

60222343

CATHERINE LIM LLC

林 ADVOCATES & SOLICITORS
 翠 NOTARY PUBLIC - 公证官
 玲 COMMISSIONER FOR OATHS- 宣誓官
 律
 師 CATHERINE C.L.LIM
 馆 DIRECTOR
 LL.B (HONS) SINGAPORE-法律系-律師
 M.B.A. (BUSINESS LAW)-商业系-硕士

12 Eu Tong Sen Street
 The Central (SOHO 2) #05-172
 Singapore 059819
 UEN No. 201310922K
 Tel: (65) 6438 5500
 Fax: (65) 6438 0111
 www.catherinelimllc.com
 Email: info@catherinelimllc.com
 CATHERINE LIM LLC is a law
 corporation with limited liability

Our Ref: CL/220517/T/MCS.sg

02 August 2022



M/s AXA Insurance Singapore Pte Ltd
 9 North Bouna Vista Drive
 #18-01/06 The Metropolis Tower 1
 Singapore 138588
 Attn: Motor Claims Dept

WITHOUT PREJUDICE
 (to any personal injury claim)
 By Hand



Chua Jialing Derelyn
 31 St. Thomas Walk
 #29-01
 Singapore 238141

CERTIFICATE OF POSTING
 (Please be informed that all supporting documents
 have been forwarded to your insurers)

3019995536--=

Dear Sir

ACCIDENT INVOLVING FBQ 2745H / SKU 3283P ON 24.04.2022 ALONG RIVER VALLEY ROAD

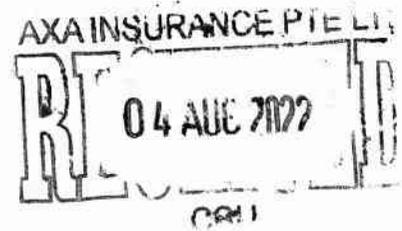
We act for ABDUL AZIZ BIN MUHAMMAD, the owner of motor vehicle No. FBQ 2745H, which was involved in the above accident.

Our client has suffered loss and damage as a result of your Insured's negligence in the driving of motor vehicle No. SKU 3283P.

We quantify our client's claim as follows:-

1. Cost of repairs	\$6,300.00
2. Loss of use (\$40 x 8 days)	\$ 320.00
3. LTA/GIA searches	\$ 31.00
4. Survey fee	\$ 480.00
5. Incidentals, transport & photocopying etc	\$ 53.50
6. Cost contribution	\$ 749.00

	\$7,933.50



We enclose herewith photocopies of our client's accident report, repair bill, survey fee, survey report and colour photographs of our client's damaged vehicle for your immediate attention.

Please let us know within the next 14 days from the receipt of this letter, whether you are prepared to admit liability and revert with a settlement proposal, failing which our clients shall have no alternative but to commence legal proceedings against your insured.

Yours faithfully

Encs
cc: clients

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	07/05/2022 09:43 (SGT)
Date of Accident	24/04/2022 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RIVER VALLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ2745H
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL AZIZ BIN MUHAMMAD
NRIC No	S8024921G
Email Address	aziz2240a@gmail.com
Mobile Phone No	(Phone) +65-96426061
Alternative Phone No	(Home) +65-96426061

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	OTHER MODEL
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
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	PNMC2022-00000995
Cover Note Number	-

DRIVER

Name of Driver	ABDUL AZIZ BIN MUHAMMAD
NRIC No	S8024921G

Date Of Birth	19/08/1980
Occupation	Outdoor
Date Of Driving Pass	07/02/2001
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96426061
Alt. Phone Number	(Home) +65-96426061
Email Address	aziz2240a@gmail.com
Address	BLK 739 WOODLANDS CIRCLE #12-393
Address complement	-
Postcode	730739
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SKU3283P
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	ABDUL AZIZ BIN MUHAMMAD
Gender	Male
Phone No	(Phone) +65-96426061
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBQ2745H
Were seat belts worn?	Yes
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 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/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

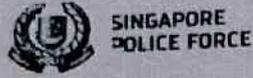
Sketch Plan

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

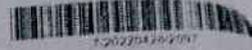
YILIN

Witnessed by Reporting Centre Personnel

Refer By Police Report



**SINGAPORE
POLICE FORCE**
Police Station of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679-99



1202254 8447181

Report No: T2022042807201

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No		Use of Pedestrian Crossing NA	
No. of Pedestrians Injured NIL			
Rider			
Name	ABDUL AZIZ BIN MUHAMMAD	ID No	S8024921G
Referred Vehicle	F8Q2745H (Motorcycle)	Contact No	96428061
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class. 2B Date of Expiry NIL
Date Treatment	24/04/2022	Date Discharge	28/04/2022
No. of Days granted Medical Leave	38	Degree of Injury	Serious

Brief Details.

On 24/04/2022 at about 2000hrs, I was riding my motorcycle FBQ2745H along River Valley Road. I am not sure of the road but I believe it is at Saint Thomas Walk, but there was a red car coming out from a T-junction into River Valley Road and did not stop nor slow down at the stop line. I was unable to react in time and I collided on to the right side of the car. As a result, I was flung over the car and landed on the ground. Subsequently I fell unconscious. When I woke up, I discovered that I was at Singapore General Hospital. The hospital diagnosed intracranial haemorrhage. I was discharged on 28/04/2022 after 38 days of MC. I could not remember much of the accident.



**SINGAPORE
POLICE FORCE**
Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737893
Tel No. 1800-7679899



Report No. 100224-0001

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 /
STAFF SGT KHAIRUL ARIFIN
BIN KAMAL

Signature Of Informant:

Signature Of Interpreter:
Not applicable.

Date/Time:
28/04/2022 17:15

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No. 65476232

Classification Of Case:

NP168





SINGAPORE POLICE FORCE

Police Station Of Origin
Woodlands East N.P.C.
Woodlands Drive 63 SINGAPORE 737892
Tel No: 1800 7679000



Case No: SY0922570001

REPORT OF A TRAFFIC ACCIDENT
Date/Time Report Made: 28/04/2022 17:15
Video Report No: _____
Reference Query No: 48

Informant's Particulars

Name of Informant ABDUL AZIZ BIN MUHAMMAD		Address APT BLK 735 WOODLANDS CIRCLE #12-15 SINGAPORE 730715	
ID Type / ID No NRIC NO / S8024921G	Contact No. Home/Office	Mobile 95425665	
Nationality SINGAPORE CITIZEN		Email	
Sex Male	Age 41	Date of Birth 19/08/1980	Type of Informant Rider
Race Malay	Language English		Institution / School Name
Occupation DELIVERY RIDER	Driving Licence Information Class 3B		Date of Expiry

General Information of the Accident

Type of Accident	Injury Conveyed By Ambulance	Drink Drive	Date/Time of Accident	Type of Location
		No	24/04/2022 20:00	T-Junction
Location RIVER VALLEY ROAD				
Weather Clear	Road Surface Dry	Road Speed Limit		
Traffic Flow One Way	Traffic Control Not Controlled	Traffic volume Moderate		
Type of Collision Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ2745H	Motorcycle	YAMAHA	AERO GDR155R CVT	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBQ2745H	FWD Singapore Pte Ltd	PNMC2022-00000995	28/02/2022	27/02/2023

MCS AUTO

1100 Serangoon Road Singapore 328195
Company Registration No. 53126812L
Email : mcs.auto@yahoo.com.sg

(and Lim)

Date: 20 Jul 2022

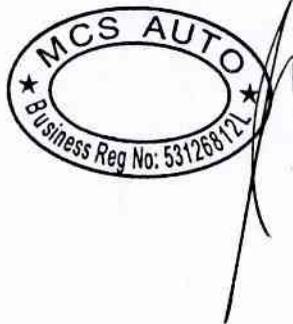
Abdul Aziz Bin Muhammad
C/O MCS AUTO
1100 Serangoon Road Singapore 328196

FINAL REPAIR COSTS

VEHICLE NO: FBQ2745H (Yamaha Aerox GDR155R CVT)

Repair costs of vehicle no. FBQ2745H as per the surveyor's
report KTO Automobile Assessors(attached herewith)
dated 20 Jun 2022 \$6,300.00
(Lump Sum)

SINGAPORE DOLLARS : SIX THOUSAND THREE HUNDRED ONLY





KTO Automobile Assessors

Reg. No : 52941122M

470 Segar Road #09-232 Singapore 670470 Email: ktoaa@singnet.com.sg HP: 98505311

*****INVOICE*****

M/S: Abdul Aziz Bin Muhammad
C/O MCS AUTO
1100 Serangoon Road
Singapore 328196

Invoice No : 22-08666

Invoice Ref : TP/MCS/FBQ2745H/8666

Date : 20 June 2022

DESCRIPTION	AMOUNT
For Services Rendered Inspection report fees inclusive of : Re-Inspection, Transportation & Photographs Sixty (60) copies. Vehicle No : FBQ 2745 H Make/Model : Yamaha Aerox GDR155R CVT	\$ 480.00
Singapore Dollars: Four Hundred And Eighty Only	\$ 480.00

Cheques should be made payable to **KTO AUTOMOBILE ASSESSORS**. Please indicate our Invoice No. on the reverse of your cheque.

