

Your ref: TBA  
Our ref: KS/PI0628/21/cs

22 August 2022

India International Insurance Pte Ltd  
64 Cecil Street  
#04-06, IOB Building  
Singapore 049711

**BY EMAIL ONLY**  
[lod@iii.com.sg](mailto:lod@iii.com.sg)

**Attn: Motor Claims Department**

Grab Rentals Pte Ltd  
6 Shenton Way  
#38-01 OUE Downtown  
Singapore 068809

**BY CERTIFICATE OF  
POSTING**

(Owner of Vehicle No SMY 4631S)

Raavee Shankar s/o Singaravelu  
Blk 475D Upper Serangoon Road  
#18-557  
Singapore 537475

**BY CERTIFICATE OF  
POSTING**

(Driver of Vehicle No SMY 4631S)

Dear Sir / Madam

**HADI NURHAKIM BIN MOHAMED RAZALI (NRIC NO SXXXX746E)  
ACCIDENT ON 18 JUNE 2021 AT 11:30 AM INVOLVING FBQ 6474M AND SMY 4631S  
ALONG ORCHARD ROAD**

1. We act for Hadi Nurhakim Bin Mohamed Razali (NRIC No SXXXX746E), the Rider of vehicle no FBQ 6474M, in connection with the abovenamed accident.
2. We are instructed that on 18 June 2021, at or about 11:30 am, our client was riding vehicle no FBQ 6474M straight along Orchard Road on the most right lane. All of a sudden, your vehicle which was travelling on the left lane encroached onto our client's path of travelling while attempting to change lane. You failed to give any prior signal of your intention. As a result, our client was required to swerve his vehicle to avoid any collision.
3. As a result of the said collision, our client suffered injuries, loss and damages.
4. A copy of each of the following supporting document(s) is enclosed / has been sent to your insurer:

S/N	Description
(a)	Medical report by Dr Patil Satish Shantaram of Sengkang General Hospital
(b)	Invoice from Sengkang General Hospital for medical report
(c)	Police report of Hadi Nurhakim Bin Mohamed Razali
(d)	GIA Report of Vehicle No(s) FBQ 6474M and SMY 4631S
(e)	Tax invoices for the GIA Search and Report(s)
(f)	LTA Search and Invoice for SMY 4631S
(g)	Medical certificate(s) from Sengkang General Hospital for 4 days
(h)	Medical certificate(s) from Healthway Medical (Hougang) for 3 days
(i)	Medical invoice(s) from Sengkang General Hospital
(j)	Medical invoice from Healthway Medical (Hougang)
(k)	Foodpanda Statements
(l)	Repair Bill for FBQ 6474M

5. Based on the aforesaid, we quantify our client's claim for personal injury and property damage as follows:

**General Damages**

\$ 5,000.00

- i. Abdominal wall contusion;
- ii. Left hip contusion; and
- iii. Abrasion over left elbow; and
- iv. Abrasion over left palm.

**Special Damages**

- i. Medical Expenses (and continuing) \$ 185.48
- ii. Transport Expenses (and continuing) \$ 60.00
- iii. Loss of income ( \$100.00 x 7 days) \$700.00
- iv. Loss of earning capacity Reserved/To be assessed
- v. Loss of personal belongings Reserved/To be assessed

**Disbursements**

- i. Medical Report \$110.00
- ii. LTA Search Fee \$7.49
- iii. GIA Search and Report Fee \$29.00
- iv. Public Trustee's fees (if applicable) \$225.00
- v. Other Incidentals (inclusive of GST) \$160.50

**Our Legal Costs (inclusive of GST)**

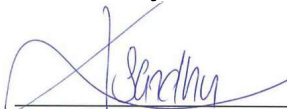
\$3,210.00

6. Further as a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

- i. Cost of repair \$ 8,095.62
- ii. Loss of Use

7. In compliance with the pre-action protocol under Paragraph 25C of the State Courts' Practice Directions, we propose using Dr Patil Satish Shantaram of Sengkang General Hospital as a Single Joint Expert.
8. Please note that if you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.
9. Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter. Please also inform us, within 14 days of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical experts or whether you wish to propose other medical experts. If you or your insurers do not acknowledge this letter **within fourteen (14) days of this letter**, we have strict instructions to commence legal proceedings without further reference.
10. Upon acknowledgement of this letter, kindly let us hear from you **within eight (8) weeks** whether you admit liability and your agreement on our proposal.
11. Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of you receipt of this letter.
12. **Please note that this letter of demand is made without prejudice to our client's rights to seek recovery for his/her property damage claim arising out of the same accident.**
13. All our client's rights are reserved.

