

K. KRISHNA & PARTNERS

UEN 53131210X
GST Registration No. M90371530C
Advocates & Solicitors
101 Cecil Street #24-03/04 Tong Eng Building Singapore 069533
Tel: 6323 3038 Fax: 6323 2120 (Not for service of Court Documents)
Email: kkrishnaoffice@gmail.com

60219271

K. Krishnamoorthi
LLB (Hons) (London)
Barrister-at-Law (Gray's Inn)
B.Sc(Hons)(Est.Man)(S'pore)

S. Manohar
LLB (Hons) (S'pore)

Vengadesh s/o Kumaravelu
LLB (Hons)

Our Ref: KK.MC.PI.18986.2022.ma
Your Ref: To be advised



31 March 2022

M/s AXA Insurance Pte Ltd
9 North Buona Vista Drive
#18-01/16 The Metropolis Tower 1
Singapore 138588



WITHOUT PREJUDICE
BY HAND

301995513--

Dear Sirs

**PERSONAL INJURY - ACCIDENT ON 11/01/2022 INVOLVING AZ 9389X & SHA 7742X
ALONG JURONG WEST CENTRAL 3 TOWARDS JLN BOON LAY IN FRONT OF BLOCK
692A JURONG WEST CENTRAL 3 CAR PARK**

We act for Mr Azahar Bin Mat Yusof @ Azahar who was the rider of motorcycle no. **AZ 9389X** which who was involved in the aforesaid accident with motor vehicle no. **SHA 7742X**.

We are instructed that our client was injured in the accident and that the vehicle no. **SHA 7742X** was insured by you at the material time.

We are further instructed that the aforesaid accident was caused solely by the negligence of your insured driver in the control management and driving of his vehicle.

Accordingly, our client has suffered the following loss and damage:

A. GENERAL DAMAGES

1. Pain & Suffering

(Refer to the medical reports by Dr S R E Sayampanathan
From Orthopaedic 'A' Care Service Pte Ltd dated 24 January
2022 and Dr Talha Munir from Raffles Medical Group dated
20 January 2022)

\$ 10,000.00

2. Future Medical Expenses

\$ 2,000.00

K. KRISHNA & PARTNERS

Advocates & Solicitors

-2-

B. SPECIAL DAMAGES

1. Medical Expenses	\$ 611.55	
2. Transport Expenses (Estimated)	\$ 90.00	
3. Cost of Repairs	\$5,500.00	
4. Loss of Use (20 days x \$50 per day)	\$1,000.00	\$ 7,201.55

C. OTHERS

1. Medical Report Fee	\$ 174.40	
2. Survery Report Fee	\$ 450.00	
3. GIA Search /Report Fee	\$ 29.00	
4. LTA Search Fee	\$ 7.49	
5. Public Trustee Fee	\$ 225.00	\$ 885.89
		<u>\$20,087.44</u>

We have been instructed to claim the said sum of **\$20,087.44** and plus a further sum of \$5,000.00 as contribution towards our legal costs from you. In support of our client's claim, we enclose:-

- (i) Photocopy of Accident Report(s);
- (ii) Photocopy of Medical Report(s);
- (iii) Photocopy of M/s Motorcraft Repair Bill;
- (iv) Photocopy of M/s Aeon Auto Consultants LLP's Automobile Assessment Report with colour photographs;
- (v) Photocopy of Police Report;
- (vi) Photocopy of 7 Colour Photographs;
- (vii) Photocopy of Medical Certificate(s); and
- (viii) Photocopy of Medical Bill(s) and Official Receipt(s).

In compliance with the pre-action protocol under the State Courts' Practice Direction Paragraph 3.3 (Appendix E), our client proposes using one of the following medical experts as a Single Joint Expert:-

- 1) Dr S R E Sayampanathan (Orthopaedic 'A' Care Service Pte Ltd);
- 2) Dr Talha Munir (Raffles Medical Group);
- 3) Dr Yeo Khee Quan (Orthopaedic); or
- 4) Dr W C Chang (Orthopaedic).