KTO AUTOMOBILE ASSESSORS

Ong Ah Keng (CAE, AMIMI, MSAAA)
Automotive Appraiser

**ACCIDENT DAMAGED VEHICLE INSPECTION REPORT**

M/S : Abdul Aziz Bin Muhammad
C/O MCS AUTO
1100 Serangoon Road
Singapore 328196

Date : 20 June 2022
Our Ref : TP/MCS/FBQ2745H/8666

REFERENCE PARTICULARS

Date of Accident : 24 April 2022
Date of Inspection : 10 May 2022

Type of Inspection : Third Party Claim
Date of Re-Inspn : 24 May 2022

VEHICLE PARTICULARS

Registration No : FBQ 2745 H
Make : Yamaha
Model : Aerox GDR155R CVT
Year : 2019

Engine No : G3J1E0402396
Chassis No : MH3SG4620KJ066734
Odometer : 67270 km
Colour : White

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Front brake : Serviceable
Rear brake : Serviceable

General Body Work : Body frame affected
Steering : Affected
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

<u>Location</u>	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front	: Maxxis	100/80-14	3 mm
Rear	: Maxxis	110/70-14	4 mm

GENERAL DESCRIPTION OF DAMAGES

The scooter sustained damage at front & both side portion.

For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **\$6,300.00 nett** at lump sum basis. (Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs : Eight (8) working days.

Enclosed Sixty (60) photographs depicting damage to the vehicle.

Inspection conducted at : MCS AUTO.
1100 Serangoon Road Singapore 328196

In accordance to your instruction, we have **not authorise** repairs and inspection was conducted strictly on a "**WITHOUT PREJUDICE BASIS**".

MAKE/MODEL : YAMAHA AEROX GDR155R CVT

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS**DESCRIPTION OF PARTS AND NATURE OF REPAIRS**

A)	SPARE PARTS	QTY PC/SET	ASSESSED CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
1	Handle bar	1	Bent	\$ 280.00	\$ 280.00
2	Handle bar balancer RH	1 set	Grazed	\$ 24.00	\$ 24.00
3	Handle bar grip RH	1 set	Necessary	\$ 60.00	\$ 60.00
4	Front panel	1	Cracked	\$ 115.00	\$ 115.00
5	Front view mirror RH	1 set	Grazed	\$ 160.00	\$ 160.00
6	Brake lever L/R @ \$38.00	2	RH only (Grazed/Bent)	\$ 76.00	\$ 38.00
7	Front console panel	1	Serviceable	\$ 189.00	~
8	Front headlamp stay	1	Misaligned	\$ 58.00	\$ 58.00
9	Front headlamp assy	1	Cracked	\$ 860.00	\$ 860.00
10	Front body side cowling L/R @ \$245.00	2	Grazed	\$ 490.00	\$ 490.00
11	Front body side panel L/R \$195.00	2	Cracked	\$ 390.00	\$ 390.00
12	Front lower side mole cover L/R @ \$98.00	2	Grazed	\$ 196.00	\$ 196.00
13	Front lower side panel L/R \$145.00	2	Grazed/Cracked	\$ 290.00	\$ 290.00
14	Center side cover L/R @ \$190.00	2	Cracked	\$ 380.00	\$ 380.00
15	Front signal lamp LH	1	Cracked	\$ 75.00	\$ 75.00
16	Front fork tube L/R @ \$298.00	2	Bent	\$ 596.00	\$ 596.00
17	Lower fork bracket	1	Bent	\$ 740.00	\$ 740.00
18	Lower under cover	1	Torn	\$ 160.00	\$ 160.00
19	Front fender	1	Grazed	\$ 145.00	\$ 145.00
20	Front inner fender	1	Serviceable	\$ 210.00	~
21	Front wheel rim	1	Warped	\$ 590.00	\$ 590.00
22	Footrest board L/R @ \$280.00	2	Grazed	\$ 560.00	\$ 560.00
23	Footrest board rubber mat L/R @ \$48.00	2	Serviceable	\$ 96.00	~
24	Radiator cover	1	Missing	\$ 84.00	\$ 84.00
25	Rear side cover L/R \$180.00	2	Grazed/Cracked	\$ 360.00	\$ 360.00
26	Rear under cover	1	Cracked	\$ 217.00	\$ 217.00
27	Rear crankcase cover	1	Grazed	\$ 240.00	\$ 240.00
28	Rear air-cleaner case cover	1	Grazed	\$ 160.00	\$ 160.00
29	Rear air-intake cover	1	Missing	\$ 58.00	\$ 58.00
30	Rear exhaust muffler protector	1	Grazed	\$ 140.00	\$ 140.00
				\$ 7,999.00	\$ 7,466.00
			Less 10%	\$ 799.90	\$ 746.60
				\$ 7,199.10	\$ 6,719.40
B)	<u>S/NETT ITEM</u>				
31	Steering cone upper/lower bearing	1 set	Necessary	\$ 68.00	\$ 68.00
32	Front cowling & cover decal sticker	1 set	Necessary	\$ 120.00	\$ 120.00
33	Fork oil seal & duct cover @ \$34.00	2	Necessary	\$ 68.00	\$ 68.00
34	Fork oil	1 bot	Necessary	\$ 18.00	\$ 18.00
			Parts Total :	\$ 7,473.10	\$ 6,993.40

C) LABOR CHARGES			
35 Towing service charge. (2 Trips)	\$	80.00	\$ 80.00
36 To straighten, repair & re-align body frame.	\$	480.00	\$ 350.00
37 To check wiring, re-connection, lighting system & reset.	\$	80.00	\$ 50.00
38 Replace, realign & adjust above damaged parts.			
Check wiring, re-connection & lighting system.	\$	600.00	\$ 450.00
Labour Total :	\$	1,240.00	\$ 930.00
Total Parts and Labour	\$	8,713.10	\$ 7,923.40

FINAL LUMP SUM ADJUSTMENT

\$ 6,300.00

REMARKS

The repairer has agreed to undertake repair the vehicle at a lump sum basis of **\$6,300.00 nett** corresponding to replacement of parts and labour charges. We now revert for your decision on the above claim.

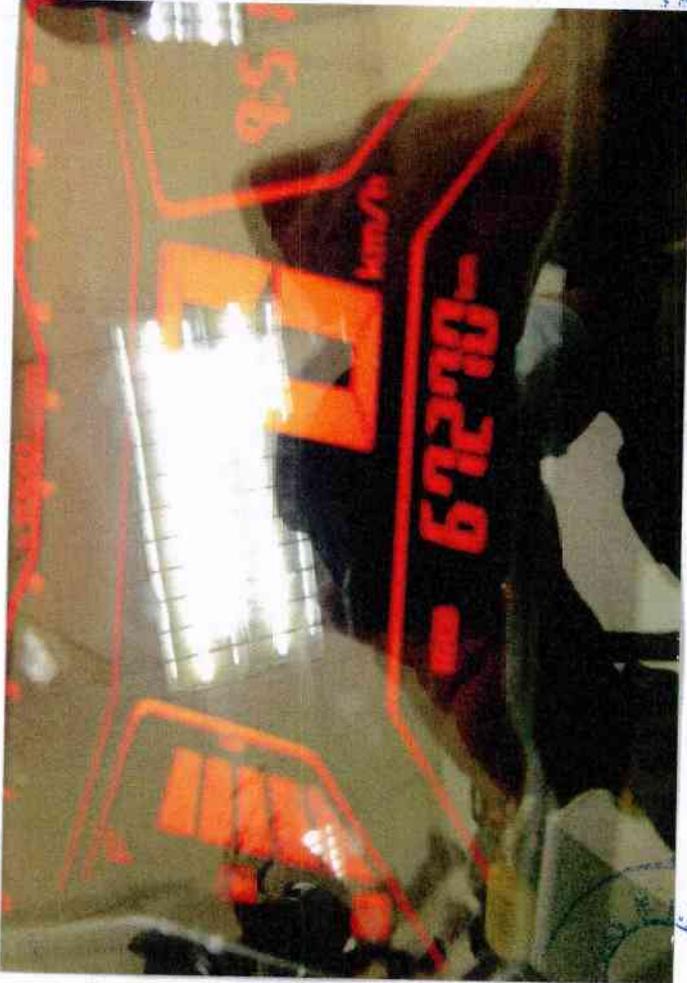
Yours faithfully
KTO Automobile Assessors



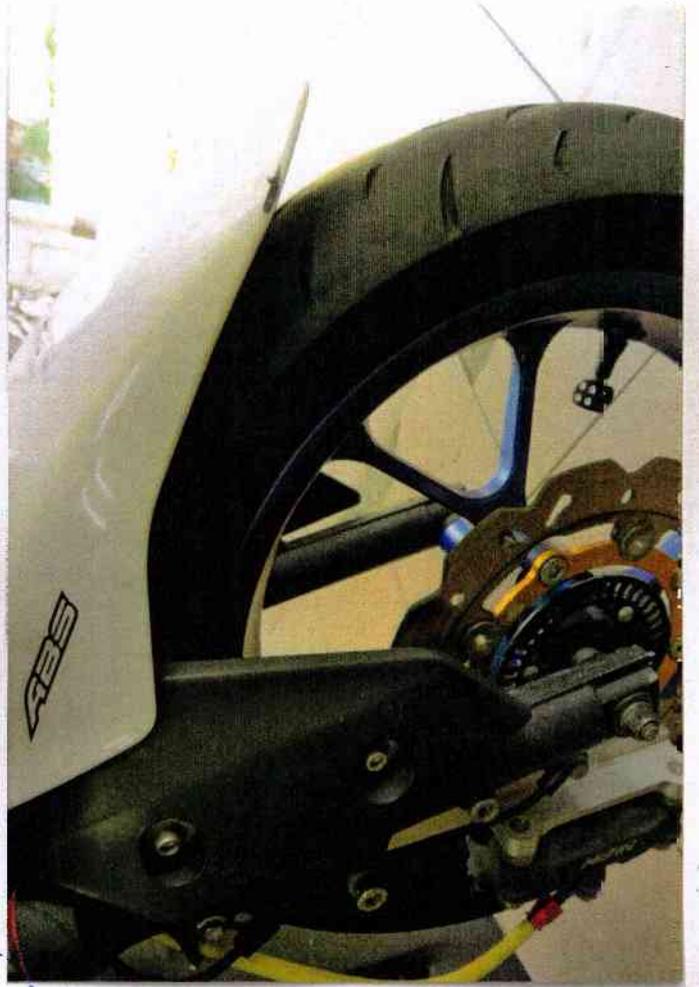
Ong Ah Keng (CAE, AMIMI, MSAAA)
Automotive Appraiser

