

## LUO LING LING LLC

37 Hougang Avenue 7 #09-05 Singapore 538803  
UEN No. 202011547D  
96573082  
[ling@luolingling.com](mailto:ling@luolingling.com)  
[www.luolingling.com](http://www.luolingling.com)

### BY EMAIL ONLY

## SEAH ONG & PARTNERS LLP

36 Robinson Road  
#12-03 City House  
Singapore 068877

Contact: Luo Ling Ling / Heeqmah Wahianuar / Sharifah Nabilah  
Contact DID: 9657 3082 / 9106 4757 / 9456 8396  
Contact Email: [ling@luolingling.com](mailto:ling@luolingling.com) / [heeqmah@luolingling.com](mailto:heeqmah@luolingling.com) / [nabilah@luolingling.com](mailto:nabilah@luolingling.com)

Date:	Our reference:	Your reference:
04 August 2022	2021-00109	22.29909

Dear Sirs,

### **CLIENT – MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN ACCIDENT ON 15 OCTOBER 2020 INVOLVING FBP983E AND SHC2679T AT THE JUNCTION AT LORONG 4 TOA PAYOH (“THE ACCIDENT”)**

1. We act for Mr Muhammad Khalis Bin Mohamed Baggatur Khan (“**our client**”) who sustained injuries in the abovementioned accident.
2. We refer to our letter of demand in respect of the PI claim dated 23 February 2022. In light of the consolidation of both the PI and PD claims, the sum of the total claim is now set out in paragraph 5 below.
3. As you would note, we are instructed by our client to claim damages against you/your insured driver in connection to the said accident involving you/your insured who was driving motor vehicle SHC2679T. We are further instructed that the said accident was caused solely by you/your insured’s negligence in the driving, use and/or management of his motor vehicle SHC2679T.
4. As a result of the accident, our client suffered personal injuries and damage to his motorcycle as set out in the medical report annexed to this letter at pages 4 to 6. As a result, our client has been put to loss and expense. Please let us know if you are prepared to admit liability on behalf of your insured.
5. We particularise below our client’s claims as follows:

#### **General and Special Damages (Driver):-**

I. General Damages	\$	21,500.00
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- (a) Left testes slightly tender, left scrotal sac slightly indurated
- (b) Minimal erythema over scrotum
- (c) Paraspinal lower cervical spine tenderness
- (d) Frontal scalp abrasion with slightly tender hematoma
- (e) Tenderness over the left proximal thigh and distal shin

II.	Transport costs (as at the date of this Letter)	\$	203.90
III.	Medical Treatment fees	\$	324.00
IV.	Loss of Income	\$	3,150.00
V.	Cost of repair (motorcycle)	\$	15,750.00
VI.	Loss of use (12 days x \$50.00)	\$	750.00
VII.	Costs at this stage (inclusive of GST)	\$	5,350.00
VIII.	Disbursements		
	(a) Medical report	\$	300.00
	(b) Transport, postage and incidentals	\$	50.00
	(c) Survey report	\$	892.00
	(d) LTA	\$	7.49
	<b><u>TOTAL</u></b>	<b>\$</b>	<b>48,277.39</b>

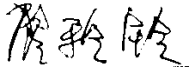
6. We enclose herewith a copy of our client's medical reports from Changi General Hospital dated 31 August 2021 and from Tan Tock Seng Hospital dated 19 August 2021.
7. **Please let us have your acknowledgment within 14 days** from receipt of this letter.
8. Should you wish to have our client examined by your medical expert, this should be stated in your acknowledgment of receipt. Please also advise within 14 days of the acknowledgement of receipt, where and when the examination of our clients is to take place so that we may arrange for him to attend.
9. Should you/your insurers fail to acknowledge receipt of this letter within 14 days, we have our client's firm instructions to commence legal proceedings against you/your insured without further notice to you/your insured.
10. This is a **NOTICE** pursuant to Section 9(3)(a) of the Motor Vehicle (Third Party Risk and Compensation) Act that our clients will commence legal proceedings against you/your insured.

**LUO LING LING LLC**

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[www.luolingling.com](http://www.luolingling.com)

11. Please find enclosed to this letter the following documents pursuant to the State Courts' Pre-action Protocol for Personal Injury Claims: -
  - a. The Singapore Accident Statement with Police Report;
  - b. Medical Report from CGH dated 31 August 2021;
  - c. Medial Report from Tan Tock Seng Hospital dated 19 August 2021;
  - d. Bills for medical treatment;
  - e. GIA / Traffic police report;
  - f. Final bill for repairs;
  - g. Survey report;
  - h. Coloured photographs; and
  - i. LTA search.
12. We trust that the above proposal is reasonable. Please let us have your client's response by close of business 18 August 2022.

Yours faithfully



**LUO LING LING / HEEQMAH WAHIANUAR**  
**LUO LING LING LLC**

Encl.

cc. Client

## 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 ..... 22/03/2021 17:41 (SGT)  
Date of Accident ..... 16/03/2021 19:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LORONG 4 TOA PAYOH  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBP983E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD KHALIS BIN MOHAMED BAGGATUR  
NRIC No ..... KHAN  
Email Address ..... SXXXXX014E  
Mobile Phone No ..... willnotbestopped@hotmail.com  
Alternative Phone No ..... (Phone) +65-92202862  
+65-92202862

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... YAMAHA / MTN850A  
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 ..... Manual  
CC ..... 900

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5107358800-02  
Cover Note Number ..... -

#### DRIVER



Name of Driver .....	MUHAMMAD KHALIS BIN MOHAMED BAGGATUR
NRIC No .....	KHAN
Date Of Birth .....	SXXXX014E
Occupation .....	27/09/1990
Date Of Driving Pass .....	Indoor
Driving experience .....	21/04/2011
Gender .....	9 YEARS AND 11 MONTHS
Mobile Number .....	Male
Alt. Phone Number .....	(Phone) +65-92202862
Email Address .....	+65-92202862
Address .....	willnotbestopped@hotmail.com
Address complement .....	BLK 219 #02-166 PASIR RIS STREET 21
Postcode .....	-
Is the driver the policyholder? .....	510219
If No, Relationship of the Driver with the Insured .....	Yes
Does Driver Own Other Vehicles? .....	-
Vehicle Registration Number of Other Vehicle Owned by Driver .....	No
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) .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210318/7006;

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC2679T
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

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) .....	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN
Address .....	BLK 219 #02-166 PASIR RIS STREET 21
Address Complement .....	-
Post Code .....	510219
Approximate Age Years Old .....	30
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP983E
Were seat belts worn? .....	No
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 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.

22.03.21

Policyholder's Signature / Date & Time

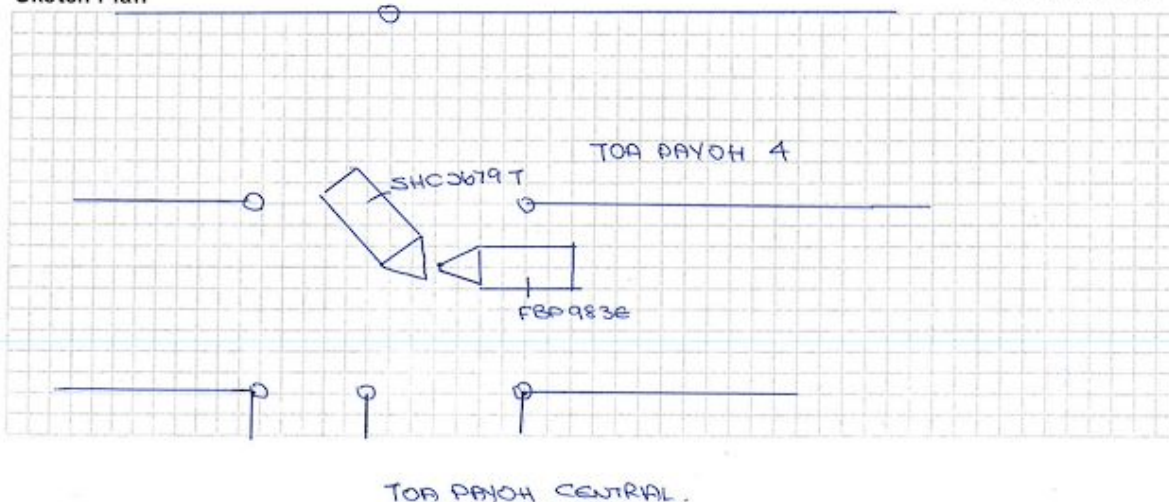
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre  
Personnel

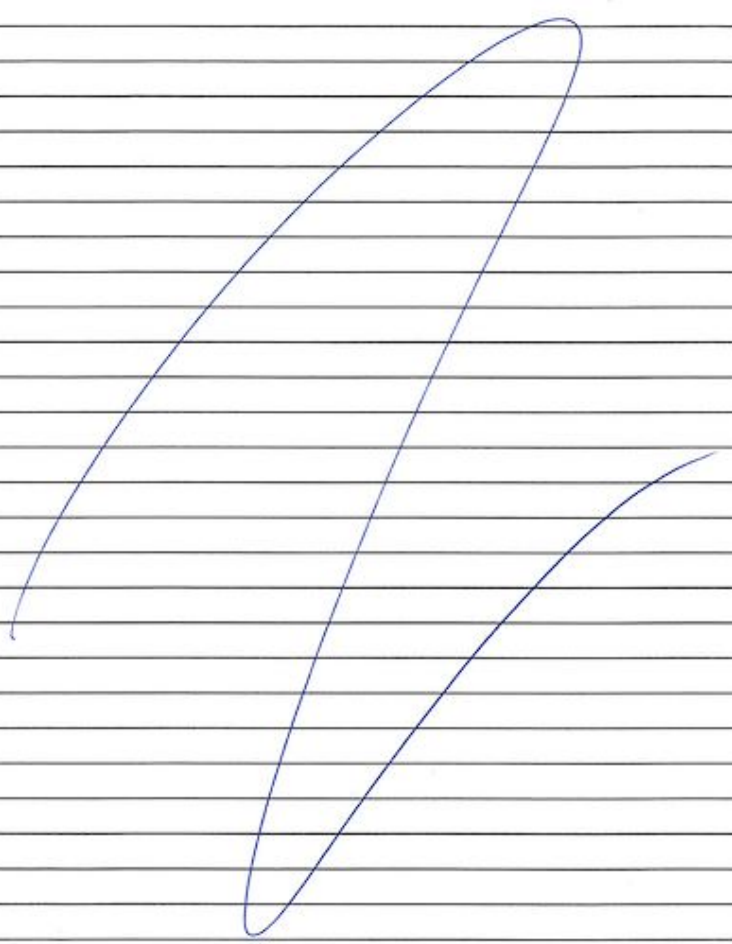
22 MAR 2021

## Sketch Plan



**Describe Circumstances of the Accident**

REFER TO POLICE REPORT



**Declaration**

We declare the foregoing particulars are true in every respect.

