC264234

**Condition of tires:**

Front: 6mm  
Make: Dunlop  
Rear: 6mm  
Make: Dunlop

Type of road wheel: Alloy (The above represent the remaining life of the tire thread)

**Pre-accident condition (Static tests only)**

General Bodywork	: Good
Paintwork	: Good
Handbrake	: In order
Footbrake	: In order
Steering	: In order
Apparent engine modification	: Nil

**The Assignment**

The inspection was conducted at M/s. Toh Motor Enterprise  
160 Sin Ming Drive #05-16  
Sin Ming AutoCity (S) 575722

(Subsequent inspection was conducted)

**Assessment**

Repairer's estimate:	\$ 6,153.40
Revised estimate:	\$ 5,173.00
Recommended reserve:	\$ 4,150.00 (Lump sum)

Estimated normal duration of repairs : 5 Working days



Vehicle No: FU8075A

Report No: AAS/2020/287

W/O PREJUDICE

Point of impact

At the RHS portion.

General description of damages

The front mudguard, front rim, front forks, headlight, headlight cowling, meter assy, fuel tank, footrests, exhaust pipe, RH cowling, body frame, etc.

Other parts were also found damaged. (See schedule for details)

Recommendation

The estimate cost of repair submitted by M/s Toh Motor Enterprise as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$5,173.00

Conclusion

The repairer has agreed to undertake the repair at a lumpsum of SGD \$4,150.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of 5 working days.

have **Not Authorised** and/or instruction to the repairer to proceed with the repairs. This inspection was conducted entirely on a '**Without Prejudice**' basis.

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 135 photographs.

Your Faithfully  
Absolute Appraisal Services Pte Ltd



Nicky Seah  
Automobile Appraiser  
MSAAA / MSMCTA



**ABSOLUTE APPRAISAL SERVICES PTE LTD**  
**LOSS ADJUSTERS & MOTOR APPRAISERS**

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: FU8075A

Report No: AAS/2020/287

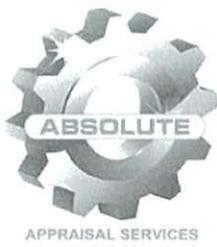
**Appraisal Schedule**

S/N	Parts Description	Qty	Condition		Repairer's Est	Revised Est
1	Wheel rim front	1	Dented/Grazed		\$ 335.00	\$ 335.00
2	Wheel bearing front	2	Warped	\$ 40.00	\$ 80.00	\$ 80.00
3	Wheel shaft	1	Bent		\$ 39.00	\$ 39.00
4	Nut wheel shaft	1	Dented/Grazed		\$ 6.00	\$ 6.00
5	Disc brake front	1	Refit		\$ 88.00	-
6	Mudguard front	1	Broken		\$ 84.00	\$ 84.00
7	Brake caliper front	1	Dented/Grazed		\$ 295.00	\$ 295.00
8	Lever brake	1	Broken		\$ 32.00	\$ 32.00
9	Brake cylinder front	1	Grazed		\$ 220.00	\$ 220.00
10	Fork front LH/RH	1	Grazed/Bent/Jammed	\$ 293.00	\$ 293.00	\$ 293.00
11	Under bracket comp	1	Distorted/Repair		\$ 253.00	-
12	Cone bearing	1	Warped		\$ 130.00	\$ 130.00
13	Cowling front	1	Grazed/Cut		\$ 78.00	\$ 78.00
14	Headlight	1	Grazed		\$ 164.00	\$ 164.00
15	Meter assy	1	Grazed/Cut		\$ 511.00	\$ 511.00
16	Handlebar LH/RH	2	RH Broken	\$ 97.00	\$ 194.00	\$ 97.00
17	Barend weight	2	Dented	\$ 33.00	\$ 66.00	\$ 66.00
18	Switch RH	1	Button Cracked		\$ 189.00	\$ 189.00
19	Fuel tank	1	Dented		\$ 590.00	\$ 590.00
20	Lever clutch	1	Broken		\$ 32.00	\$ 32.00
21	Mirror RH	1	Grazed		\$ 26.00	\$ 26.00
22	Pedal kick	1	Dented/Grazed		\$ 72.00	\$ 72.00
23	Footrest front RH	1	Dented		\$ 39.00	\$ 39.00
24	Footrest rear RH	1	Dented		\$ 32.00	\$ 32.00
25	Footrest support RH	1	Broken		\$ 255.00	\$ 255.00
26	Pedal brake	1	Dented		\$ 43.00	\$ 43.00
27	Exhaust pipe	1	Dented		\$ 670.00	\$ 670.00
28	Under cowling	1	Refit		\$ 70.00	-
29	Cowling rear RH	1	Broken		\$ 121.00	\$ 121.00
30	Rear shock RH	1	Refit		\$ 198.00	-
31	Footrest front LH	1	Dented		\$ 39.00	\$ 39.00
32	Footrest rear LH	1	Dented		\$ 32.00	\$ 32.00

Total:	\$ 5,276.00	\$ 4,570.00
-10%	\$ 527.60	\$ 457.00
List total:	\$ 4,748.40	\$ 4,113.00

1	Front tyre	1	Affected	90%	\$ 150.00	\$ 135.00
2	Handle grip	1set	Refit		\$ 40.00	-
3	Brake fluid	1	Necessary		\$ 20.00	\$ 20.00
4	Front number plate	1	Grazed		\$ 20.00	\$ 20.00

Special nett total:	\$ 230.00	\$ 175.00
---------------------	-----------	-----------



Vehicle No: FU8075A

Report No: AAS/2020/287

S/N	Labour Description	Repairer's Est	Revised Est
		Parts Total:	
		\$ 4,978.40	\$ 4,288.00
1	Check lightings & wirings.	\$ 30.00	\$ 20.00
2	Renew & conduct fork alignment.	\$ 180.00	\$ 150.00
3	Repair, straighten & refurbish body frame.	\$ 400.00	\$ 250.00
4	Renew damaged parts, re-align affected area.	\$ 500.00	\$ 400.00
5	Towing fee.	\$ 65.00	\$ 65.00
		<b>Labour Total:</b>	
		\$ 1,175.00	\$ 885.00
		<b>Grand Total:</b>	
		\$ 6,153.40	\$ 5,173.00

The final adjusted lump sum amount is \$4,150.00

Under normal circumstances, the repair should be completed within a reasonable period of 5 working days.

135 Photographs were taken at the time of inspection.