Please send us an acknowledgement of receipt of this letter **within fourteen(14) days** of your receipt of this letter. If you wish to have our client examined by your own medical expert, please also advise **within fourteen (14) days** of the acknowledgement of receipt, where and when the examination of our client is to take place so that we may arrange for him/her to attend.

TAKE NOTICE that unless we receive your acknowledgement of receipt of this letter and its enclosures **within fourteen (14) days** from the date hereof, our client will have no alternative but to commence proceedings against your insured and/or his authorized driver without further reference or notice to you.

Please note that this claim is without prejudice to our client's rights to property damage claim, as the case may be.

K. KRISHNA & PARTNERS

Advocates & Solicitors

-3-

Please also note that the proposal herein is only acceptable as a whole and not in parts.

Yours faithfully



Encs

cc **M/s Comfort Transportation Pte Ltd**
383 Sin Ming Drive
GAS Building
Singapore 575717

CERTIFICATE OF POSTING

Mr Koh Chiang Huang
Block 229 Simei Street 4
#08-208
Singapore 520229

CERTIFICATE OF POSTING

(We would advise you to report the accident to your insurers, M/s AXA Insurance Pte Ltd, if you have not done so. We have forwarded all supporting documents to your insurers, , M/s AXA Insurance Pte Ltd. All supporting documents will be forwarded to you upon request. Please also notify us if you have a claim against our insured **within eight (8) weeks** of your receipt of this letter.)

cc Client



Dr S. R. E. Sayampanathan, PBM, OSU,
MB, BS (S'pore), FRCS (Edin), FICS (USA),
FAMS (Orth), FAMM (M'sia),
Orthopaedic Surgeon

24 Jan 2022

Your Ref : **KK.MC.PI.18986.2022.ma**
Our Ref : **MR/220124/tlh**

**MESSERS K KRISHNA & PARTNERS,
ADVOCATES & SOLICITORS,
101 CECIL STREET,
#24 - 03/04, TONG ENG BUILDING
SINGAPORE 069533**

Dear Sirs,

**MEDICAL REPORT
AZAHAR BIN MAT YUSOF,
NRIC No : S 6984129 E**

1. This gentleman consulted me on 24 Jan 2022. He was apparently a motorcyclist who was involved in an accident on 11 Jan 2022.
2. He complained of pain in the neck region, right shoulder region, right wrist region and right knee/leg ever since the accident. The neck pain radiated to the left shoulder and left arm. He had paraesthesia to the left arm and the left scapula regions intermittently. He had weakness in the left upper limb ever since the accident.
 - 2.1 He complained of stiffness in the neck, right shoulder, right wrist and right knee.
 - 2.2 He had swelling and bruising in the right thumb for about 10 days following the accident. He also had some pain in the chest for about 10 days following the accident. The injuries in the right thumb and chest had gradually resolved.
3. On examination, there was a resolving bruise over the right shin. There was tenderness present in the neck region, the right shoulder region and the right knee and shin. There was associated spasm of the muscles in the neck region and the right shoulder region. There was mild swelling in the right wrist region, the right knee and the right shin. There was a decreased biceps jerk for left upper limb. The

MEDICAL REPORT
AZAHAR BIN MAT YUSOF,
NRIC No : S 6984129 E

(cont'd)
KK.MC.PI.18986.2022.ma
MR/220124/tlh

strength of the left upper limb was generally about Grade 4+ (normal should be Grade 5). The movements of the neck, right shoulder, right wrist and right knee were reduced.

4. X-rays had previously been done at Raffles. He was informed that there was no fracture.

5. Mr Azahar sustained the following injuries :

- 5.1 a whiplash injury to the neck (Grade 3 by Quebec Task Force Classification)
- 5.2 a soft tissue injury to the right shoulder
- 5.3 a soft tissue injury to the right wrist
- 5.4 a soft tissue injury to the right thumb (which had resolved within 10 days of the accident)
- 5.5 a soft tissue injury to the chest (which had resolved within 10 days of the accident)
- 5.6 a soft tissue injury to the right knee and right shin

6. He was referred for physiotherapy and given medical leave from 24 Jan to 02 Feb 2022.

Yours sincerely,


S R E Sayampanathan (Dr)



Dr S R E Sayampanathan,
MB,BS (S'pore), FRCS (Edin),
FICS (USA), FAMS (Orth),
Consultant Orthopaedic Surgeon,