 22.03.21 1432 HOURS

Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: yackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

22 MAR 2021













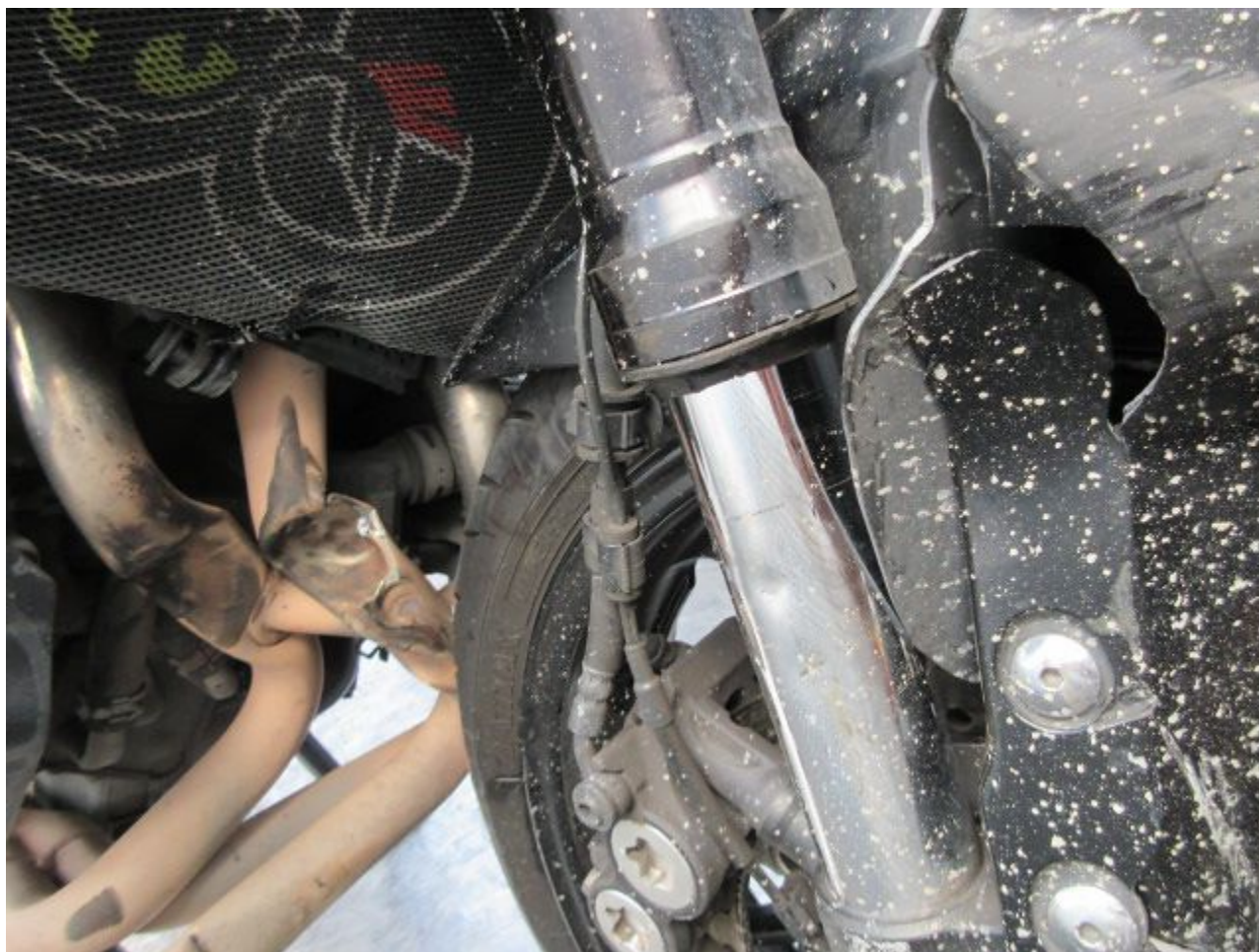














# SINGAPORE POLICE FORCE



T/20210318/7006

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

1 of 3

Report No. T/20210318/7006

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2021 10:05	Vide Report No.: E/20210316/0148	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars			
Name of Informant: MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN		Address: 219 PASIR RIS STREET 21 #02-166 SINGAPORE 510219	
ID Type / ID No.: NRIC NO / S9035014E		Contact No.: Home/Office: Mobile: 92202862	
Nationality: SINGAPORE CITIZEN		Email: willnotbestopped@hotmail.com	
Sex: Male	Age: 30	Date of Birth: 27/09/1990	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: Advanced Performance Coach / Personal Trainer		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2021 19:00	Type of Location: T-Junction
Location:  LORONG 4 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP983E	Motorcycle	YAMAHA	MTN850A	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP983E	NTUC Income Insurance Co-Operative Limited	5107358800-02	31/01/2021	30/01/2022



**SINGAPORE  
POLICE FORCE**



T/20210318/7006

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

2 of 3

Report No. T/20210318/7006

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN	ID No.	S9035014E
Related Vehicle	FBP983E (Motorcycle)	Contact No.	92202862
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	16/03/2021	Date	16/03/2021
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

i was going straight.  
taxi was turning right at junction.  
i horned and flashed my high beam. he looked at me but still proceeded to move.  
i tried to avoid but hit the front side of the taxi.

witness gave me a video



# SINGAPORE POLICE FORCE

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



T/20210318/7006

3 of 3

Report No. T/20210318/7006

## 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 / TPHQ /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476437

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
18/03/2021 10:05

Classification Of Case:





ORIGINAL

MEDICAL CERTIFICATE

EMD202151627

Name MUHAMMAD KHALIS BIN MOHAMED, BAGGATUR KHAN		NRIC No. S9035014E
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>18-Mar-2021</u> to <u>20-Mar-2021</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit : _____	Time in : <u>N.A.</u>	Time out : <u>N.A.</u>
Diagnosis		Surgical Operation (if applicable) <u>20-Mar-2021</u>
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 19-Mar-2021	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  SCOTT JOEL HENG YU JIE, 66145G





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


MEDICAL CERTIFICATE	ORIGINAL	TTSH21057508
NAME: MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN		NRIC: S9035014E


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

The above named is unfit for duty for a period of **4 day(s)** from **16-Mar-2021** to **19-Mar-2021** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **16-Mar-2021 19:52** to **17-Mar-2021 00:13**

<u>17-Mar-2021</u>	<u>LIM WEI KIAN (06505F)</u>	<u>Emergency Department</u>	<u></u>
Date	Issued by	Location	Signature


 A member of National Healthcare Group  
 Adding years of healthy life

**CENTRAL 24HR CLINIC (PASIR RIS)**

BLK 446 PASIR RIS DRIVE 6 #01-122 S'PORE 510446

TEL: 6582 2640 FAX: 6582 5045

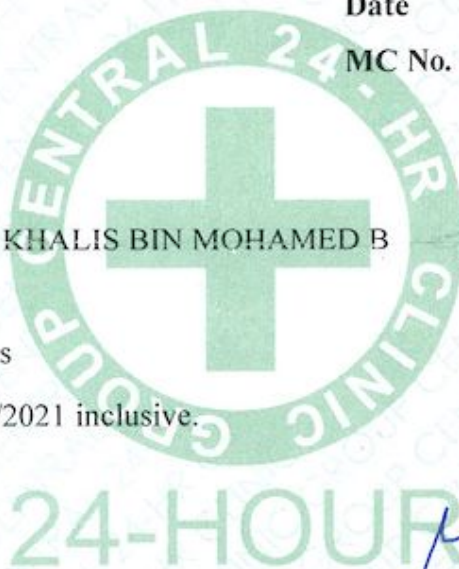
**SINGAPORE**  
**Medical Certificate****Date : 20 Mar 2021****MC No. : 0000247720**

This is to certify that :

**Name : MUHAMMAD KHALIS BIN MOHAMED B****NRIC : S9035014E**

is Unfit for Duty for 2 days

from 20/03/2021 to 21/03/2021 inclusive.

\_\_\_\_\_  
LOCUM**For Health News and Updates : <http://news.centralclinic.com.sg>****24-Hour Clinics**

<b>HOUGANG</b>	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6387 6965
<b>BEDOK</b>	Blk 219 Bedok Central #01-124 Singapore 460219	Tel: 6247 9122
<b>PASIR RIS</b>	Blk 446 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6582 2640
<b>TAMPINES</b>	Blk 201D Tampines Street 21 #01-1151 Singapore 524201	Tel: 6968 7001
<b>CLEMENTI</b>	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
<b>YISHUN</b>	Blk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6759 7985
<b>JURONG WEST</b>	Blk 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6565 7484
<b>PIONEER NORTH</b>	Blk 959 Jurong West Street 92 #01-160 Singapore 640959	Tel: 6251 2775
<b>WOODLANDS</b>	Blk 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 4895
<b>MARSILING</b>	Blk 303 Woodlands Street 31 #01-185 Singapore 730303	Tel: 6365 2908

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*



Your Ref : 2020-000109  
Our Ref : MPL/2021/0009233  
Date : 31 Aug 2021

LUO LING LING  
37 HOUGANG AVENUE 7  
#09-05  
SINGAPORE 538803

Dear Sir/Madam

**PATIENT'S NAME** MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN  
**HRN** XXXXX014E

Enclosed is the completed LEGAL ORDINARY MEDICAL REPORT (19)

Any clarification to the enclosed medical report will be accepted within 3 months from the above date. Beyond which, a fee will be applicable.

Please contact the Medical Reports Section at 6850 4545 for further assistance.

Thank you.

Yours sincerely

ONG SHI HUI  
Medical Reports Section

Enc.

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





Restricted, Sensitive (Normal)

**PRIVATE & CONFIDENTIAL**

2020-000109  
MPL/2021/0009233

26 August 2021

Through  
CHAIRMAN MEDICAL BOARD  
Changi General Hospital  
2 Simei Street 3  
Singapore 529889

**MEDICAL REPORT**

MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN  
S9035014E

This report is written based on a review of the available records documented by the attending doctor at Changi General Hospital (CGH) Accident & Emergency department (A&E). The author of this report did not personally examine the patient.

Patient was seen on the 18/3/2021. Patient was involved in a road traffic accident on the 16/3/2021. He was on a motorcycle. Patient complained of testicular and scrotal tenderness.

On examination patient was conscious and alert. Injuries sustained:

- Left testes slightly tender, left scrotal sac slightly indurated.
- Minimal erythema over scrotum.
- Paraspinal lower cervical spine tenderness.

Ultrasound scan of the scrotum done was reported as no definite sonographic evidence of left testicular rupture. Heterogenous echogenicity with small hypoechoic areas within the left testis raises possibility of contusion/ small haematomas. Increased vascularity is noted, probably reactive. Cervical spine x-ray done was reported as no acute fracture.

Impression of the attending doctor was testicular contusion and sprain of the neck muscles.

Patient was discharged with an outpatient urology specialist clinic appointment for review. Medical leave was issued from the 18/3/2021 till the 20/3/2021.

  
**DR PRAVIN THIRUCHELVAM**  
Staff Registrar  
Accident & Emergency Department

## **HEAD INJURY ADVICE**

Any patient who has suffered a head injury even if it is minor, should not for the first 24 hours:

- 1) Be left alone;
- 2) Be allowed to drive a vehicle or ride a motorcycle or bicycle;
- 3) Drink alcohol.