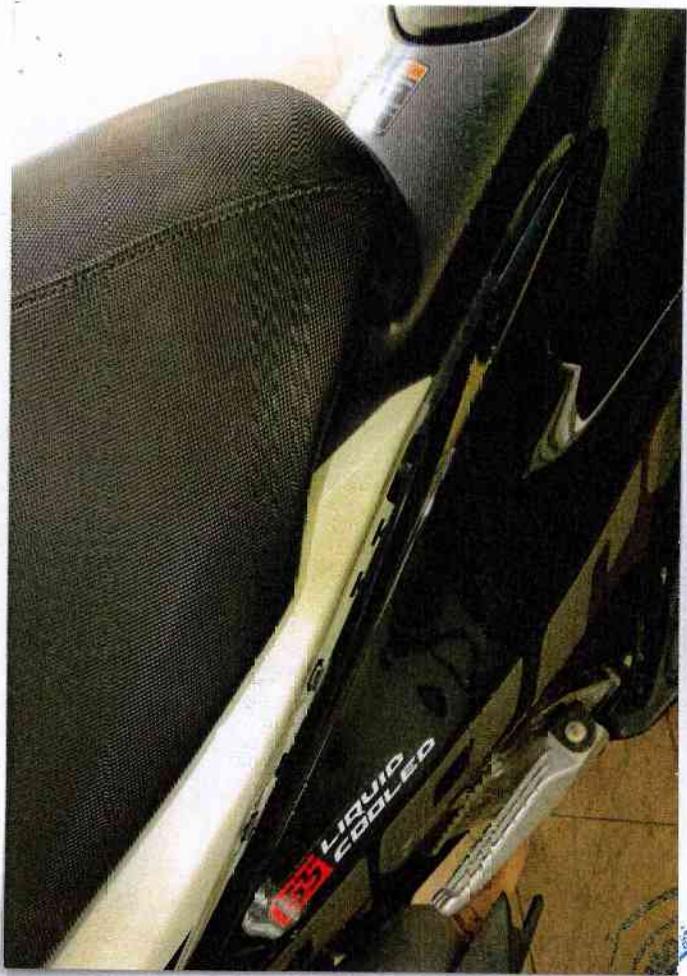


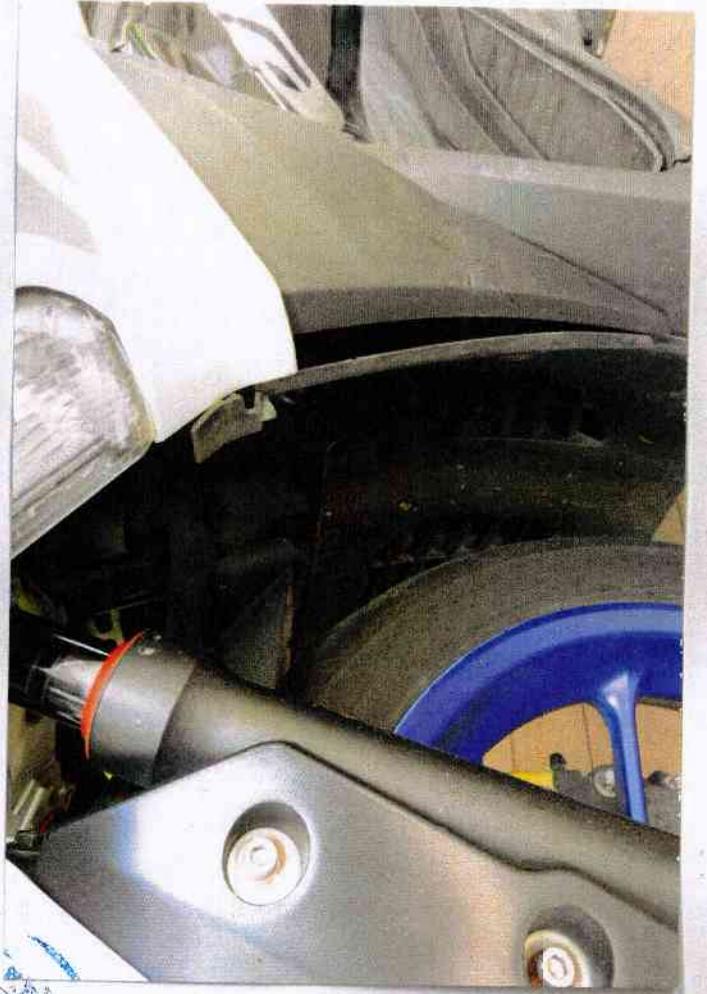
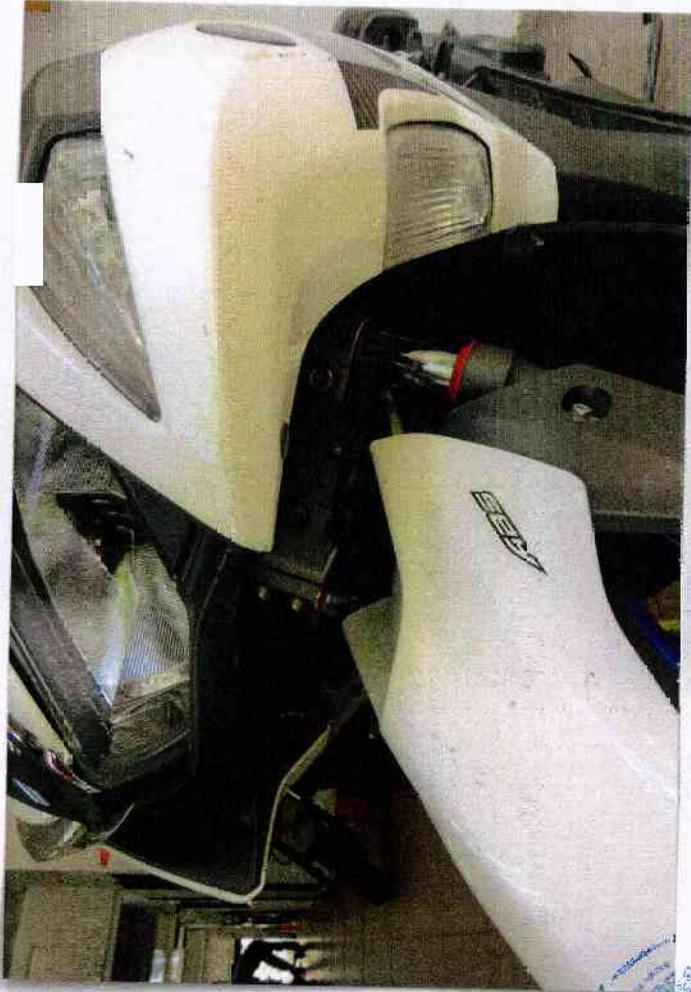
Handwritten blue ink markings, possibly a date or number, located between the two scooter photos.