Yours faithfully



**Kertar & Sandhu LLC**

Enc

Cc Client

**BY POST**

*Better Health Together*

**Our Reference: MR/04659/2021[LAWYERS] (Request No 202105749)**

19/07/2021

Kertar & Sandhu LLC  
133 New Bridge Road  
#11-10 Chinatown Point  
Singapore 059413

Dear Sir/Mdm,

**Re: MEDICAL REPORT FOR MR HADI NURHAKIM BIN MOHAMED RAZALI (S9316746E)**

1. Mr Hadi Nurhakim Bin Mohamed, Razali was seen on 18/06/2021 by the Emergency Department of Sengkang General Hospital at 01.50 pm by Dr Valere Chang and Dr Lee Man Xin.
2. He was allegedly involved in a road traffic accident at around 11.40 am on 18/06/2021 while he was riding a motorcycle on the left most lane and a motor vehicle tried to enter his lane. He allegedly self skidded after trying to avoid the car and landed on left side without any flung. His approximate speed was 30 kmph during the accident .He was able to get up and walk after the accident and went home.
3. He came to Sengkang General Hospital Emergency Department due to persistent epigastric region pain
4. On examination at Sengkang General Hospital Emergency Department, he was alert, oriented to time, place and person, his vital signs were in normal range. There was mild tenderness in epigastric region and left hypochondriac region with superficial abrasions. He had superficial abrasions over left elbow and left palm without any active bleeding and range of movement at left elbow and hand were full. He also had mild tenderness over left hip region without any deformity. Range of movements at both hip joint was full and distal neurovascular status was intact.
5. He underwent blood investigations including Full Blood Count, Renal Panel, Liver Panel, Lipase and 2 sets of Troponin T. His blood investigations did not show any significant abnormality. His E-FAST scan was negative for any free fluid in abdomen. His serial ECG did not show any significant ST-T wave changes. His chest X-ray was reported normal.
6. He was treated in Emergency Department with Inj Ketorolac 30 Mg IV stat and Tab Paracetamol 1 gram PO stat.

**PATIENTS. AT THE HEART OF ALL WE DO.®**

**SingHealth Duke-NUS Academic Medical Centre**

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital  
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore  
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics



*Better Health Together*

7. On review By Dr Patil Satish Shantaram at around 5.30 pm on 18/06/2021, patient was much better and epigastric pain was significantly decreased.
8. He was diagnosed with
  - i) Abdominal wall contusion due to road traffic accident.
  - ii) Left hip contusion due to road traffic accident.
  - iii) Abrasion over left elbow and left palm due to Road traffic accident.
9. He was discharged from Emergency Department on 18/06/2021 at around 5.55 pm in stable condition and was given 4 days of Medical Leave (Serial Number EMD20217410) from 18/06/2021 to 21/06/2021. He was also given on discharge Tab Anarex 2 tablets PRN for pain TDS for 1 week and Tab Omeprazole 40 mg OM for 1 week.

Yours Sincerely,



**Dr Patil Satish Shantaram**  
**MCR M65532E**  
**Resident Physician**  
**Department of Emergency Medicine**  
**Sengkang General Hospital.**

**PATIENTS. AT THE HE<sup>♥</sup>RT OF ALL WE DO.<sup>®</sup>**

**SingHealth Duke-NUS Academic Medical Centre**

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital  
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore  
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics





Sengkang  
General Hospital  
SingHealth

Tel: (65) 6930 6003

Fax:

Sengkang General Hospital  
Singapore 544886

Health Information Management Services  
Medical Reports Section

Reg No: 201220357K

GST Reg No: M9-0368910-N

**Payment Receipt/Tax Invoice**

**Invoice No** : MR/0004105/2021 **Date** : 02-07-2021  
**Payee's Name** : KERTAR & SANDHU LLC  
**Address** : ADVOCATES & SOLICITORS  
133 NEW BRIDGE ROAD  
#11-10 CHINATOWN POINT  
SINGAPORE 059413  
**Requestor** : KERTAR & SANDHU LLC **Our Ref** : MR/04659/2021/202105749  
**Patient** : HADI NURHAKIM BIN **Your Ref** :  
MOHAMEDRAZALI  
**IRN** : S9316746E **Currency** : SGD  
**Payment Mode** : CHEQUE  
**Bank** : UOB  
**Cheque/Card No** : 000673

S/No	Description	Qty	Unit Price SGD	Total Price SGD
1	ORDINARY MEDICAL REPORT	1	\$102.80	\$102.80
Sub-Total				\$102.80
7 % GST				\$7.20
Total Amount Payable				\$110.00
Amount Received (MRPERT/18210/2021)				\$110.00
Balance Amount				\$0.00

This is a system generated receipt. No signature is required.