If patient develops any of the following symptoms, he/she must immediately be brought back to the Hospital:

- 1) Confusion or irritability;
- 2) Drowsiness or difficult to rouse;
- 3) Severe or progressive headache;
- 4) Blurred or double vision;
- 5) Persistent vomiting;
- 6) Dizziness;
- 7) Any form of muscle weakness;
- 8) Slurring or loss of speech;
- 9) Has a fit or seizure.

Emergency Department  
Tan Tock Seng Hospital Pte Ltd  
Tel: 6357 8754

## TAX INVOICE

TO:

MR. MUHAMMAD KHALIS BIN MOHAMED  
BLK 219 #02-166  
PASIR RIS STREET 21  
SINGAPORE - 510219

MRN/NRIC : S9035014E  
CASE NO : 1220861172I-00001  
VISIT DATE : 16.03.2021 19:52  
LOCATION : TCMD  
INVOICE DATE : 17.03.2021  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : M2-0094564-6

PATIENT NAME : MUHAMMAD KHALIS BIN MOHAMED

PLEASE PAY UPON RECEIPT OF THIS INVOICE

### SERVICE

**AMOUNT  
(\$)**

ED Service Facility	256.00
Histoacryl Glue	26.76
Tulle Gras Dressing	29.33
Injection - S/C, I/M, I/V	10.66

Total Charges	322.75
Government Subsidy	194.75-

Total Amount Payable	128.00
----------------------	--------

### PAYMENT:

MUHAMMAD KHALIS BIN MOHAMED BAGGATU ( MASTER CARD - 17.03.2021 , RECEIPT #: T013677560 )	128.00
---	--------

### TOTAL DUE AFTER PAYMENT

0.00

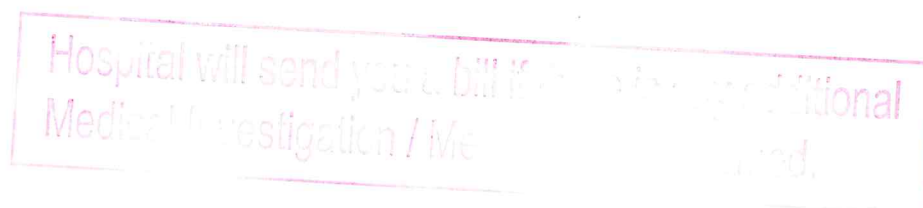
### DUE FROM:

MUHAMMAD KHALIS BIN MOHAMED	0.00
-----------------------------	------

### FOR INFORMATION

Total amount payable after GST is \$136.96.

Total GST for this bill at 7% is \$8.96 which is absorbed by the Government.



ORIGINAL RECEIPT LLQ

19.03.2021 00:30 hrs

GST Registration No. : M90368910N

**Bill To**

MUHAMMAD KHALIS BIN MOHAMED BAGGATU  
219 PASIR RIS STREET 21  
#02-166 SINGAPORE 510219

MRN/NRIC : S9035014E  
CASE NUMBER : 6921326938Z  
CUSTOMER : 3023956050  
A&E VISIT : 18.03.2021 19:36

**Name of Patient** MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN

**Service Description**

**Amount (\$\$)**

X-RAY INVESTIGATIONS  
DRUGS / PRESCRIPTIONS / INJECTIONS  
A&E ATTENDANCE FEE  
  
TOTAL CHARGES  
LESS : GOVERNMENT GRANT  
  
AMOUNT PAYABLE BEFORE TAX  
ADD : 7% GST  
  
AMOUNT PAYABLE AFTER TAX  
LESS : GST ABSORBED BY THE GOVERNMENT  
  
NET AMOUNT PAYABLE

**PAYMENT**

MUHAMMAD KHALIS BIN MOHAMED

**AMOUNT DUE**

MUHAMMAD KHALIS BIN MOHAMED

**FOR INFORMATION:**

ST: P SN: S9035014E

**PAYMENT DETAILS**

NAME MUHAMMAD KHALIS BIN MOHAMED, B DATE 19.03.2021

Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
191.00	70.00
7.60	0.00
256.00	126.00
454.60	
258.60-	

196.00  
13.72

209.72  
13.72-

196.00

196.00-

0.00

AMOUNT 196.00 PAYMENT TYPE VISA/MASTERCARD

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf 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. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R16

Please attach this portion to your cheque payment.

19.03.2021

00:30 hrs

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Robinson Road Post Office, PO Box 2093, Singapore 904093.

Amount Enclosed : \$ Cheque No./Bank :

S9035014E MUHAMMAD KHALIS BIN MOHAMED

MRN/NRIC : S9035014E  
CASE NUMBER : 6921326938Z  
ADMISSION DATE : 18.03.2021





Changi  
General Hospital  
SingHealth

Payment Enquiries: 6407 8108 Email: payment@1fss.com.sg  
Mon-Fri 8.30am-6.00pm Sat 8.30am-12.30pm

PAGE: 2 / 2

ORIGINAL RECEIPT

19.03.2021 00:30 hrs

GST Registration No. : M90368910N

**Bill To**

MUHAMMAD KHALIS BIN MOHAMED BAGGATU  
219 PASIR RIS STREET 21  
#02-166 SINGAPORE 510219

MRN/NRIC : S9035014E  
CASE NUMBER : 6921326938Z  
CUSTOMER : 3023956050  
A&E VISIT : 18.03.2021 19:36

Name of Patient MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN

Service Description

Amount (S\$)

THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTERCARD PAYMENT OF \$196.00 RECEIVED ON  
19.03.2021.

TYPE OF SUPPLY: CASH/CREDIT

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf 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. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R16

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".  
Please mail to Robinson Road Post Office, PO Box 2093, Singapore 904093.

Amount Enclosed : \$

Cheque No./Bank :

S9035014E MUHAMMAD KHALIS BIN MOHAMED

CGH S9035014E

6921326938Z

19.03.2021 00:30 hrs

BALANCE DUE : S\$ 0.00  
MRN/NRIC : S9035014E  
CASE NUMBER : 6921326938Z  
ADMISSION DATE : 18.03.2021

0000000000000000



**CENTRAL 24HR CLINIC (PASIR RIS)**

BLK 446 PASIR RIS DRIVE 6 #01-122 S'PORE 510446

TEL: 6582 2640 FAX: 6582 5045

**SINGAPORE**  
**Medical Certificate**

Date : 20 Mar 2021

MC No. : 0000247720

This is to certify that :

Name : MUHAMMAD KHALIS BIN MOHAMED B

NRIC : S9035014E

is Unfit for Duty for 2 days

from 20/03/2021 to 21/03/2021 inclusive.

LOCUM

For Health News and Updates : <http://news.centralclinic.com.sg>

**24-Hour Clinics**

**HOUGANG**

Blk 681 Hougang Ave 8 #01-831 Singapore 530681

Tel: 6387 6965

**BEDOK**

Blk 249 Bedok Central #01-124 Singapore 460219

Tel: 6247 6122

**PASIR RIS**

Blk 446 Pasir Ris Drive 6 #01-122 Singapore 510446

Tel: 6582 2640

**TAMPINES**

Blk 201D Tampines Street 21 #01-1151 Singapore 524201

Tel: 6968 7001

**CLEMENTI**

Blk 450 Clementi Ave 3 #01-291 Singapore 120450

Tel: 6773 2925

**YISHUN**

Blk 701A Yishun Ave 5 #01-04 Singapore 761701

Tel: 6759 7985

**JURONG WEST**

Blk 492 Jurong West Street 41 #01-54 Singapore 640492

Tel: 6565 7484

**PIONEER NORTH**

Blk 959 Jurong West Street 92 #01-160 Singapore 640959

Tel: 6251 2775

**WOODLANDS**

Blk 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768

Tel: 6365 4895

**MARSILING**

Blk 303 Woodlands Street 31 #01-185 Singapore 730303


Tel: 6365 2908

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

**ORIGINAL**

**MEDICAL CERTIFICATE**

**EMD202151627**

<b>Name</b> MUHAMMAD KHALIS BIN MOHAMED, BAGGATUR KHAN		<b>NRIC No.</b> S9035014E
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>18-Mar-2021</u> to <u>20-Mar-2021</u> inclusive.		
<b>Type of medical leave granted :</b>		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
<b>Diagnosis</b>		<b>Surgical Operation (if applicable)</b>
		<u>20-Mar-2021</u>
<b>Comments :</b>		
<b>Hospital/Clinic</b> Emergency Medicine Changi General Hospital	<b>Ward No.</b> CGH Accident & Emergency <b>Date</b> 19-Mar-2021	<b>Signature, Name (In BLOCK LETTERS) and Designation/MCR No.</b>  SCOTT JOEL HENG YU JIE , 66145G

20-Mar-2021

(S) and Designation/MCR No.

66145G

20-Mar-2021

(S) and Designation/MCR No.

66145G

20-Mar-2021

(S) and Designation/MCR No.



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

MEDICAL CERTIFICATE	ORIGINAL	TTSH21057508
NAME: MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN		NRIC: S9035014E

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

The above named is unfit for duty for a period of **4 day(s)** from **16-Mar-2021** to **19-Mar-2021** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **16-Mar-2021 19:52** to **17-Mar-2021 00:13**

17-Mar-2021	LIM WEI KIAN (06505F)	Emergency Department	Signature
Date	Issued by	Location	



A member of National Healthcare Group  
Adding years of healthy life

CO REG NO.: 201912500Z  
25 KAKI BUKIT ROAD 4 #01-28  
SYNERGY@KB  
SINGAPORE 417800  
CONTACT: 91469264

MAKE/MODEL : YAMAHA MTN850A (MT-09)

REGN NO. : FBP983E



BIKES AND TEA PTE. LTD

RECEIVED BY

TERMS & CONDITIONS  
All cheque should be made payable to "BIKES AND TEA PTE. LTD."  
All cheque received are subjected to clearance.  
All deposits placed are non refundable.