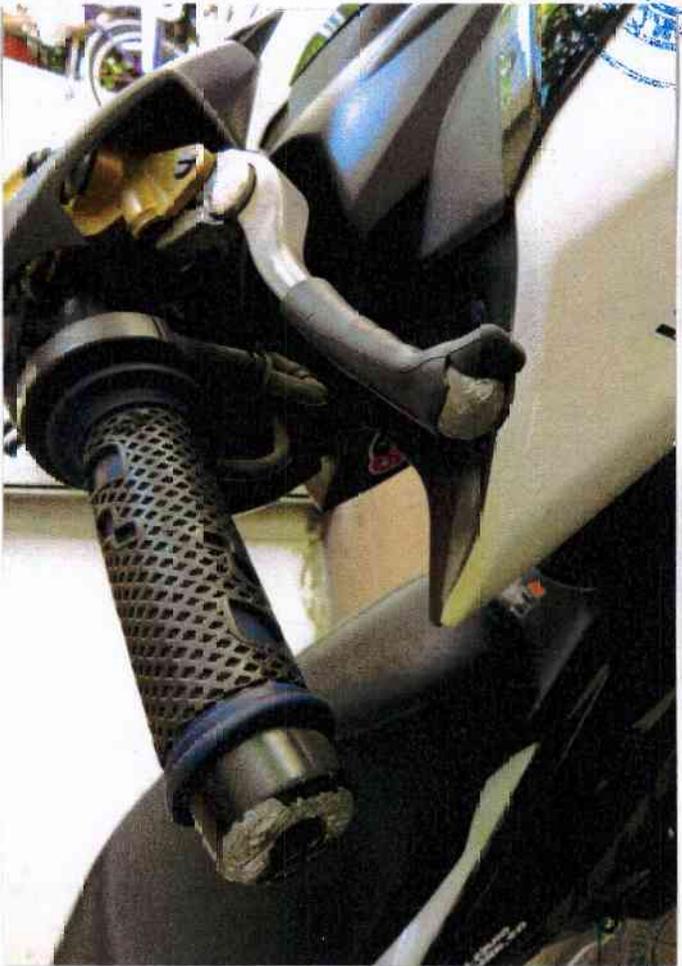
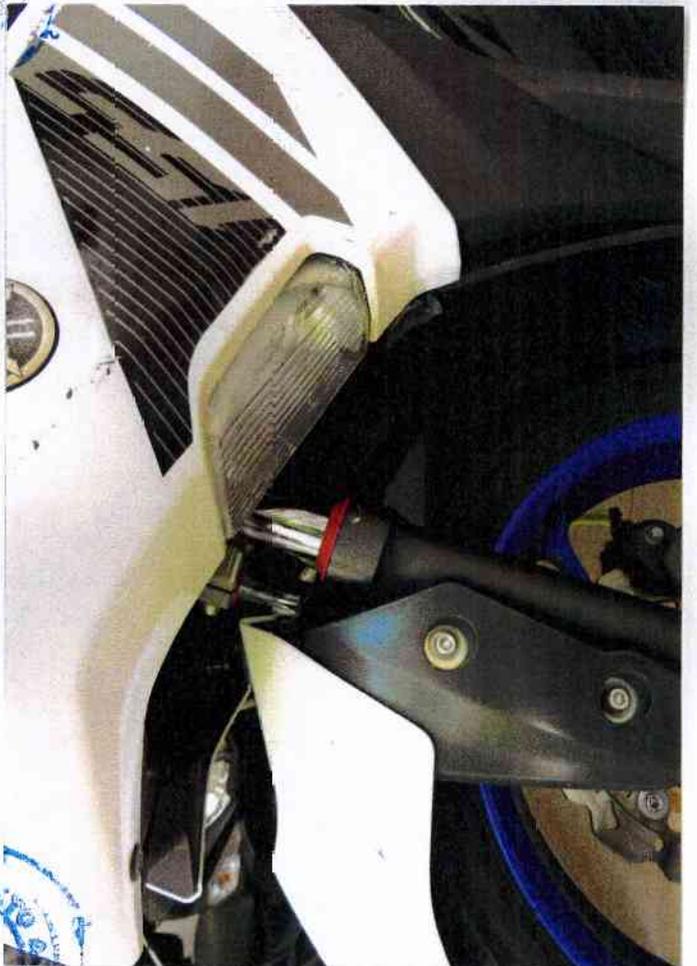
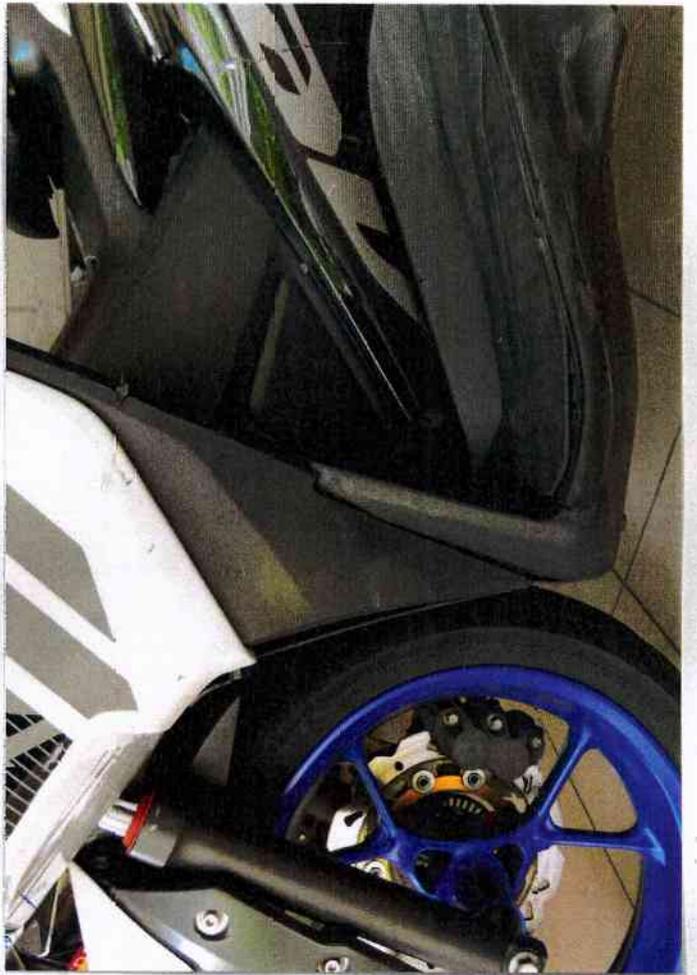


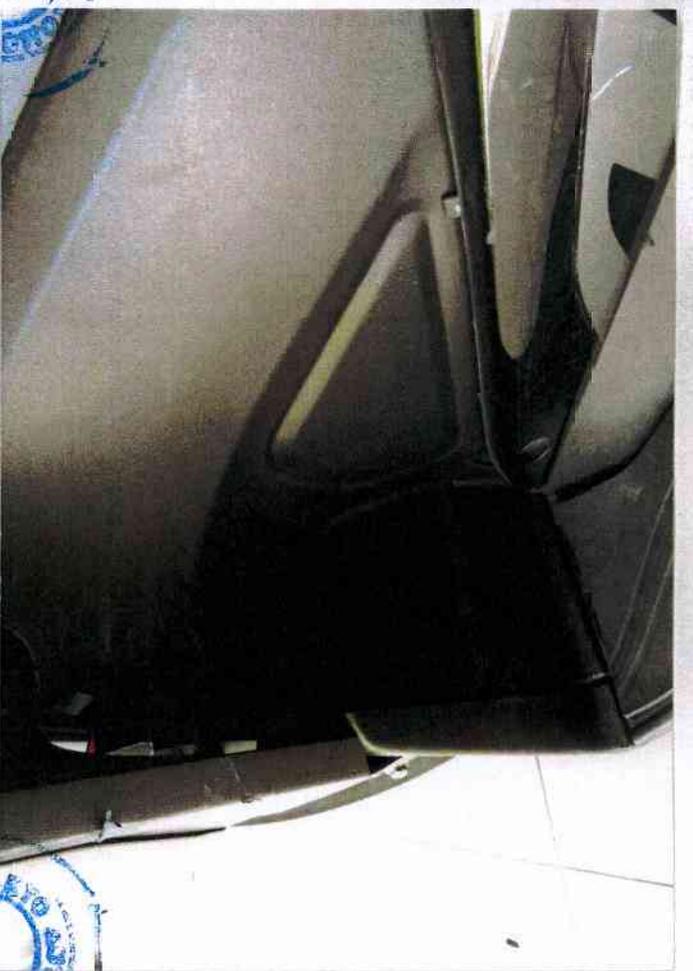
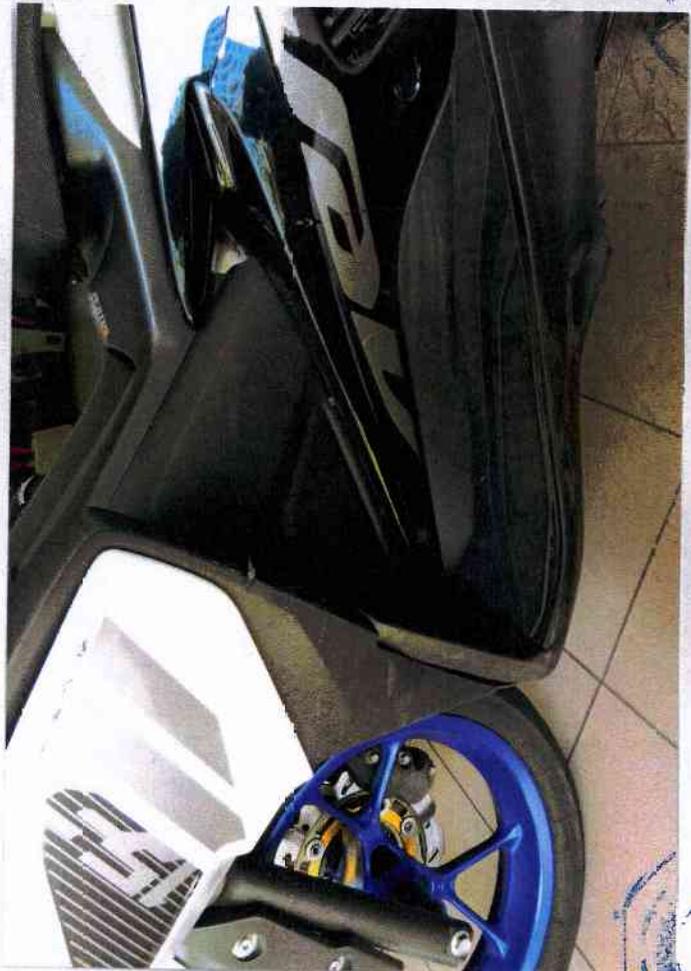
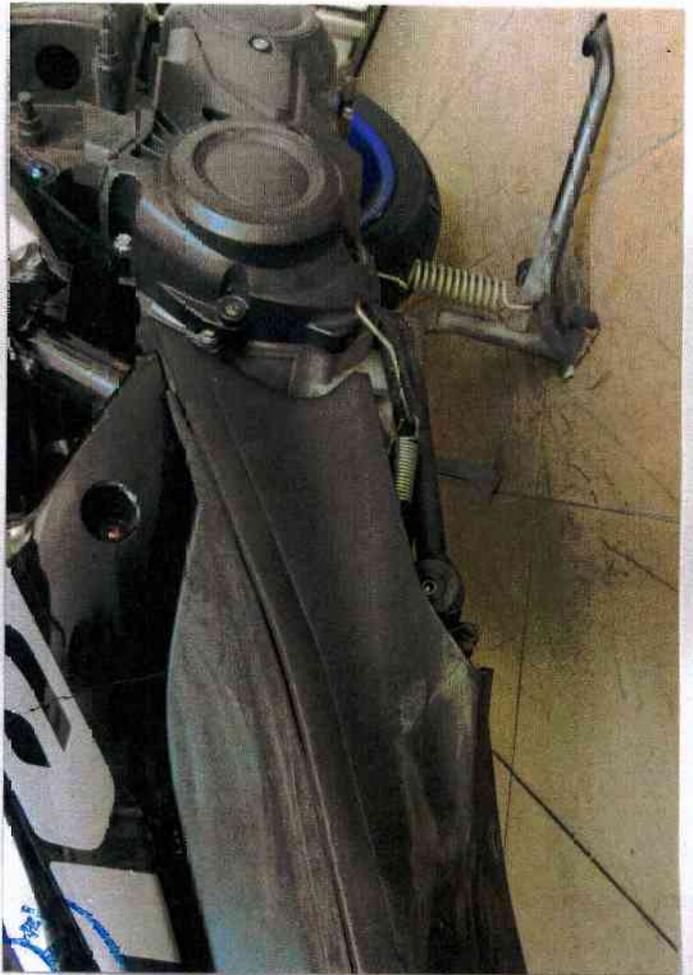
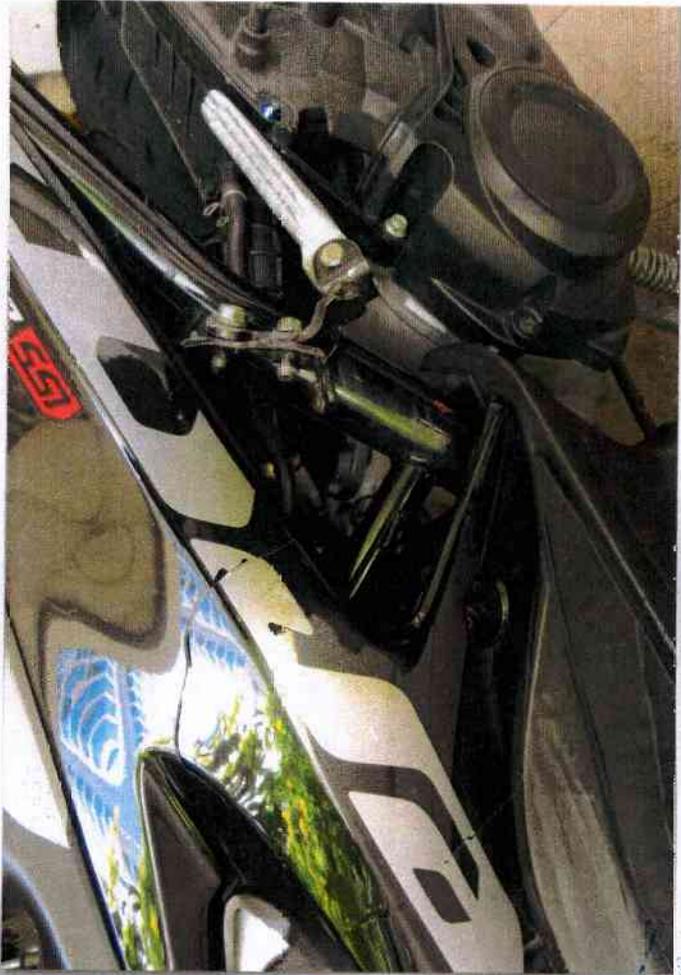
Handwritten blue ink markings, possibly a date or number, located at the bottom of the page.