## 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	23/06/2021 17:24 (SGT)
Date of Accident	18/06/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Orchard Road in front of Mandarin Gallery
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6474M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Hadi Nurhakim Bin Mohamed Razali
NRIC No	SXXXX746E
Email Address	hadynurhakim@gmail.com
Mobile Phone No	(Phone) +65-97224554
Alternative Phone No	+65-97224554

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMax155
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Auto
CC	155

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D20MTMc0100779L
Cover Note Number	-

### DRIVER

Name of Driver	Hadi Nurhakim Bin Mohamed Razali
NRIC No	SXXXX746E

Date Of Birth	08/05/1993
Occupation	Outdoor
Date Of Driving Pass	28/03/2021
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97224554
Alt. Phone Number	+65-97224554
Email Address	hadynurhakim@gmail.com
Address	Block 124A Hougang Ave 1 #10-1507
Address complement	-
Postcode	531174
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	Raining
Road Surface	Wet

#### 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?	No
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	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to the attached report

#### 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	SMY4631S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	SXXXX746E



Contact Number	(Phone) +- -
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ6474M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

## 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

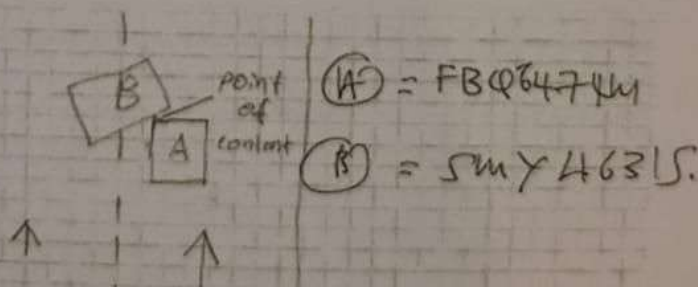
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

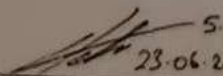



## Describe Circumstances of the Accident

I was travelling along Archer's road in front of Mandarin gallery. As I was slowing down, approaching the junction to make a right turn on the most right lane. Next to me was a van of my left. As I pass by the van vehicle B suddenly changed lane causing me to do an emergency brake which I did not have the time to stop as the distance between me vehicle A and vehicle B was only about 2 to 3 meters before the point of contact. As the road was wet due to rain which cause me to so hit on his right fender above his front right tire and resulting me to fall on my right side.

## Declaration

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

 5.09pm  
23.06.2021  
Policyholder's Signature / Date & Time

 5.09pm  
23.06.2021  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20210618/2100

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

1 of 3

Report No. T/20210618/2100

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2021 20:08		Vide Report No.:	Station Diary No.: 49
<b>Informant's Particulars</b>			
Name of Informant: HADI NURHAKIM BIN MOHAMED RAZALI		Address: APT BLK 174A HOUGANG AVENUE 1 #10-1507 SINGAPORE 531174	
ID Type / ID No.: NRIC NO / S9316746E		Contact No.: Home/Office: Mobile: 97224554	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 08/05/1993	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: FOOD DELIVERY		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/06/2021 11:30	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
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
FBQ6474M	Motorcycle	YAMAHA	NMAX155 ABS	Blue	Slightly Damaged	0
SMY4631S	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6474M	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC0100779 4	15/11/2020	14/11/2021





**SINGAPORE  
POLICE FORCE**



T/20210618/2100

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

2 of 3

Report No. T/20210618/2100

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	HADI NURHAKIM BIN MOHAMED RAZALI	ID No.	S9316746E
Related Vehicle	FBQ6474M (Motorcycle)	Contact No.	97224554
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	RAAVEE SHANKER S/O SINGARAVELU	ID No.	S8632423G
Related Vehicle	SMY4631S (Car)	Contact No.	90676367
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/06/2021 at about 1130hrs, I was travelling along Orchard Road in my motorbike FBQ6474M and the traffic was heavy. I was at the most right lane and I was travelling straight, heading towards to Cineleisure area. At that point of time, there was also another vehicle on my left side and V1 - SMY4631S was in front of it. I drove past the vehicle on my left side and suddenly V1 turned into my lane. I tried to brake however I still collided onto V1, it was too sudden and there was not adequate time for me to make a brake, and the floor was wet due to the rain. Thereafter, I fell to the ground and V1 driver came out to make a check on me. No police or ambulance were activated. We exchanged particulars, took photos and left.