THANK YOU FOR YOUR BUSINESS:  
Should you have any enquiries concerning this invoice, please contact us at +65 9146 9264"



## PRUDENT ADJUSTORS SERVICES

BLOCK 607 ELIAS ROAD #05-192

SINGAPORE (510607)

BUSINESS REGN. No. 53193457L

Email: [willybjt@gmail.com](mailto:willybjt@gmail.com) / Mobile: 96699986

### INVOICE

Mr. Muhammad Khalis Bin Mohamed Baggatur Khan  
Blk 219 Pasir Ris Street 21 #02-166  
Singapore 510219

**Invoice No** : PA/2109/0003/tpw  
**Our Ref** : PA/FBP983/0321/tpw  
**Date** : 16 September 2021

Claim Type	Third Party	Date of Accident	16 March 2021
Vehicle No.	FBP 983 E	Date of Inspection	23 March 2021
No	Description	Amount (S\$)	
1	Survey fees inclusive of Transportation and Photographs (82) copies	\$892.00	
	Total	\$892.00	
Singapore Dollar: Eight Hundred And Ninety-Two Only			
Payments as follows and kindly indicate Invoice No. <ul style="list-style-type: none"><li>• Cheque - Payable to <b>Prudent Adjustors Services</b></li><li>• Bank Transfer - <b>DBS 025-902513-4</b></li><li>• Paynow - <b>UEN No 53193457LBJT</b></li></ul>			

  
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](mailto:willybjt@gmail.com) / Mobile: 96699986

### VEHICLE DAMAGE INSPECTION REPORT

Mr Muhammad Khalis Bin Mohamed Baggatur Khan      **Our Ref** PA/FBP983/0321/tpw  
Blk 219 Pasir Ris Street 21 #02-166      **Date** 16 September 2021  
Singapore 510219

#### REFERENCES

<b>Claim Type</b>	: Third Party	<b>Date of Accident</b>	: 16 March 2021
<b>Vehicle No</b>	: FBP 983 E	<b>Date of Assignment</b>	: 23 March 2021
<b>Make</b>	: Yamaha	<b>Date of Inspection</b>	: 23 March 2021
<b>Model</b>	: MTN850A (MT-09)	<b>Date of Re-inspection</b>	: 12 April & 11 September 2021
<b>Registration Date</b>	: 31 January 2019	<b>COE Expiry</b>	: 30 January 2029
<b>Color</b>	: Black	<b>Chassis No</b>	: JYARN435000021521
<b>Odometer</b>	: Meter damaged	<b>Engine No</b>	: Blocked

#### TYRE CONDITION

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front	Bridgestone	120/70-17	5mm
Rear	Bridgestone	180/55-17	6mm

#### GENERAL DESCRIPTION OF DAMAGE (PHOTOGRAPHS ATTACHED)

The vehicle sustained damage at front and right sides.  
Please refer to photographs and assessment of repairs for details  
Enclosed (82) photographs depicting damages and after repaired

#### INSPECTION AND ADJUSTMENT

Original Quotation : \$20,809.50      Revised Assessment      \$15,750.00 Lump sum

Survey conducted at Revology Bikes Pte Ltd

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

In normal circumstances, repairs to the vehicle would take approximately  
Ten (10) 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: FBP 983 E

Our Ref: PA/FBP983/0321/tpw

**ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS**

S/N	Description Material	Qty	Condition	Original Quotation	Revised Quotation
1	Front visor	1 pc	Cracked	285.00	285.00
2	Handle bar	1 pc	Bent	332.60	332.60
3	Handler bar bracket @ \$132.20/-	2 pcs	Distorted	264.40	264.40
4	Handle bar balancer	1 set	Grazed	120.00	120.00
5	Brake lever	1 pc	Bent	97.00	97.00
6	Clutch lever	1 pc	Bent	81.90	81.90
7	Mirror	1 set	Grazed	213.20	213.20
8	Meter assy	1 set	Damage/cut	1,463.90	1,463.90
9	Meter bracket	1 pc	Distorted	96.30	96.30
10	Headlamp assembly complete	1 pc	Missing	1,253.60	1,253.60
11	Headlamp cover	1 pc	Missing	180.80	180.80
12	Headlamp stay @ \$120.30/-	2 pcs	Distorted	240.60	240.60
13	Headlamp front panel	1 pc	Missing	106.50	106.50
14	Front flasher light assy @ \$110/-	2 pcs	Cut	220.00	220.00
15	Top crown	1 pc	Cracked	468.80	468.80
16	Front fork assy @ \$1,241.70/-	2 pcs	Bent	2,483.40	2,483.40
17	Front fork under bracket	1 pc	Distorted	662.90	662.90
18	Front fender (black)	1 pc	Cracked	279.60	279.60
19	Front rim	1 pc	Dented	1,089.90	1,089.90
20	Front brake disc @ \$410/-	2 pcs	Warped	820.00	820.00
21	Wheel axle	1 pc	Bent	123.40	123.40
22	Fuel tank	1 pc	Dented	1,610.40	1,610.40
23	Fuel tank side rubber garnish @ \$50.30/-	1 pc	Necessary	100.60	100.60
24	Fuel tank top rubber garnish	1 pc	Necessary	61.80	61.80
25	Air scoop @ \$148.80/-	2 pcs	Hdr cracked	297.60	297.60
26	Radiator complete	1 pc	Dented/torn	1,045.90	1,045.90
27	Radiator side cover @ \$86.70/-	2 pcs	Dented RH	173.40	86.70
28	Exhaust header muffler complete	1 pc	Dented	1,881.40	1,881.40
29	Oxygen sensor	1 pc	Necessary	441.50	441.50
30	Front Footrest Assy RH	1 pc	Cut	88.50	88.50
31	Front Footrest Bracket RH	1 pc	Bent	174.80	174.80
32	Brake pedal assy	1 pc	Bent	154.50	154.50
33	Rear flasher light assy @ \$110/-	2 pcs	Bent RH	220.00	110.00
34	Rear mudguard	1 pc	Deformed	120.80	120.80
				17,255.00	17,058.30
List price discount - 10%				1,725.50	1,705.83
				15,529.50	15,352.47



## PRUDENT ADJUSTORS SERVICES

Vehicle No: FBP 983 E

Our Ref: PA/FBP983/0321/tpw

### ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

<u>Add special nett item</u>					
35	Front & rear number plate	1 set	Bent	50.00	45.00
36	Front & rear camera	1 set	Cracked	650.00	500.00
37	Front tyre	1 pc	Cut	280.00	250.00
38	Steering cone & bearing	1 set	Necessary	240.00	120.00
39	Frame slider	1 set	Cut	280.00	250.00
40	Front wheel slider	1 set	Cut	180.00	150.00
41	Rear aluminium box (Kappa kventure 58L)	1 pc	Cut/dented	850.00	780.00
42	Rear box rack with base	1 pc	Bent	250.00	220.00
				<u>2,780.00</u>	<u>2,315.00</u>
 <u>Labour Charges</u>					
Towing (2 trips)				180.00	150.00
Check electrical				120.00	80.00
Chassis frame repair and refurbish				1,200.00	1,000.00
To repair & replace accident damage parts				1,000.00	800.00
				<u>2,500.00</u>	<u>2,030.00</u>
 Total parts & labour concluded				<u>20,809.50</u>	<u>19,697.47</u>
 Lump sum repair adjustment					<u>15,750.00</u>

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Prudent Adjustors Services  
Bok Jee Tan



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	014E
<b>Vehicle Details</b>	
Vehicle No.:	FBP983E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Mar 2021
Vehicle Make:	YAMAHA
Vehicle Model:	MTN850A
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	N701E142680
Chassis No.:	JYARN435000021521
Maximum Power Output:	-
Open Market Value:	\$8,794.00
Original Registration Date:	31 Jan 2019
First Registration Date:	31 Jan 2019
Transfer Count:	1
Actual ARF Paid:	\$2,647.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Jan 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,610.00
COE Rebate Amount:	\$2,834.00
<b>Total Rebate Amount:</b>	<b>\$2,834.00</b>

The information contained herein is correct as at 23 Mar 2021

OK



♡ 11 Likes

REPORT ERROR > (/LISTING/LISTING/ERROR/USEDBIKE/16020/)

Share 0

🔒 SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/YAMAHA-YAMAHA-MT-0

## Yamaha MT-09

Listing Type	Free Ad
Brand	Yamaha (/listing/usedbike/brand/yamaha/)
Model	Yamaha MT-09 (/listing/usedbike/model/yamaha-mt-09/)
Engine Capacity	847cc
Classification	Class 2 (/listing/usedbike/model/motorcycle-for-sale/class/class-2/)
Registration Date	23/06/2016
COE Expiry Date	22/06/2026 (5 years 2 months left)
Mileage	73000km
No. of owners	1
Type of Vehicle	Street Bikes (/listing/usedbike/model/motorcycle-for-sale/street-bikes/)

Price: <sup>SGD</sup>\$18000



 Share

 Share

Report >

 0

Yamaha MT-09	
Listing Type	Paid Ad
Brand	Yamaha
Model	Yamaha MT-09
Engine Capacity	847cc
Classification	Class 2
Registration Date	12/06/2018
COE Expiry Date	11/06/2028 (6 years 8 months left)
Mileage	25200km
No. of owners	1
Type of Vehicle	Street Bikes
SGD \$20800	

Aggressive Hyper Naked Sportbike!  
Triple Cylinder Engine With Twin-Eye LED Headlights.  
One Owner.