INVOICE N^o: 2573

Co. Reg. No. 199706815K

NAME : Messers K Krishna & Partners

NRIC : KK.MC.PI.18986.2022-ma

ADDRESS : For acct of Azahar Bin Mat Yusof/S6984129E

The following fees are payable within 14 days 24 JAN 2022

CONSULTATION			
Inpatient Medical Report	395		
Outpatient			
DRESSING			
INJECTION			
SURGICAL FEES			
BLOOD TESTS			
X-RAYS			
MEDICATION			
OTHERS			
TOTAL	\$395		

Cheques should be made payable to "Orthopaedic 'A' Care Service Pte Ltd".

Thank you

Yours faithfully,

S R E Sayampanathan (Dr)

20th January 2022

- 1 MAR 2022

K.KRISHNA & PARTNERS
Advocates and Solicitors
101 Cecil Street
#24-03/04
Tong Eng Building
Singapore 069533

Dear Sir/Madam:

RE: MEDICAL REPORT FOR Mr AZAHAR BIN MAT YUSOF NRIC: S6984129E
YOUR REFERENCE: KK.MC.PI.18986.2022.ma

The above named was seen on 11th January 2022 at 15.38 at our clinic by one of our doctors.

He claimed that he was involved in a road traffic accident earlier in the day. He was motorbike rider and was hit by the car.

He presented with Right shoulder, wrist, knee and lower chest pain. On examination, he was alert. Vitals stable. No superficial or open wounds, abrasions or bruises seen. Tenderness over right shoulder, wrist radial side, anterior knee and lower chest was present. Chest compression was negative and range of movement and shoulder and wrist slightly restricted due to pain.

Neck was supple with full range of movement at spine and no spinal tenderness was detected. His neurological examination did not reveal any abnormality.

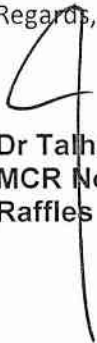
X-rays for right wrist, shoulder and chest were done which did not show any acute abnormality.

He was prescribed analgesic medicine, and was given three days of rest.

He was advised for review in two days. He was subsequently seen on 13th January 18.46 at our clinic and reported improvement in symptoms. He was advised to rest for another 2 days and to continue analgesia as per needed.

For your information

Regards,


Dr Talha Munir
MCR No.19600B
Raffles Medical Group

GST REGN NO. : M9-0000467-N PAGE : 1 of 1
VISIT NO. : G06922005683 BILL TYPE : PATIVNOUT
VISIT DATE/TIME : 28-FEB-2022 09:58AM BILL DATE : 28-FEB-2022
INVOICE NO. : PG06922005683-1 PATIENT NAME : AZAHAR BIN MAT YUSOF
PAY BY : SELF PATIENT ID NO. : *****129E
PAYER NAME : AZAHAR BIN MAT YUSOF POLICY NO. :
ADDRESS : 745 JURONG WEST STREET 73 #07-57 SINGAPORE 640745

DESCRIPTION	QTY	S\$	S\$
MEDICAL REPORT/LETTER			
MEDICAL REPORT - ROUTINE TYPED	1.0	150.00	150.00
SUB-TOTAL			150.00
TOTAL CHARGES BEFORE GST			150.00
GST @ 7%			10.50
TOTAL CHARGES AFTER GST			160.50
TOTAL AMOUNT PAID			(160.50)
REG2200293751 - 28/02/2022 - CHEQUE		160.50	
TOTAL BALANCE DUE			0.00

1 JURONG WEST CENTRAL 2 #B1A-19D JURONG POINT SHOPPING CENTRE SINGAPORE 648886
T:67900583

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



Physio & Sole Clinic
Moving Beyond Recovery

INVOICE

Physio and Sole Clinic (Jurong) Pte. Ltd.