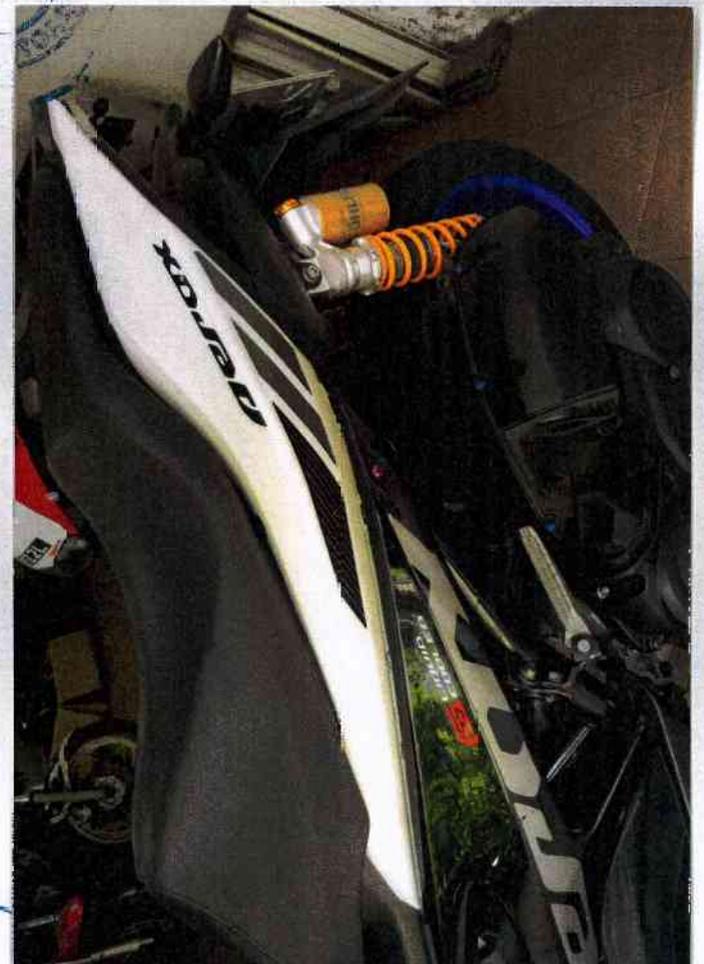
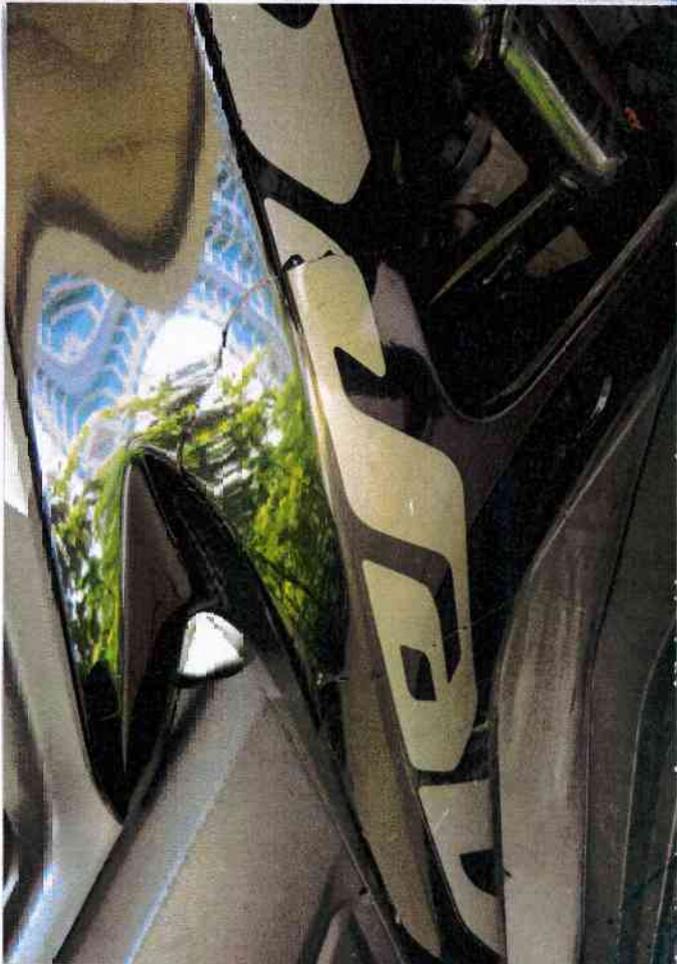
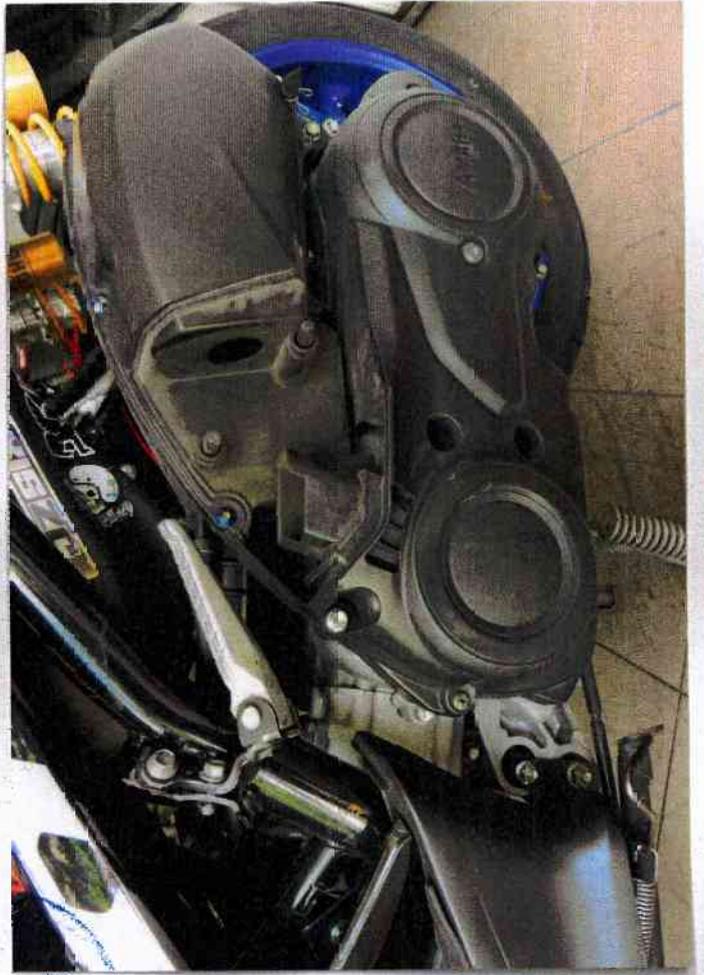
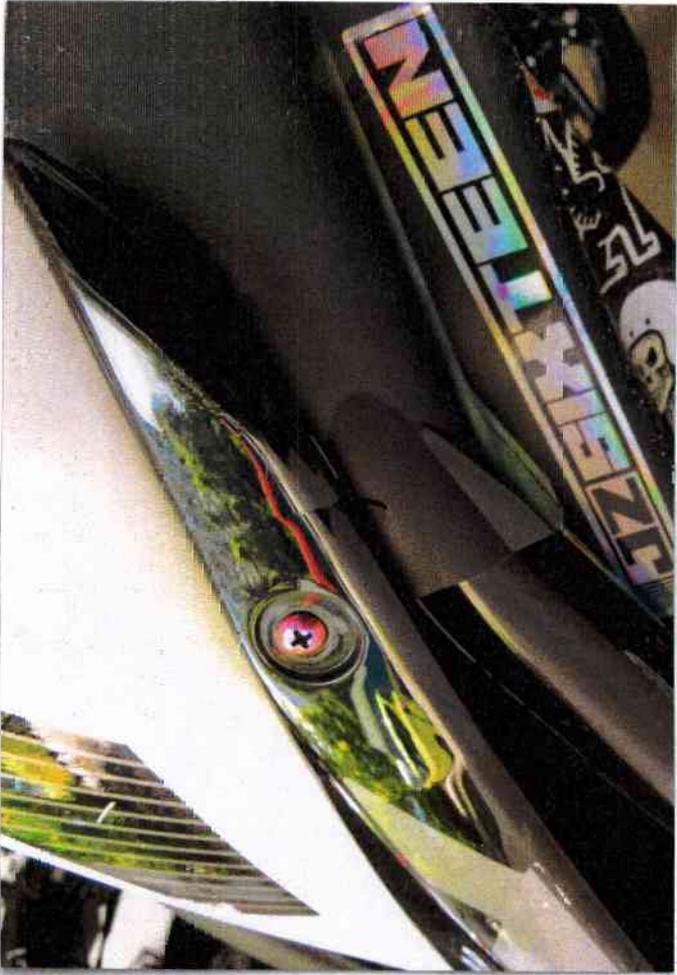