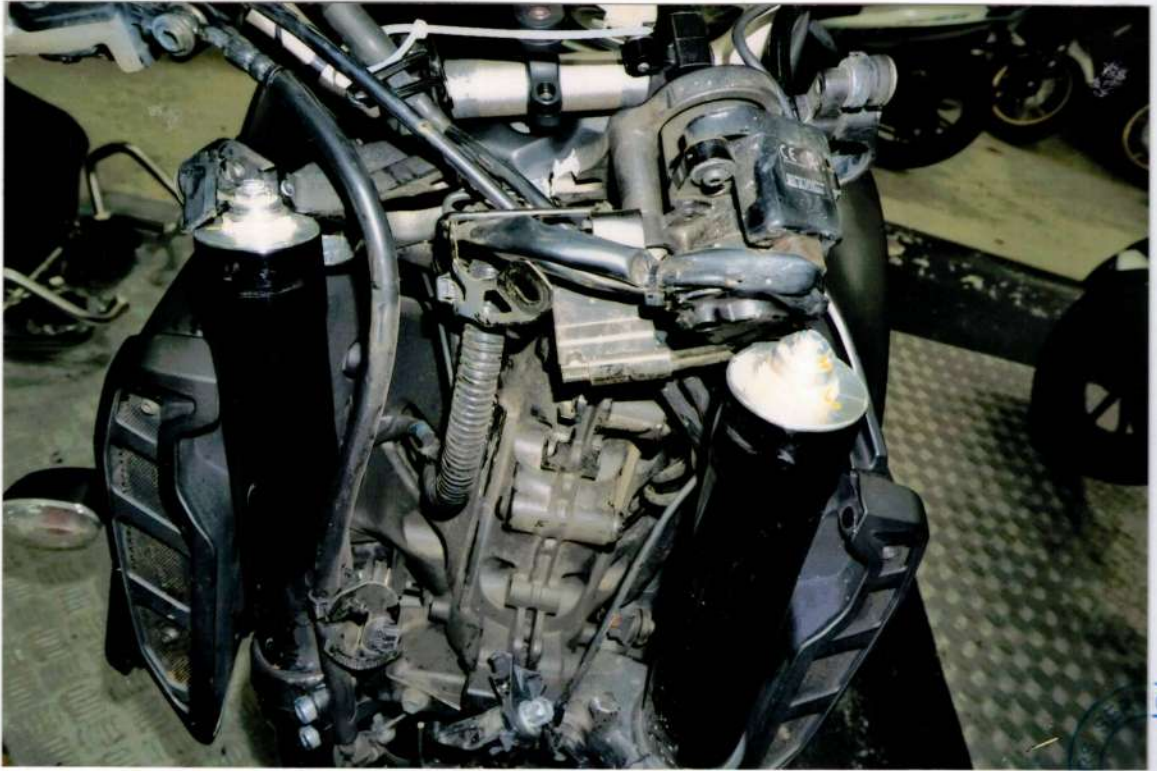










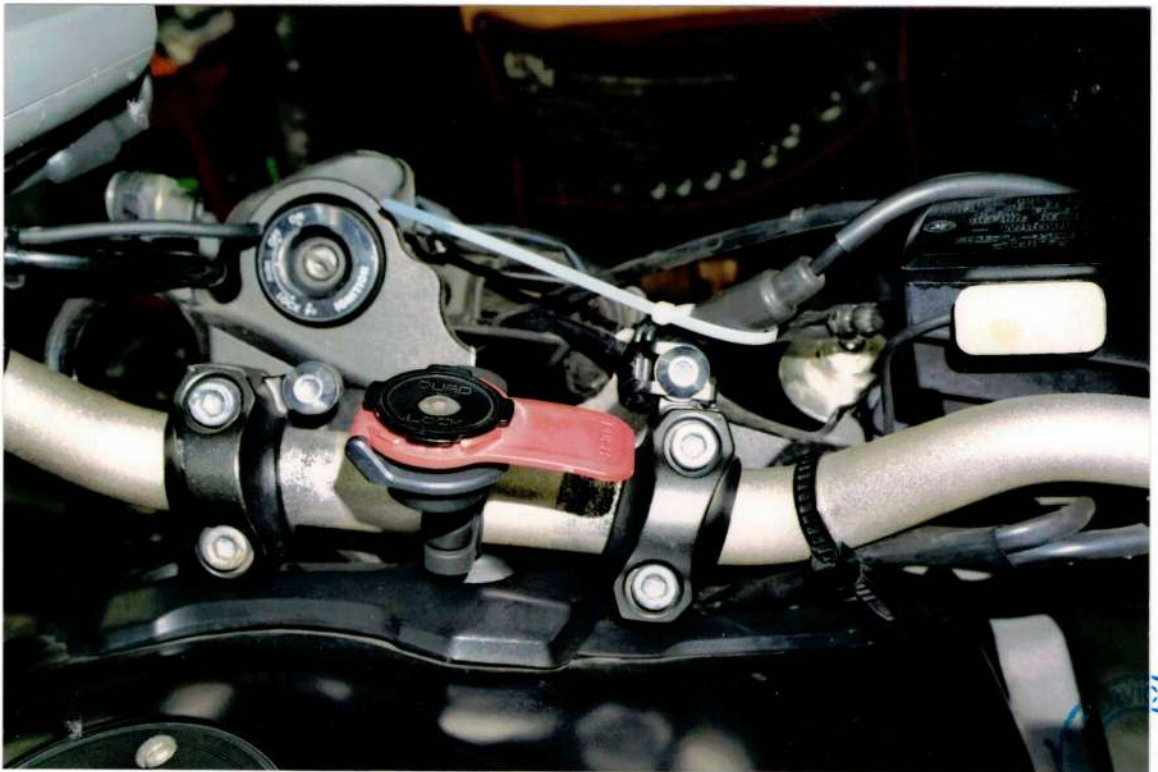
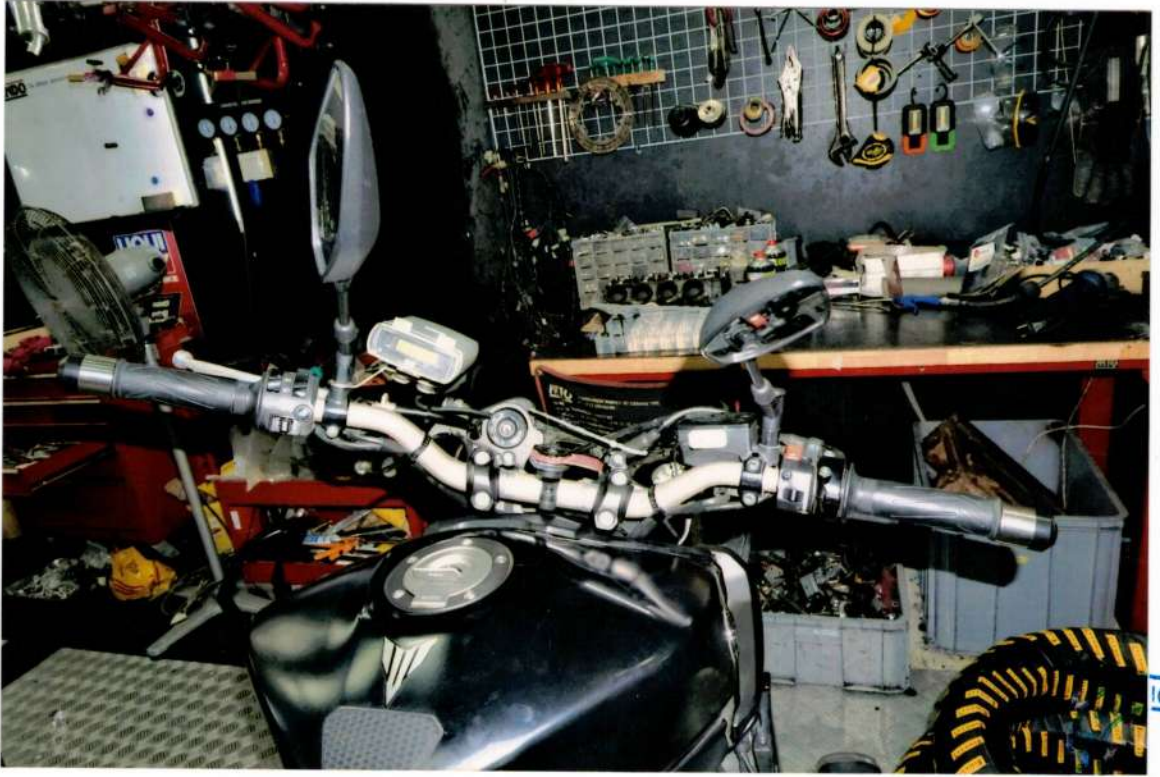