After which, I went to Sengkang General Hospital to make a check as I felt pain on my chest/ left hip. I was given medical certificate of 4 days. I also suffered bruising of my chest and hips.

I wish to inform that I do not have the footage of the incident however I believe V1 owner have the footage.



SINGAPORE  
POLICE FORCE



T/20210618/2100

3 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No: T/20210618/2100

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:

F /

Sgt 3 LOW KAI TAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/06/2021 20:08

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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 ..... 20/06/2021 14:06 (SGT)  
Date of Accident ..... 18/06/2021 11:35 (SGT)  
Exact Location of Accident ..... Orchard Rd, Singapore 238897  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY4631S

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GRAB RENTALS PTE LTD

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... PRIUS PLUS (AUTO)  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1798

#### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D21MFL0000447  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... RAAVEE SHANKER S/O SINGARAVELU  
NRIC No ..... S8632423G  
Address ..... BLK 475D UPPER SERANGOON CRESCENT #18-557  
Address complement ..... -  
Postcode ..... 537475  
Does Driver Own Other Vehicles? ..... No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Change/cross lane  
Weather Conditions ..... Raining

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... Yes  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 1

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE POLICE REPORT

#### 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 ..... FBQ6474M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
Name of Driver ..... HADI NURHAKIM BIN MOHAMED RAZALI  
Insurance Company Name ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... HADI NURHAKIM BIN MOHAMED RAZALI  
Gender ..... Male  
Phone No ..... (Phone) +65-97224554  
Injured person in which vehicle? ..... FBQ6474M



**SKETCH PLAN****IMPORTANT NOTICE**

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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")

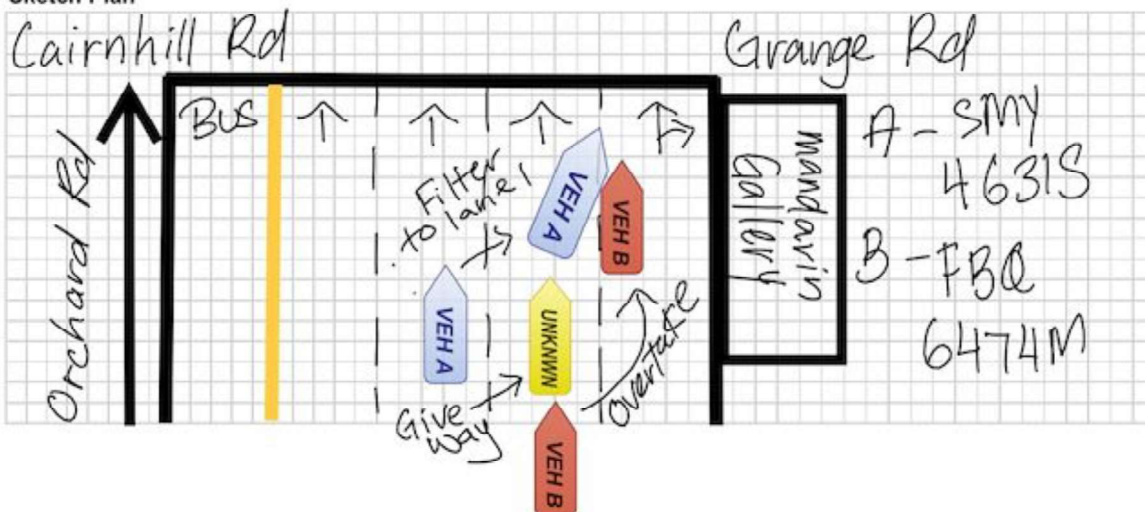
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20210619/7001

