



# 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.7063.22.wk

**WHEN REPLYING, PLEASE QUOTE OUR REFERENCE NO**

DATE:

25 July 2022

**Lee Yoon Loke**

Block 117 Simei Street 1

#05-550 Singapore 510117

Dear Sirs

**NOTIFICATION OF ACCIDENT**

**SUBJECT MATTER: TRAFFIC ACCIDENT INVOLVING FBP 150S & SH 6818B ON 20.7.2022  
ALONG CHUN TIN ROAD**

We act for Muhammad Izzuddin Bin Mislan in the above matter.

We are instructed to notify you of the above accident on 20th July 2022 at about 2224 hrs along Chun Tin Road involving our client's motorcycle FBP 150S and motorcar SH 6818B driven by you at the material time. A copy of the Traffic Accident Report filed is enclosed.

As a result of the accident, our client's motorcycle FBP 150S has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days (excluding Saturdays, Sundays and Public Holidays) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair inspection of the vehicle or whether you or your insurer waive the pre-repair inspection. If we do not receive any reply from you within the stipulated timeline our client shall proceed to repair the vehicle without further reference to you.

Kindly advise your surveyor to liaise with the workshop directly for repair estimates and post re-repair inspection, if required.

Yours faithfully

*Goh JP & Wong LLC*

Enc.

Cc **AXA Insurance Singapore Pte Ltd**  
Attention: Motor Claims Department  
By email: motor.doc@axa.com.sg / motor.survey@axa.com.sg

## 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	21/07/2022 14:34 (SGT)
Reported by	Both
Date of Accident	20/07/2022 22:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHUN TIN RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP150S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD IZZUDDIN BIN MISLAN
NRIC No	
Email Address	
Mobile Phone No	
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF-R15
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5120111645-01

#### DRIVER

Name of Driver	MUHAMMAD IZZUDDIN BIN MISLAN
NRIC No	
Date Of Birth	
Occupation	Indoor

Date Of Driving Pass	27/08/2019
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	
Email Address	
Address	
Address complement	
Postcode	
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY AT CHUN TIN RD AWAITING FOR TRAFFIC IN UPPER BUKIT TIMAH ROAD TO MOVE OUT WHEN THE OTHER VEHICLE (TAXI SH6818B) WHICH WAS COMING FROM CHEONG CHIN NAM RD DID NOT OBSERVE THE STOP LINE AND COLLIDED INTO THE REAR OF MY VEHICLE. THE LEFT FRONT WHEEL OF THE TAXI HAD COLLIDED INTO THE EXHAUST ON THE RIGHT SIDE OF MY VEHICLE CAUSING MY VEHICLE TO FALL ONTO THE ROAD.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6818B
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi



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)	1

### SKETCH PLAN

### Describe Circumstances of the Accident

REFER TO GEARS REPORT FOR STATEMENT

## Declaration

We declare the foregoing particulars are true in every respect.

Procyphid's Signature : Date &  
Time 21072022 14:00

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

Witnessed by Reporting Centre  
Personnel: **NORA RIZZA SYAH BIN AZIZ**  
\$994949

# SKETCH PLAN

## IMPORTANT NOTICE

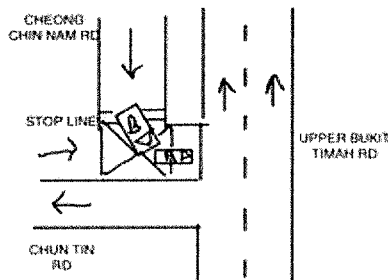
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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 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/mad 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/are 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  
21072022 14:00

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

Witnessed by Reporting Centre  
Personnel: INDRA RIZZA SYAH BIN AZIZ  
S994949

## Sketch Plan



A: FBP150S  
B: SH6818R