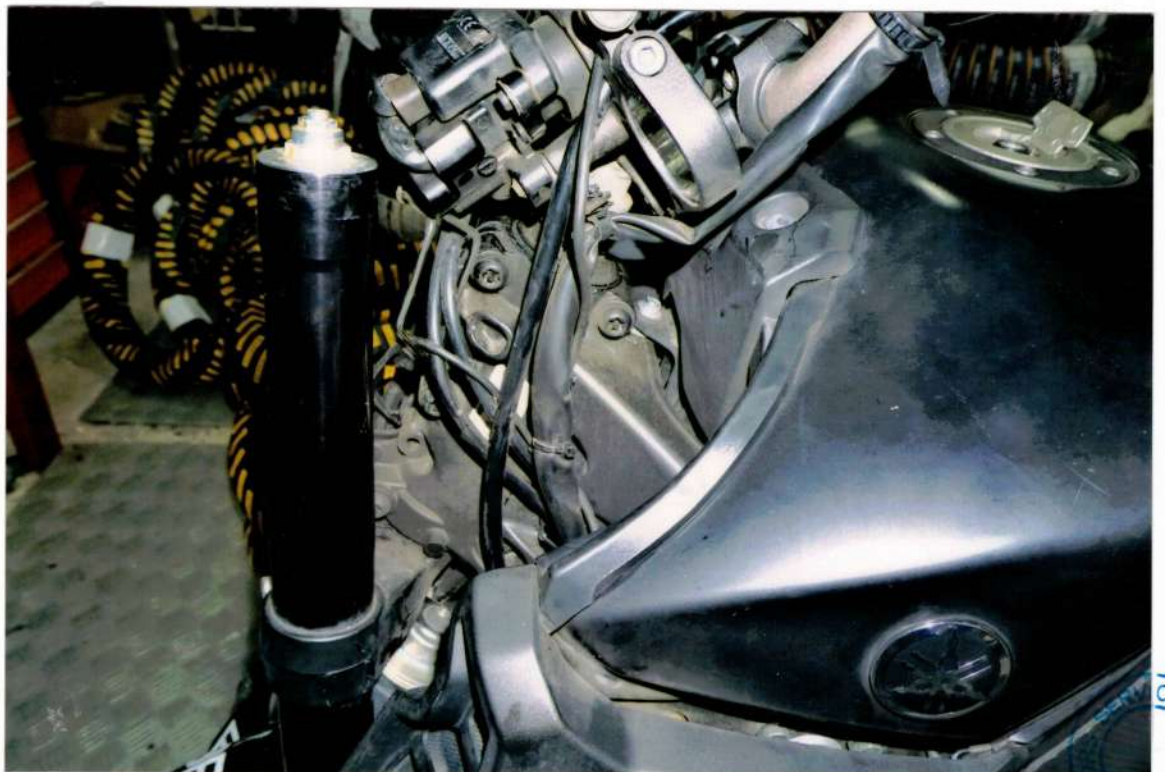








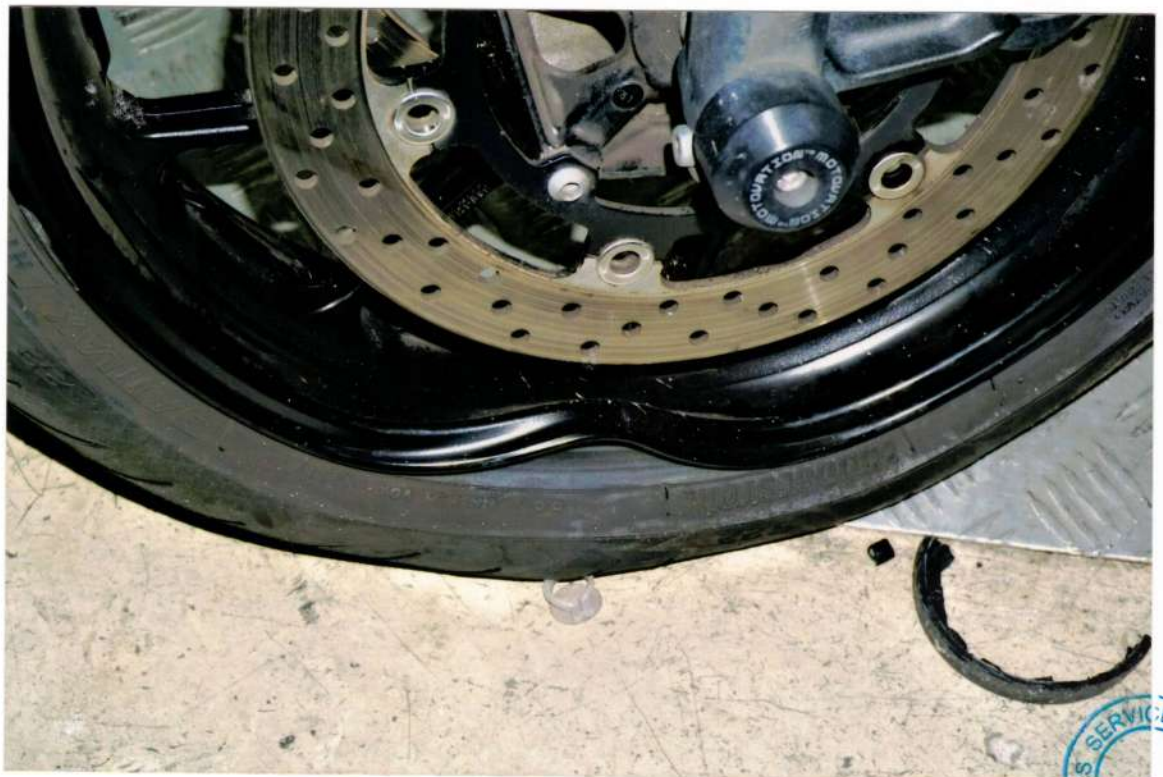








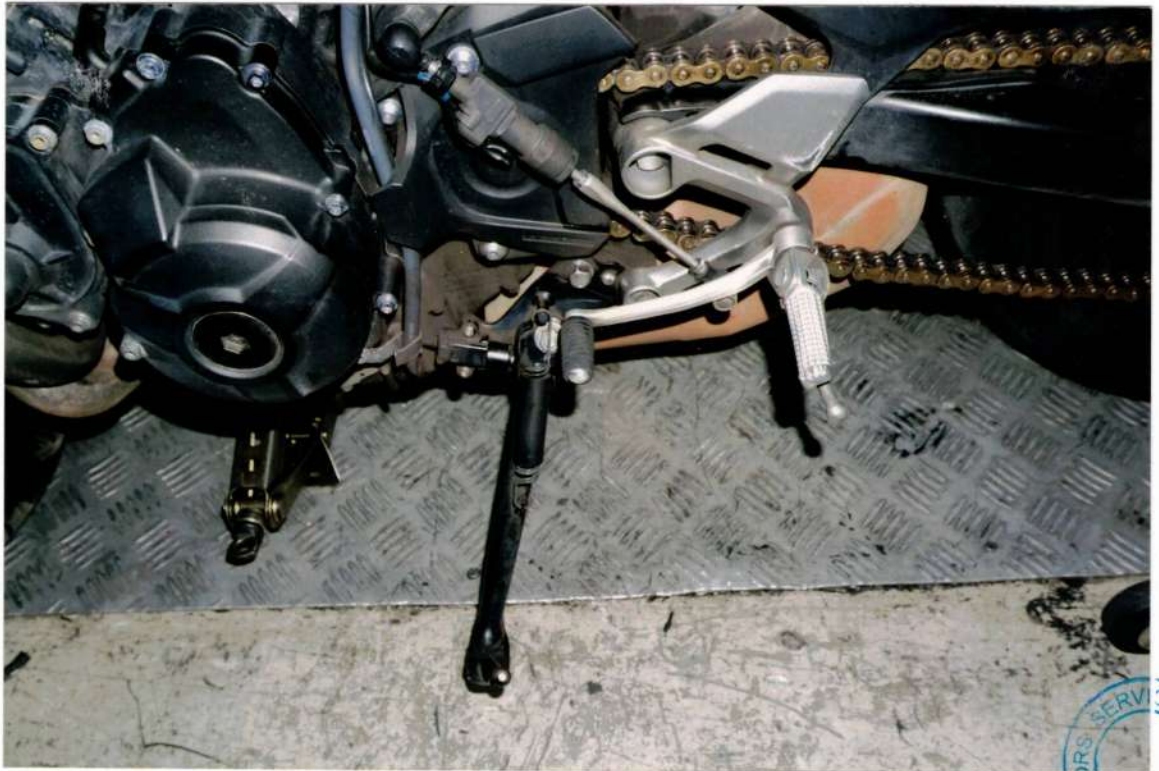




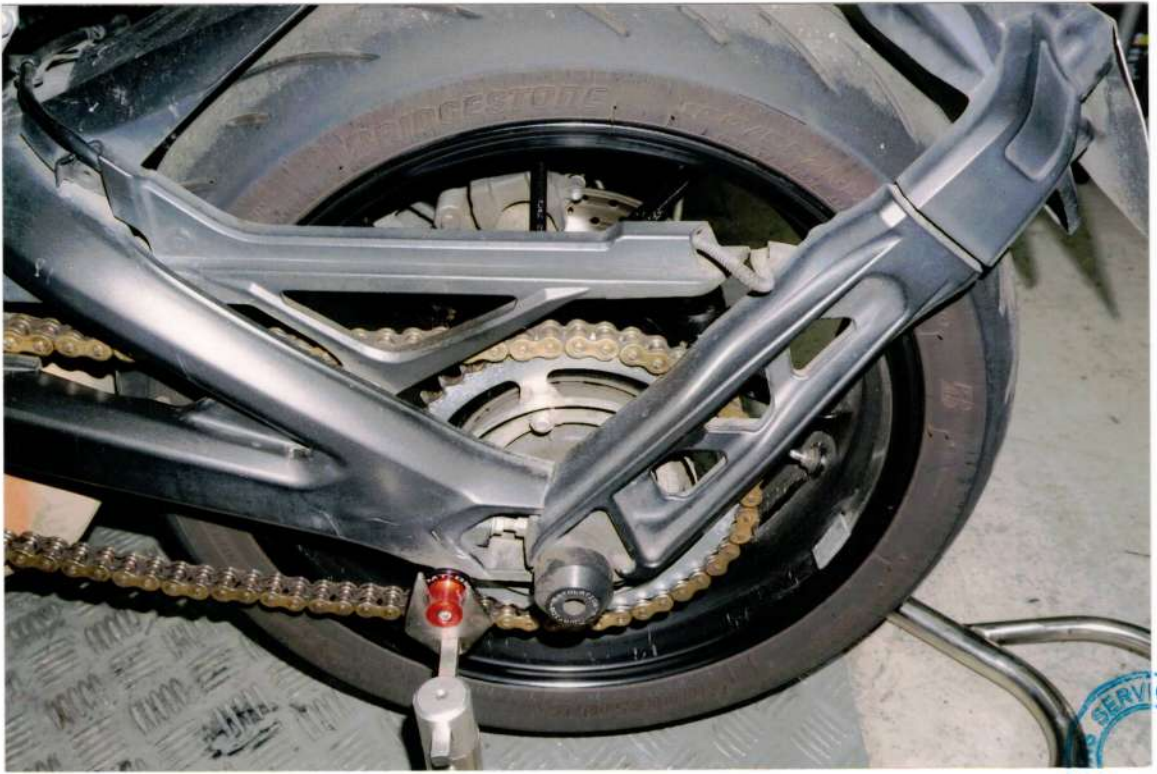












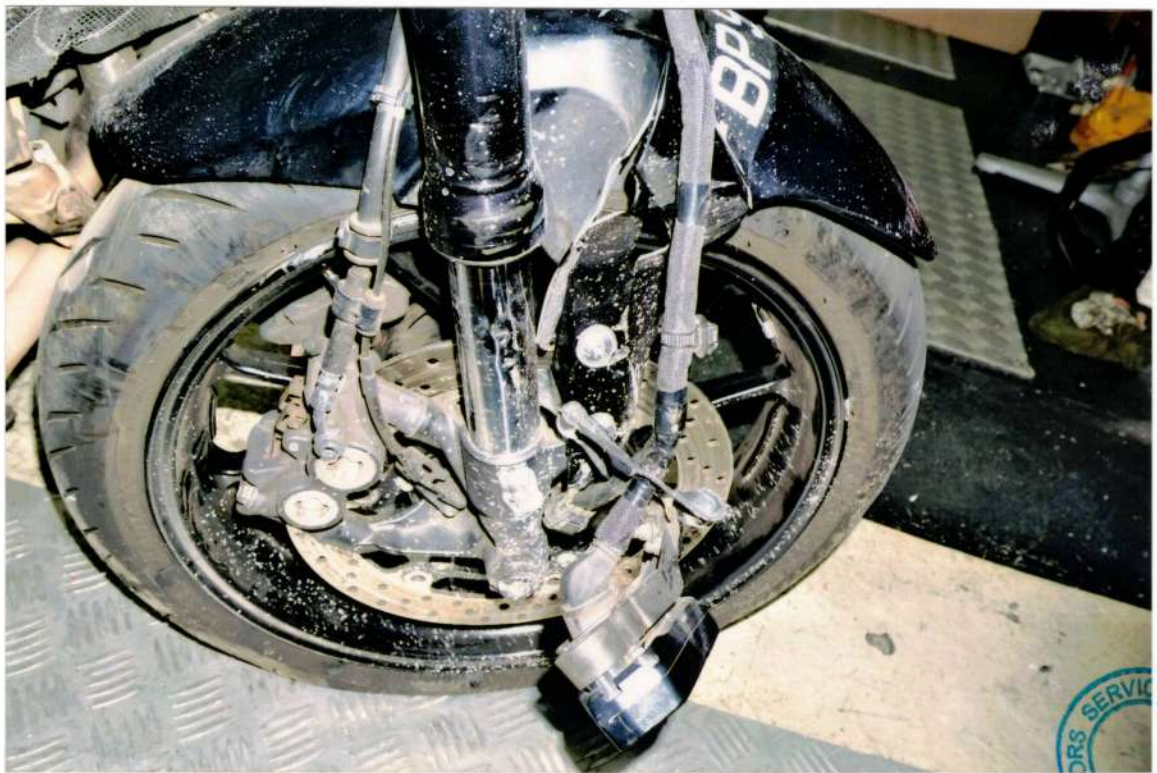












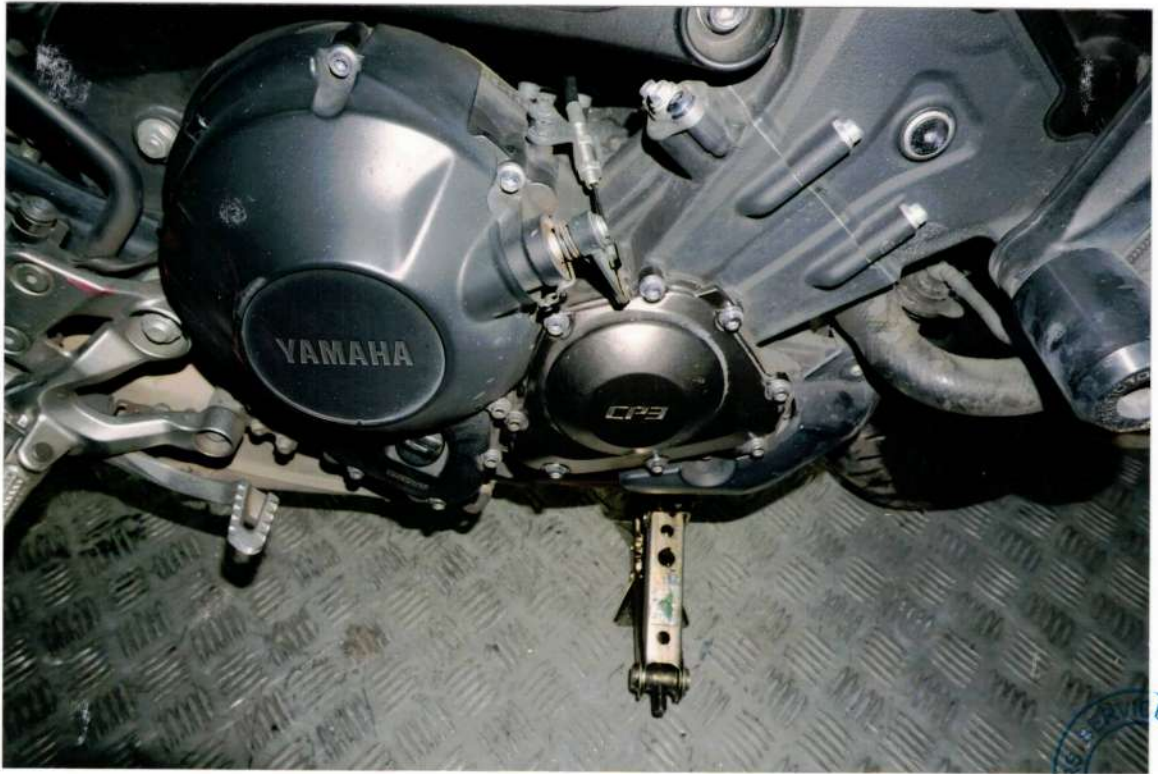