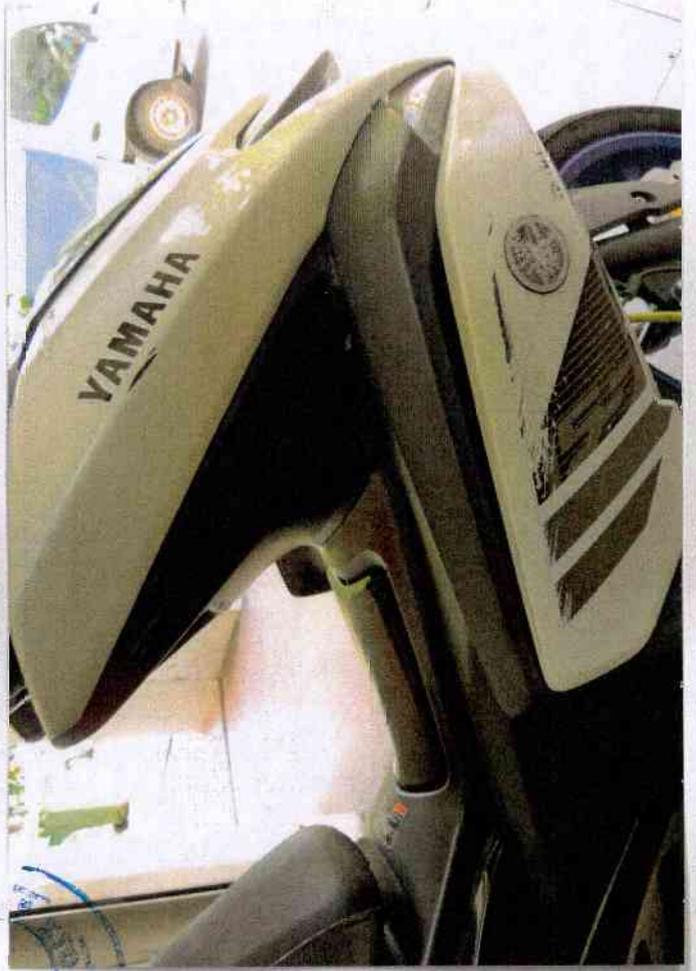




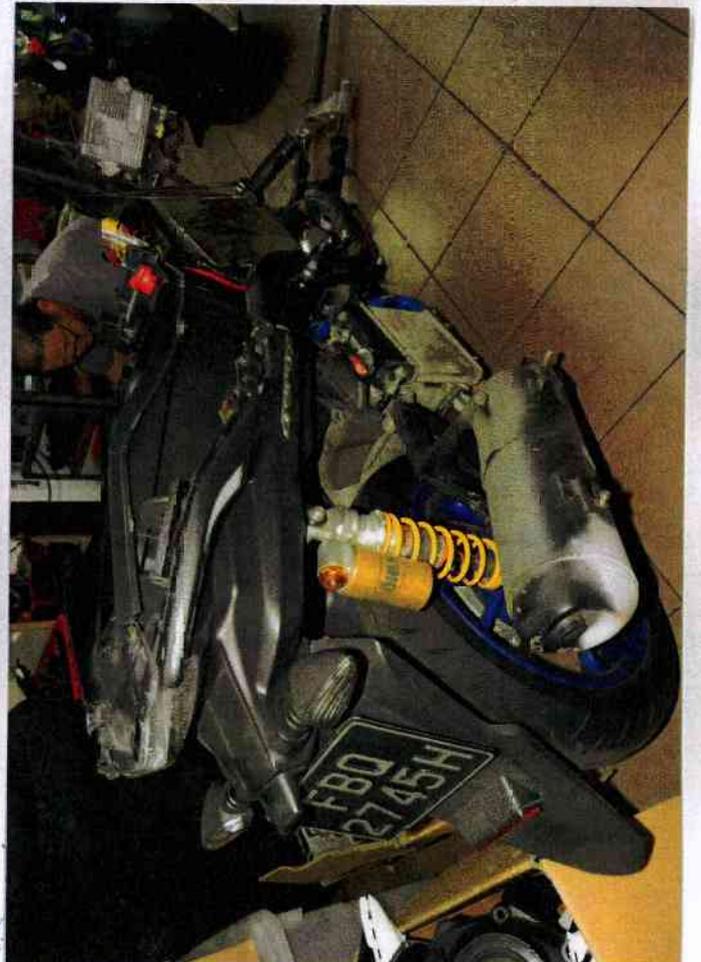
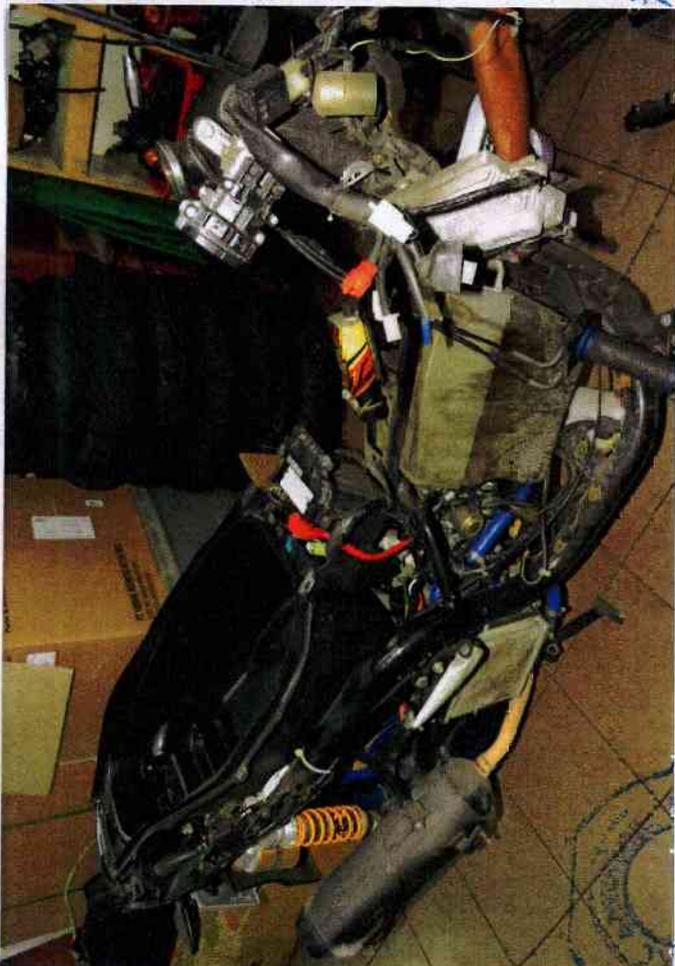
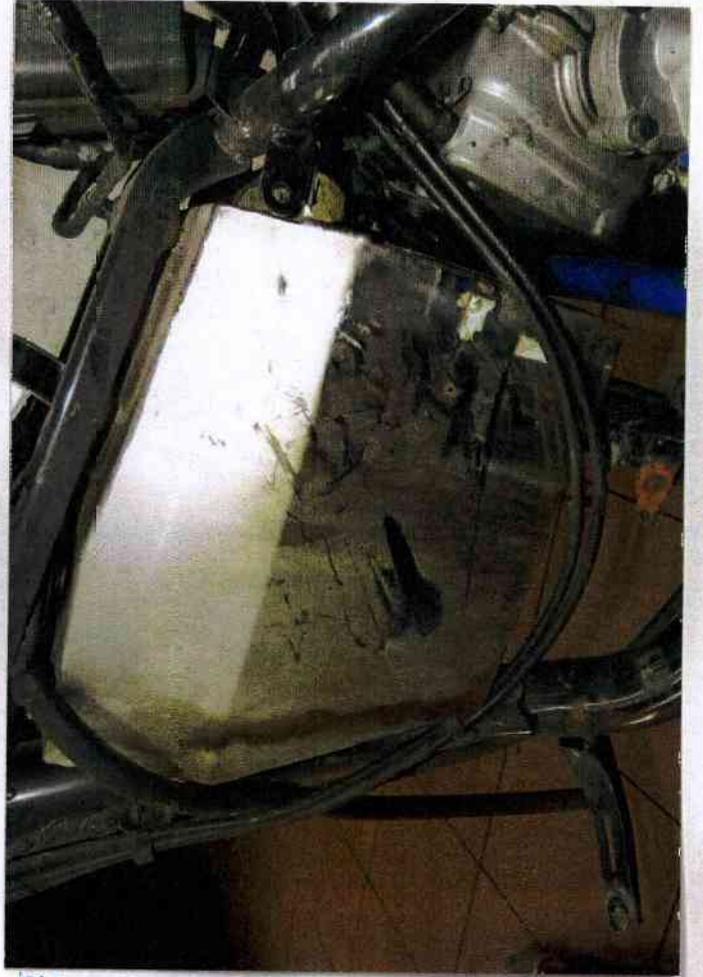
150