**Declaration**

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

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel





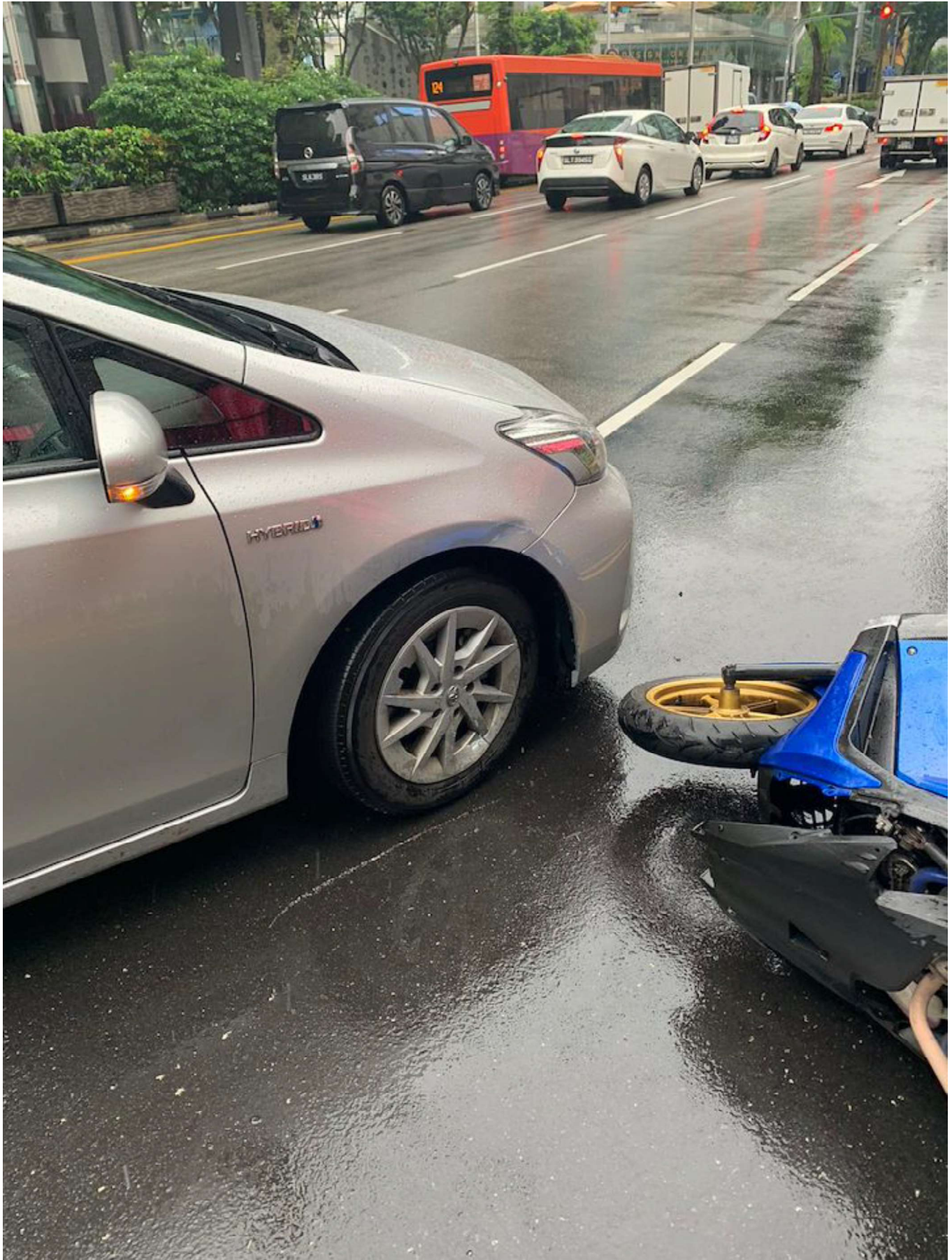
















**SINGAPORE  
POLICE FORCE**



T/20210619/7001

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

1 of 4

Report No. T/20210619/7001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/06/2021 01:07		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: RAAVEE SHANKER S/O SINGARAVELU			Address: 475D UPPER SERANGOON CRESCENT #18-557 SINGAPORE 537475		
ID Type / ID No.: NRIC NO / S8632423G			Contact No.: Home/Office: Mobile: 90678367		
Nationality: SINGAPORE CITIZEN			Email: RAAVEESHANKER@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 01/11/1986	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Startup Entrepreneur			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/06/2021 11:35	Type of Location: Straight Road
Location:  ORCHARD ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ6474M	Motorcycle				Slightly Damaged	0
SMY4631S	Car					0