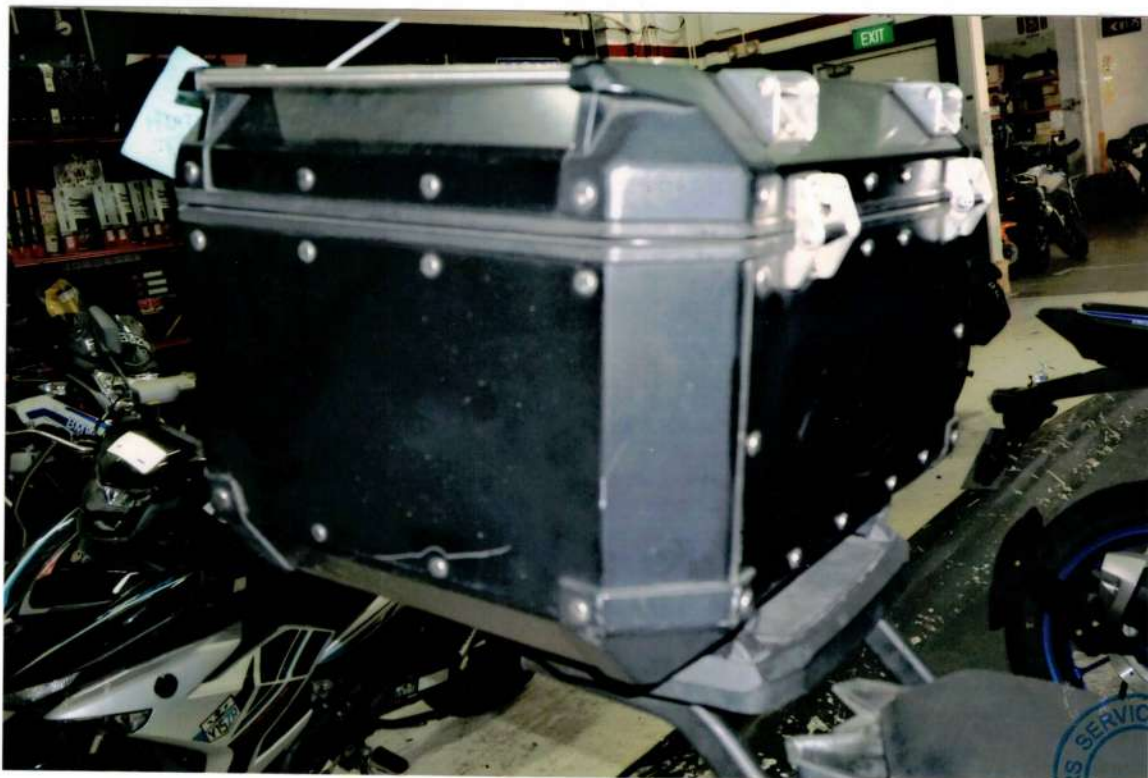






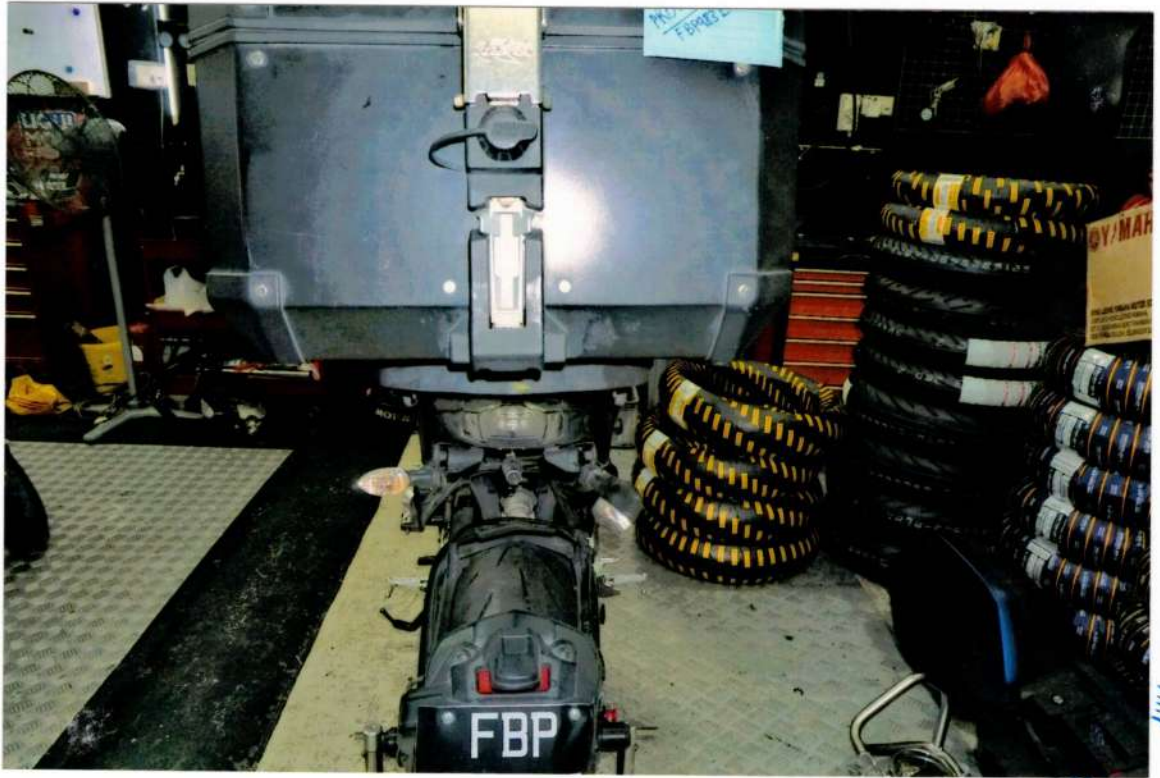












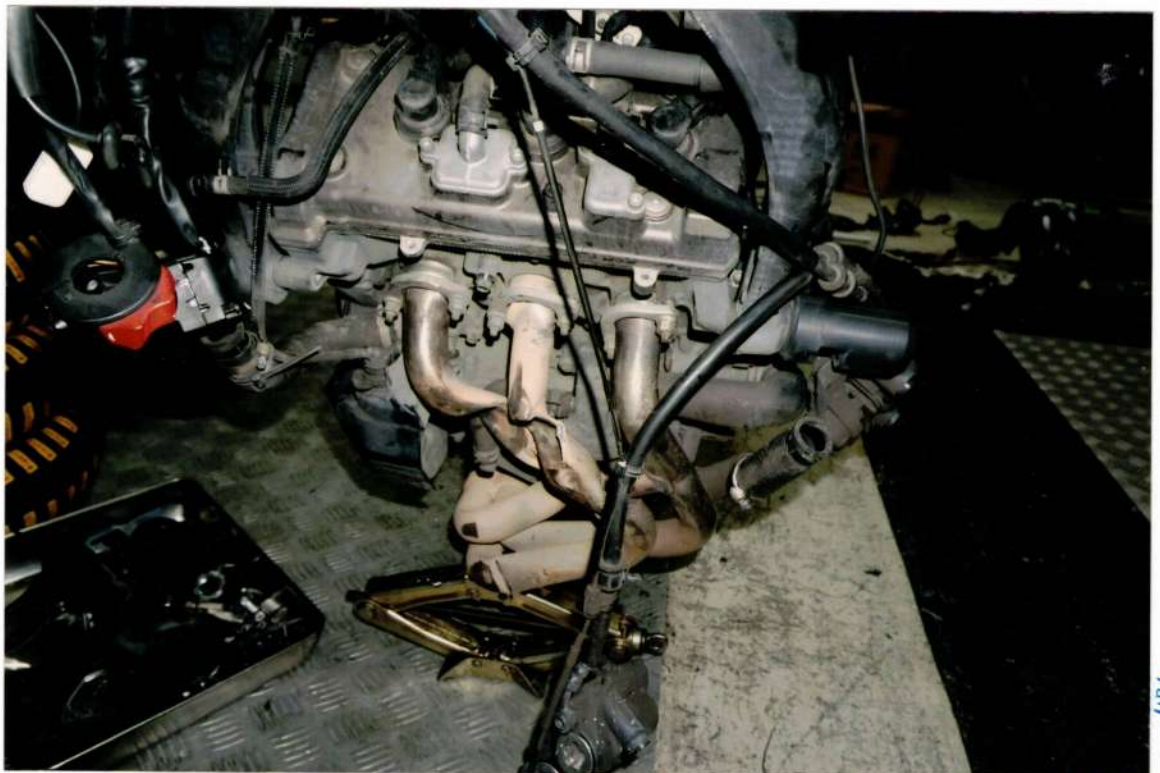


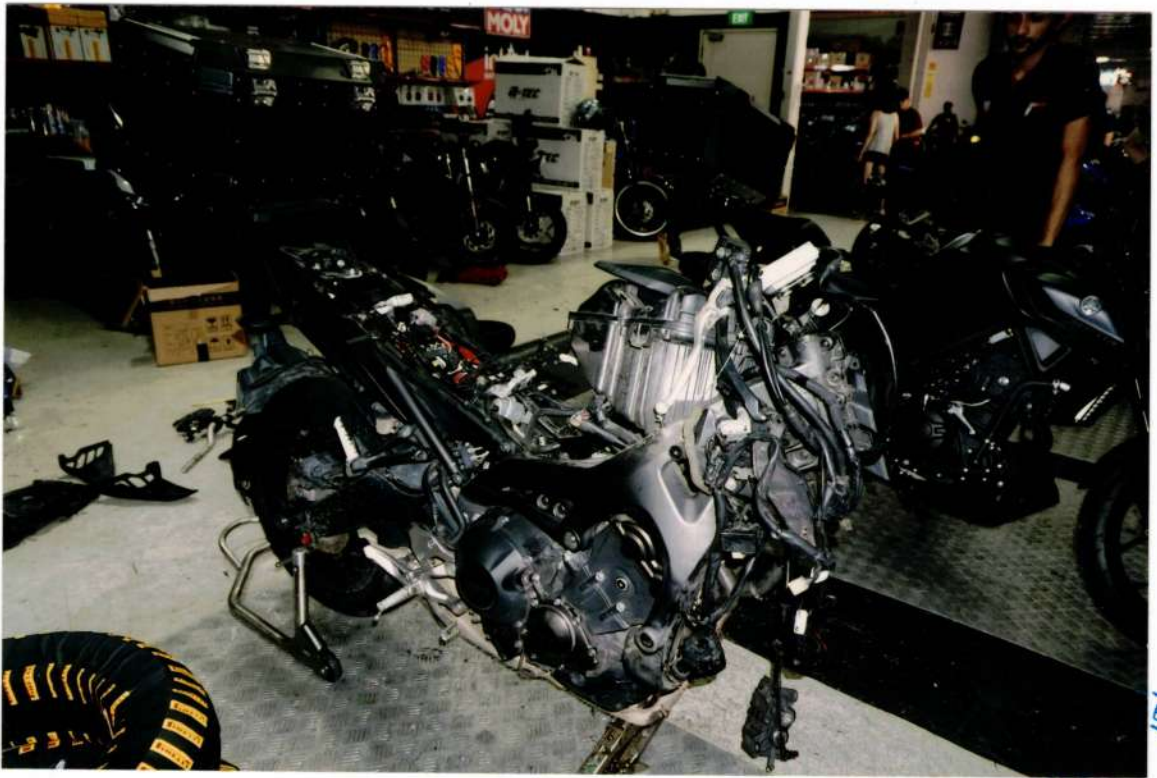




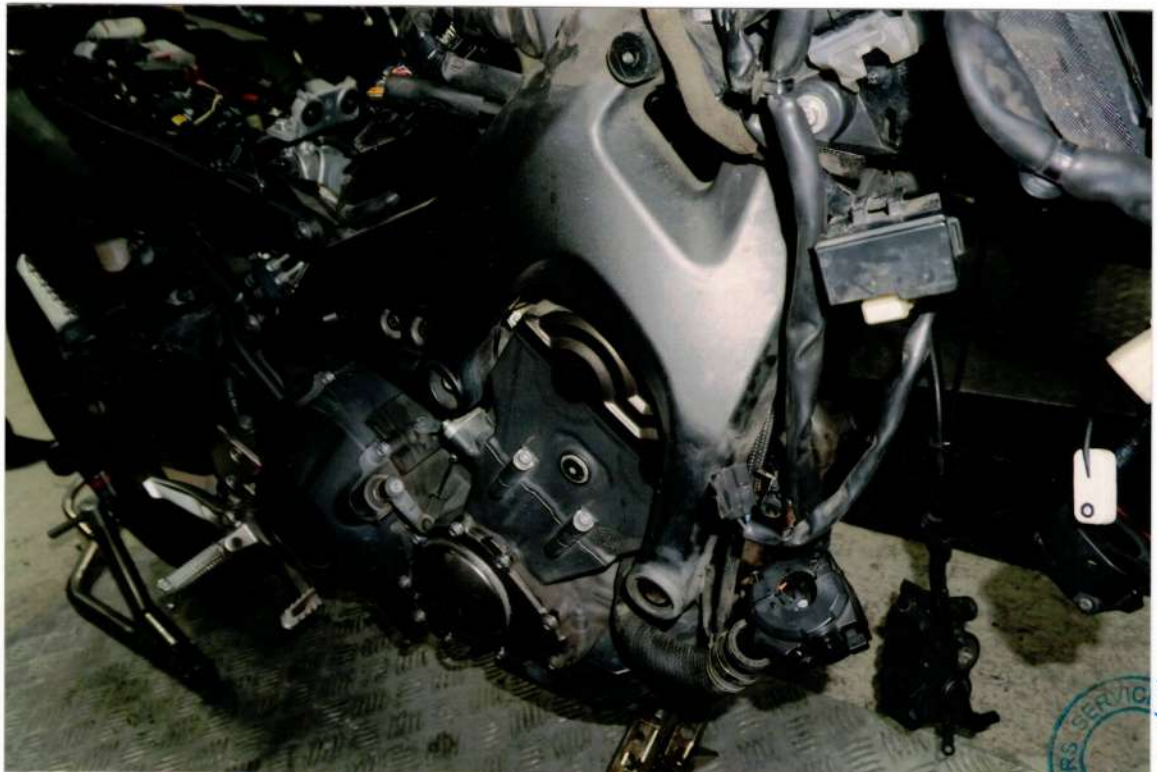


Re-Survey





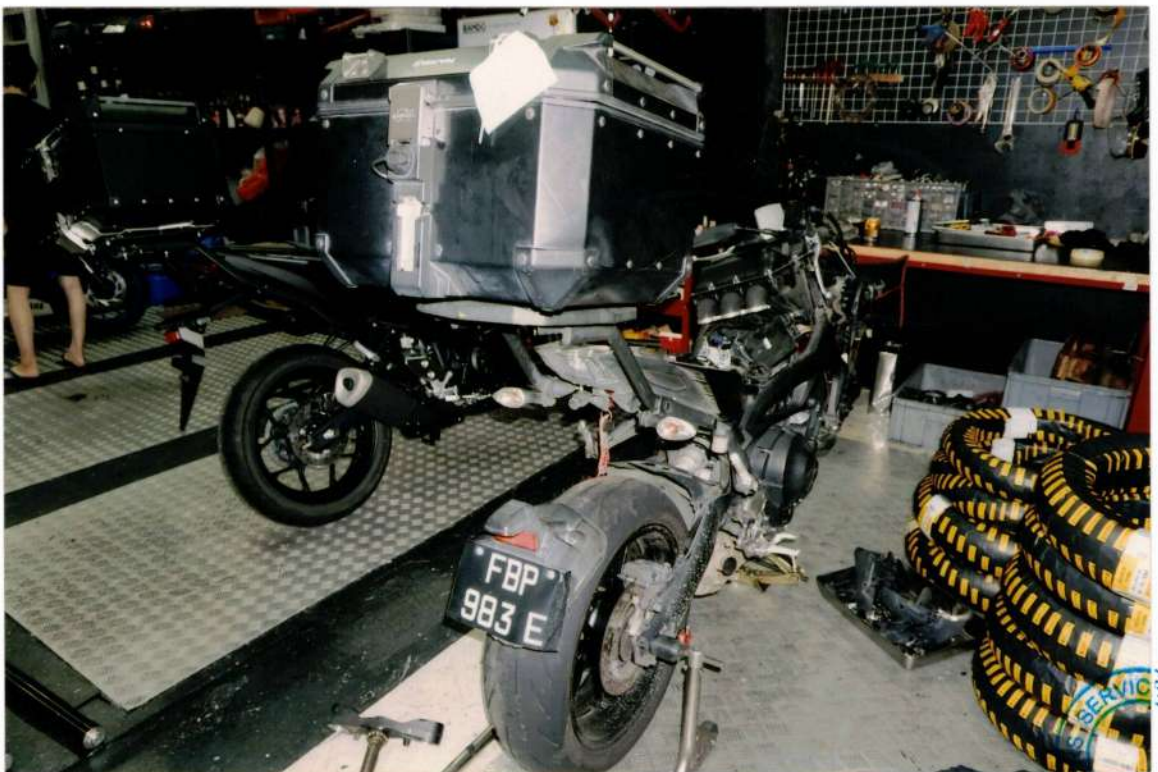
Re-Survey







Re-Survey







Re-Survey