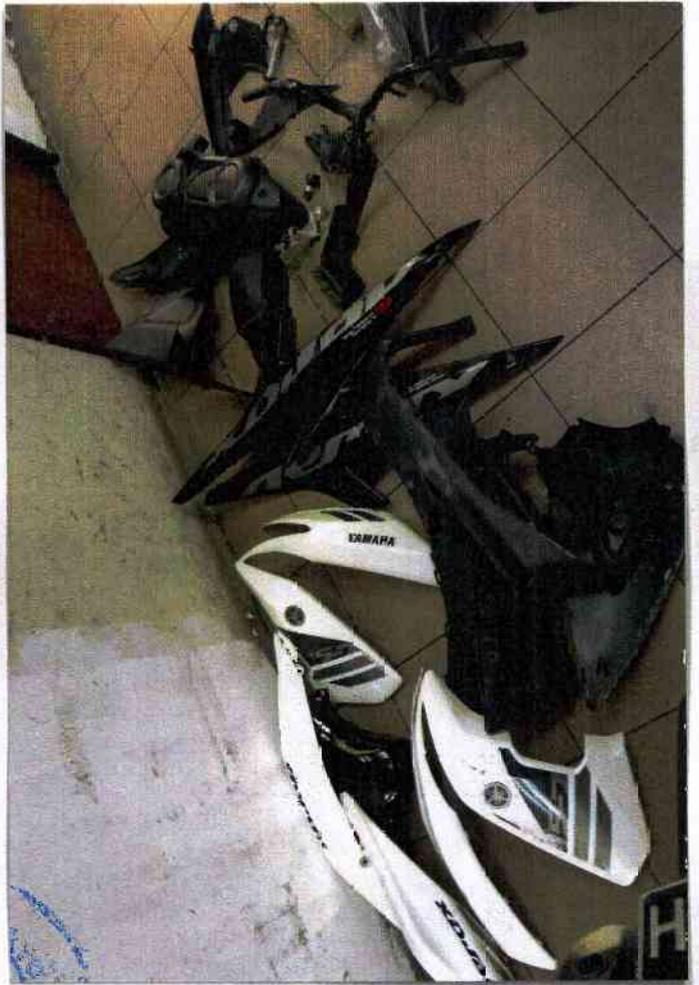
150

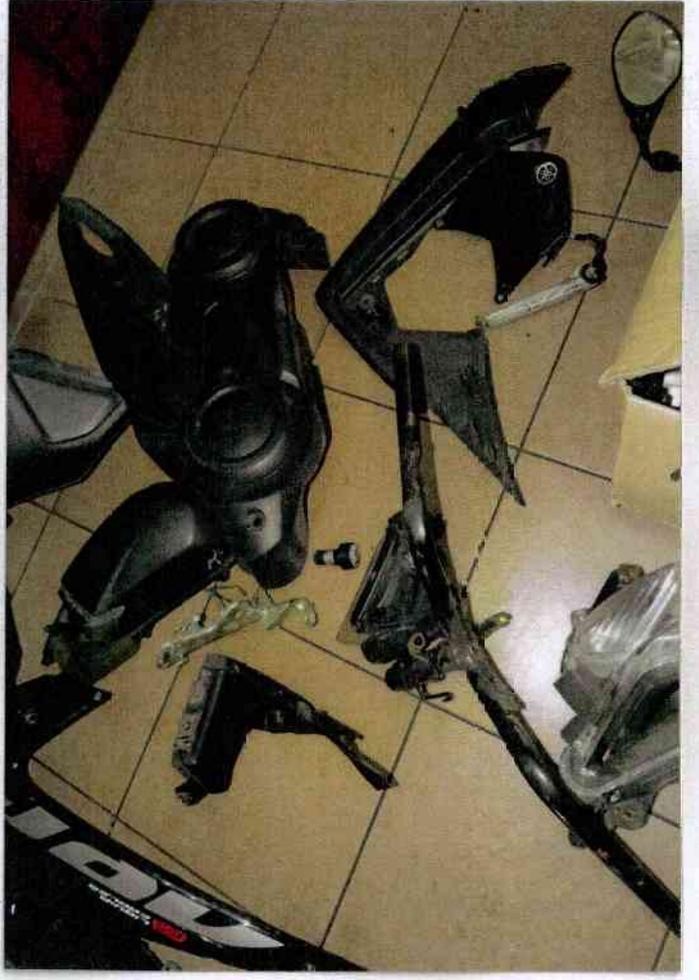


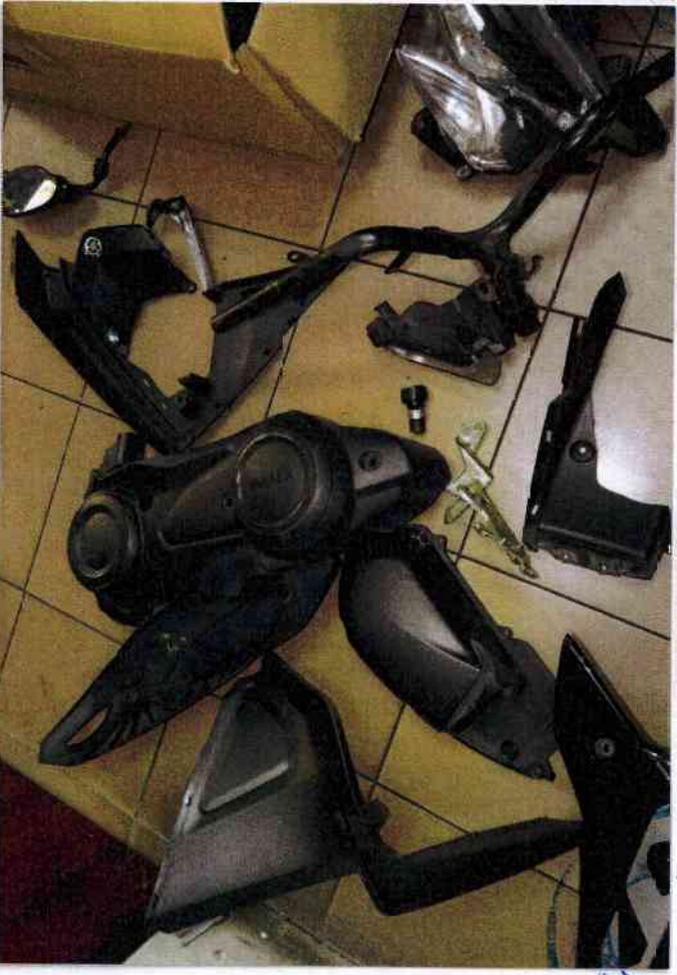
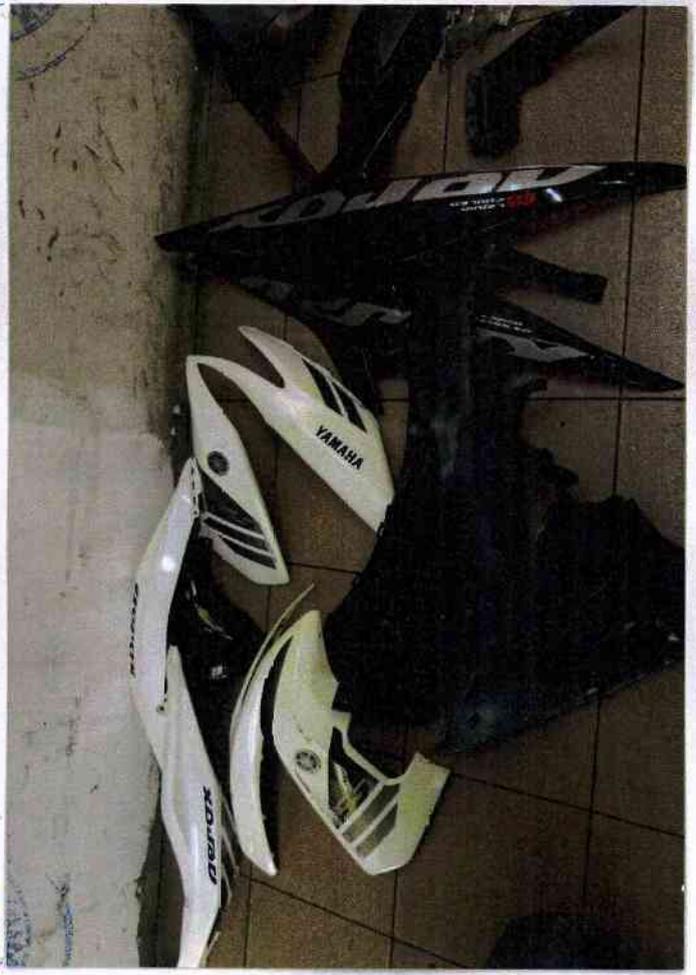