21 Jurong Gateway Road #03-07
CPF Jurong Building
Singapore 608546
Phone: 90585641
BIZ Reg. No. 201713137E

Invoice No. 4-15879

Invoice Date : 24-Jan-2022

Physician

Name Low Yang Zhi
Address 21 Jurong Gateway Road #03-07
CPF Jurong Building
Singapore 608546

Patient

Name Azahar Bin Mat Yusof *****129E
Address 745 Jurong West Street 73 07-57
Singapore 640745

Fees & Charges

Date	Item Code	Description	Qty	Total
24-Jan-2022	90	PHYSIOTHERAPY SESSION	1	\$180.00
			Total	\$180.00

Payments

Date	Payment Method	Status	Amount
24-Jan-2022	NETS	Paid	\$180.00
Total			\$180.00

PHYSIO AND SOLE CLINIC (JURONG) PTE LTD

CO.REG.NO.201713137E
21 Jurong Gateway Road
CPF Jurong Building
#03-07, Singapore (608546)



**Physio
&
Sole Clinic**
Moving Beyond Recovery

INVOICE

Physio and Sole Clinic (Jurong) Pte. Ltd.

21 Jurong Gateway Road #03-07
CPF Jurong Building
Singapore 608546
Phone: 90585841
BIZ Reg No: 201713137E

Invoice No: 4-15929

Invoice Date: 27-Jan-2022

Practitioner

Name: Low Yang Zhi
Address: 21 Jurong Gateway Road #03-07
CPF Jurong Building
Singapore 608546

Patient

Name: Azahar Bin Mat Yusof *****129E
Address: 745 Jurong West Street 73 07-57
Singapore 640745

Fees & Charges

Date	Item Code	Description	Qty	Total
27-Jan-2022	90	PHYSIOTHERAPY SESSION	1	\$180.00
			Total	\$180.00

Payments

Date	Payment Method	Status	Amount
27-Jan-2022	NETS	Paid	\$180.00
Total			\$180.00

YSIO AND SOLE CLINIC (JURONG) PTE LTD
CO.REG.NO.201713137E
21 Jurong Gateway Road
CPF Jurong Building
#03-07, Singapore (608546)

TAX INVOICE

GST REGN NO. : M9-0000467-N PAGE : 1 of 1
VISIT NO. : G06922000919 BILL TYPE : PATIVNOUT
VISIT DATE/TIME : 11-JAN-2022 03:38PM BILL DATE : 11-JAN-2022
INVOICE NO. : PG06922000919-1 PATIENT NAME : AZAHAR BIN MAT YUSOF
PAY BY : SELF PATIENT ID NO. : *****129E
PAYER NAME : AZAHAR BIN MAT YUSOF POLICY NO. :
ADDRESS : 745 JURONG WEST STREET 73 #07-57 SINGAPORE 640745

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			21.00
PHARMACEUTICAL			
ETORICOXIB (ALVOGEN) 90MG TAB	5.0	9.12	
			9.12
PRACTICE COST			
PRACTICE COST	1.0	10.00	
			10.00
RADIOLOGY			
CHEST & RIBS XRAY (1 SIDE)	1.0	70.00	
SHOULDER JOINT XRAY (AP & AXIAL)	1.0	57.00	
SINGLE WRIST/SCAPHOID XRAY (5 VIEWS)	1.0	68.00	
			195.00
SUB-TOTAL			235.12
TOTAL CHARGES BEFORE GST			235.12
GST @ 7%			16.46
TOTAL CHARGES AFTER GST			251.58
LESS ROUNDING ADJUSTMENT			(0.03)
TOTAL AMOUNT PAID			(251.55)
REG2200045438 - 11/01/2022 - VISA		251.55	
TOTAL BALANCE DUE			0.00

Impression:

multiple Contusions

RafflesMedical
1 Jurong West Central 2, #B1A-19
Jurong Point Shopping Centre
Singapore 648886
Tel : (65) 6790 0583
Fax: (65) 6790 0585

[Signature]
JAN CONG

1 JURONG WEST CENTRAL 2 #B1A-19D JURONG POINT SHOPPING CENTRE SINGAPORE 648886
T:67900583

MEDICAL CERTIFICATE

NRIC : S6984129E
NAME : AZAHAR BIN MAT YUSOF

VISIT DATE : 11 Jan 2022 (15:42)
VISIT NO : G06922000919

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 3 days from 11 Jan 2022 to 13 Jan 2022

DOCTOR : Fan Cong (M18223J)

CLINIC : Jurong Point

ADDRESS : 1 JURONG WEST CENTRAL 2 LEVEL -B1A-19D JURONG POINT SHOPPING CENTRE

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

Printed: 11 Jan 2022, 04:22PM

*This certificate is electronically generated. No signature is required.