Re-Survey





Re-Survey







Re-Survey







Re-Survey







Re-Survey





Re-Survey







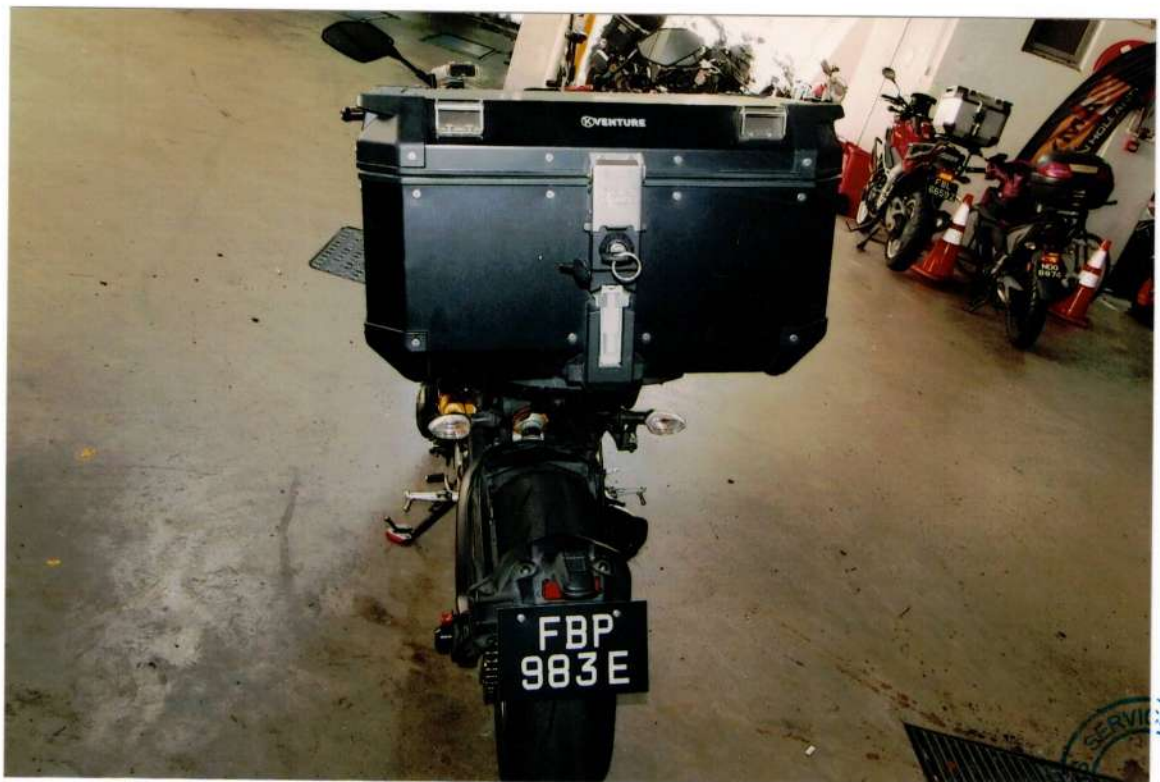
Re-Survey







Re-Survey  
After Repair







Re-Survey  
After Repair







Re-Survey  
After Repair







Re-Survey  
After Repair





Re-Survey  
After Repair