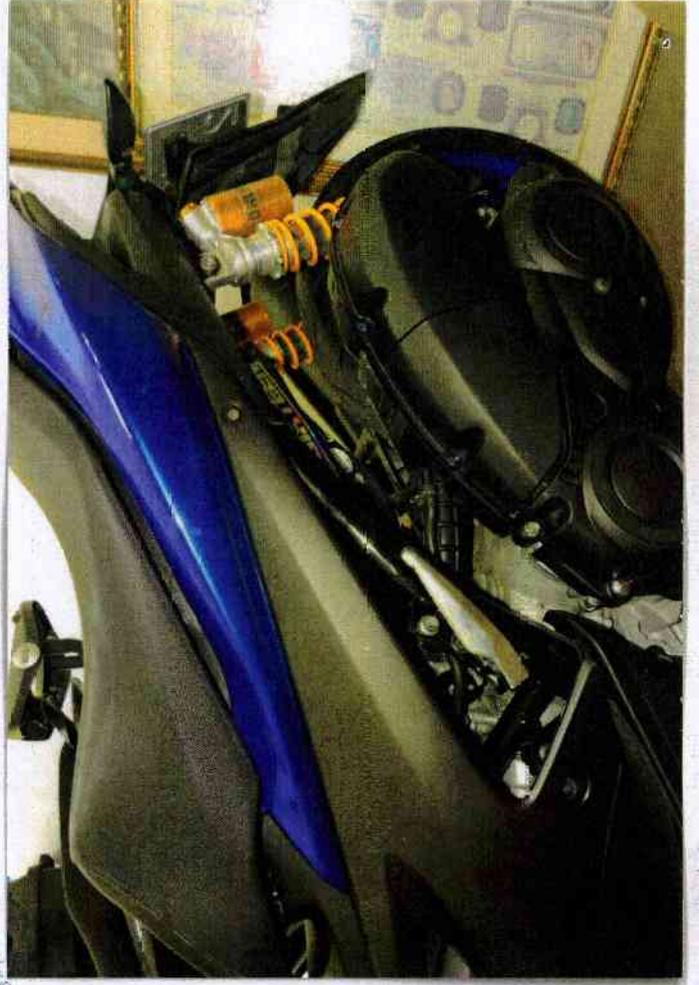
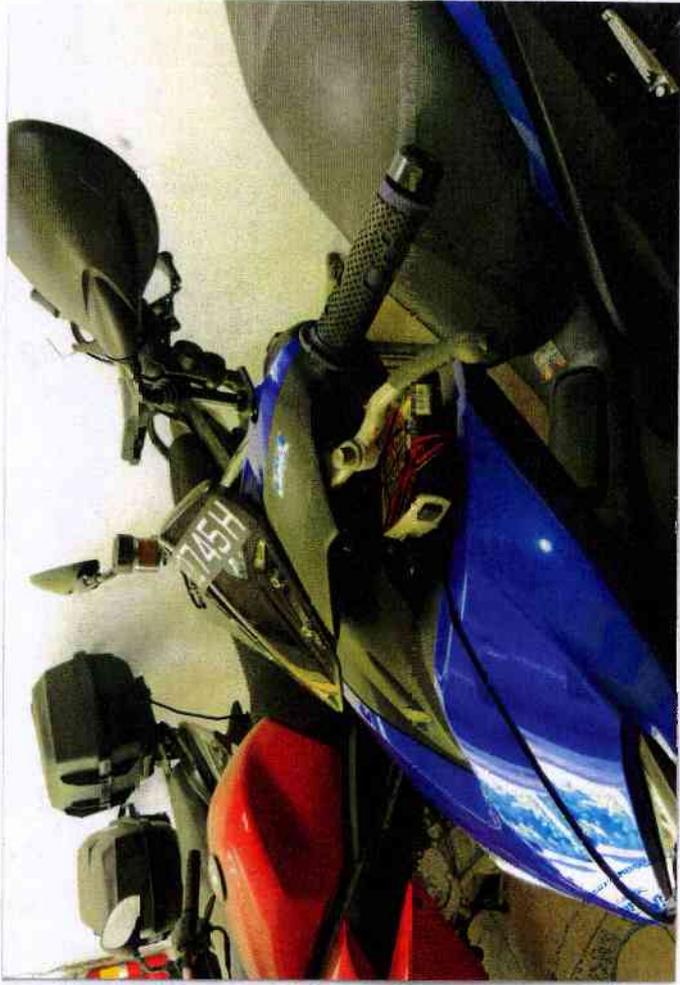




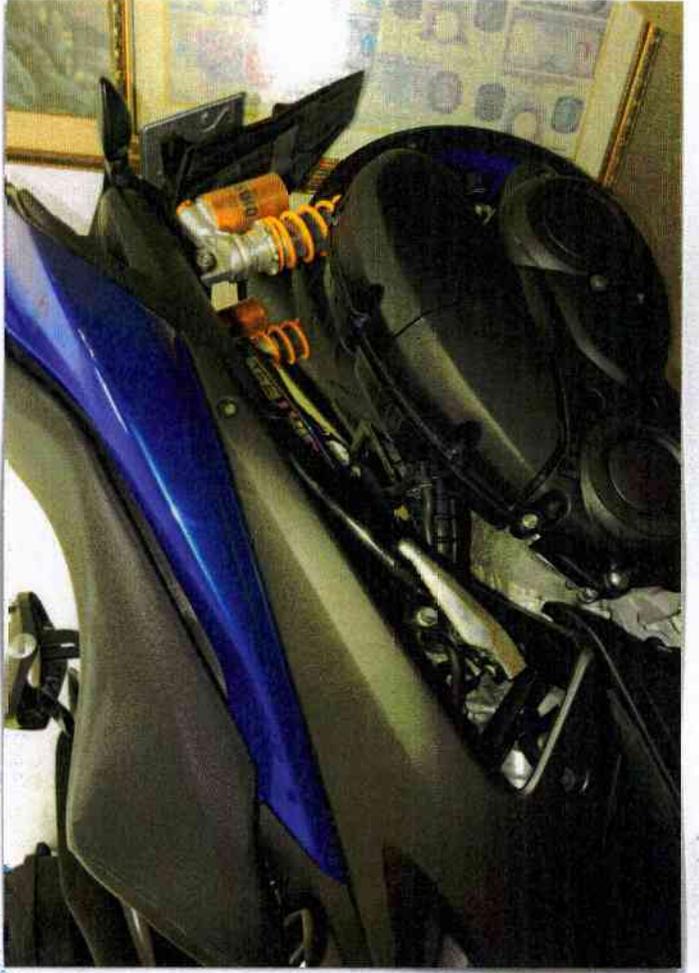
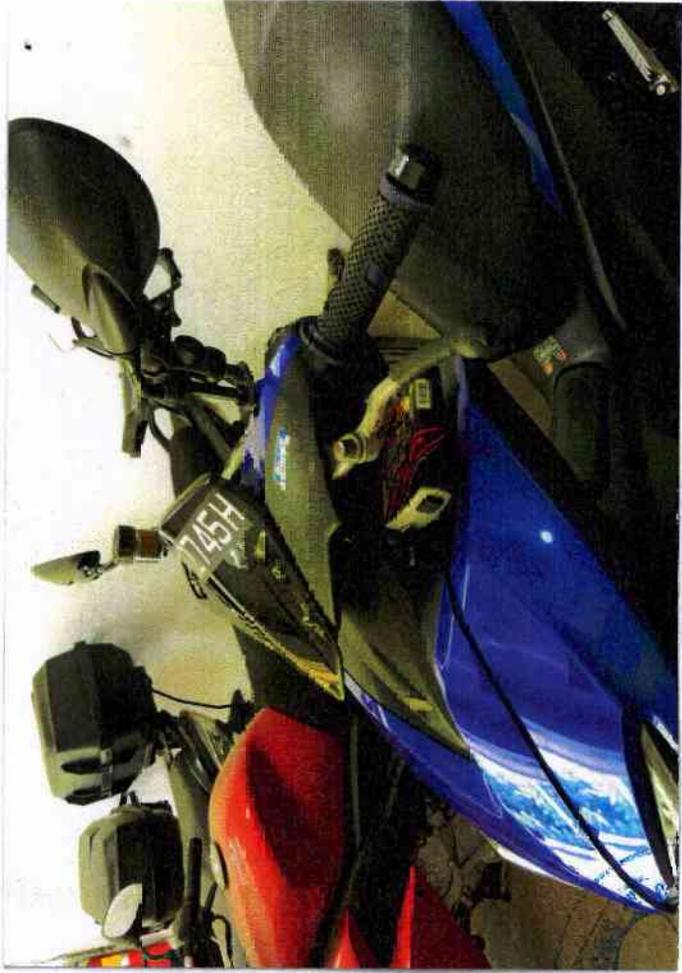








POST REPAIR INSPECTION



POST REPAIR INSPECTION



POST REPAIR INSPECTION