Raffles Connect

Download RafflesConnect to:

- Teleconsult with our GP Doctor
- Request eQueue before coming to GP clinic
- Book an appointment for GP phone consult
- More features ...



Medicine Delivery

Medicine Delivery Service:

- Scan QR Code to request online.

MEDICAL CERTIFICATE

NRIC	: S6984129E	VISIT DATE	: 13 Jan 2022 (18:48)
NAME	: AZAHAR BIN MAT YUSOF	VISIT NO	: G06922001201

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 14 Jan 2022 to 15 Jan 2022

DIAGNOSIS: (Medical-in-Confidence)

DOCTOR : TALHA MUNIR (M19600B)

CLINIC : Jurong Point

ADDRESS : 1 JURONG WEST CENTRAL 2 LEVEL -B1A-19D JURONG POINT SHOPPING CENTRE

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

Printed: 13 Jan 2022, 06:50PM

*This certificate is electronically generated. No signature is required.



Raffles Connect

Download RafflesConnect to:

- Teleconsult with our GP Doctor
- Request eQueue before coming to GP clinic
- Book an appointment for GP phone consult
- More features ...



Medicine Delivery

Medicine Delivery Service:

- Scan QR Code to request online.

no medical bill - a follow up

24/1/22



04852

MEDICAL CERTIFICATE

DATE:

24/1/2022

NAME: AZAHAR bin MARY YAKOF

NRIC NO:

S69841294

This is to certify that the above named.

☒ is unfit for duty (hospitalisation/outpatient medical leave)

from 24/1/2022 to 02/02/2022

admitted on _____ discharged on _____

☐ is fit for light duty /excused

from _____ to _____


☐ attended the clinic from _____ to _____ after treatment**ORTHOPAEDIC 'A' CARE SERVICE**

6 NAPIER ROAD #08-07

GLENEAGLES MEDICAL CENTRE

SINGAPORE 258499

TEL: 6836 0100


Dr S R E Sayampanathan, PBM,
MB,BS(S'pore),FRCS(Edin),
FAMS(Orth), Orthopaedic Surgeon,

This certificate is not valid for absence from court or other judicial proceeding specifically stated



**SINGAPORE
POLICE FORCE**



T/20220111/2090

1 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/2220111/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 11/01/2022 18:57	Vide Report No.:	Station Diary No.: 153
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Informant's Particulars

Name of Informant: AZAHAR BIN MAT YUSOF		Address APT 3LK 745 JURONG WEST STREET 73 #07-57 SINGAPORE 640745	
ID Type / ID No.: NRIC NO / S6994129E		Contact No.: Home/O-Office: Mobile: 83358338	
Nationality: INDONESIAN		Email:	
Sex: Male	Age: 52	Date of Birth: 20/07/1969	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: FOODPANDA RIDER		Driving Licence Information: Class Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/01/2022 13:00	Type of Location: Straight Road
Location: JURONG WEST CENTRAL 3				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
AZ9389X	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red	Totally Damaged	0
SHA7742X	Car	HYUNDAI	AEIONIQ HE/FL 1.6 DCT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220111/2090

2 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649432
Tel No: 1800-7929999

Report No. T/20220111/2090

CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Expiry Date
AZ9389X	NTUC Income Insurance Co-Operative Limited	5118109180-01	07/07/2021 06/07/2022

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	AZHAR EIN MAT YUSOF	ID No.	S6984129E
Related Vehicle	AZ9389X (Motorcycle)	Contact No.	83858338
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/01/2022	Date Discharge	11/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KOH CHIANG HUANG	ID No.	S1449623H
Related Vehicle	SHA7742X (Car)	Contact No.	97361728
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	N/L	Degree of Injury	NIL

Brief Details.

On the 11/01/2022 at about 1300hrs, I was riding my motorcycle bearing number AZ9389X along Jurong West Central 3 towards Jin Boon Lay on the right lane as I was doing my food delivery. I did not notice a taxi that was exiting the carpark of Blk 692A Jurong West Central 3 as there was another vehicle that was entering the carpark but I did not take down the vehicle number of that vehicle. Suddenly, the taxi bearing vehicle number SHA7742X came out of the carpark and went straight to get to the other side of the road heading towards Jurong West Central 2. Hence, I was not able to stop in time and thus collided head on to the center of the taxi.

Then I fell down together with my motorcycle right in the middle of the yellow box. My vehicle was seriously damaged as the handle bar could not be turned and the motorcycle cannot be rode. Additionally, the front wheel was damaged that it had to be dragged off the road. I sustained injuries such as bodily pains on the right side of my body. After which, the taxi stopped on the other side of the road and came to check and assist me to move the vehicle together with some passerby all the way to the nearby carpark so as to not block the road.



SINGAPORE
POLICE FORCE



T/20220111/2090

3 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20220111/2090

CONTINUATION OF REPORT

Subsequently, he offered to pay for my medical bills hence we exchanged particulars after, I proceeded to call my insurance company and my motor shop as this is the first time that this has happened to me and I did not know what to do next. The insurance company advised me to lodge a report and go to the clinic to get myself checked. I went to Raffles Medical clinic and got a 3 days MC for my injuries. I wish to inform that I have no in car camera on my motorcycle.



SINGAPORE
POLICE FORCE



T/2022C111/2090

4 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
549482
Tel No: 1800-7929599

Report No. T/2022C111/2090

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 65474835 stating the report number as reference.

Signature of Officer Recording The Report
J/
Sgt 2 ASRUL FADZIL B N AZMI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/01/2022 18:57

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP158



SIGNATURE

7 SOON LEE STREET
#01-18 SINGAPORE 627608
TEL: +65 8542 7358
EMAIL: sgmotocraft@gmail.com

Our Reference:	AEROX/AZ9389X
Date:	10-Feb-2022
Vehicle Num:	AZ 9389 X
Make/Model:	YAMAHA AEROX GDR155A CVT ABS
Chassis No.:	MH3SG4640LJ072260
Engine No.:	G3J8E0149636
Accident Date:	11-Jan-2022

[illegible]



INVOICE

TO : AZAHAR BIN MAT YUSOF
C/O: MOTOCRAFT
7 SOON LEE STREET
#01-18 SINGAPORE 627608

Invoice No.: 0122/MC029
Date: 10-Feb-2022

PARTICULARS

Vehicle Registration No.: AZ 9389 X
Date of Loss: 11-Jan-2022
Date of Assessment: 12-Jan-2022

SERVICES

FEES

1. Assessment with report Photographs -
Including films, developing, storage and Transport. \$450.00

TOTAL \$450.00

SINGAPORE DOLLARS FOUR HUNDRED FIFTY ONLY

We would appreciate your cheque crossed and made payable to:
"AEON AUTO CONSULTANTS LLP" with our invoice no. written on the back of the cheque.

AEON AUTO CONSULTANTS LLP



AEON AUTO CONSULTANTS LLP

50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874
Tel: +65 97687958 Fax +65 68264112 Email amas@aeonac.com.sg/amasopm@gmail.com
Reg. No. T07LL1273E (registered with limited liability)

AUTOMOBILE ASSESSMENT REPORT

TO: AZAHAR BIN MAT YUSOF
C/O: MOTOCRAFT
7 SOON LEE STREET
#01-18 SINGAPORE 627608

Our Reference: 0122/MC029
Date: 10-Feb-2022

ASSESSMENT OF VEHICLE NO. AZ 9389 X

DATE OF LOSS: 11-Jan-2022

We have carried out a physical assessment at MOTOCRAFT ,
7 Soon Lee Street, 01-18 Singapore 627608, according to your instruction
12-Jan-2022 and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No.: AZ 9389 X
Make & Model: YAMAHA AEROX GDR155A CVT ABS
Year of Registration: 2020
Engine Capacity: 155
Chassis No.: MH3SG4640LJ072260
Engine No.: G3J8E0149636
Colour: BLUE

2. VEHICLE CONDITION

Body Paint: GOOD
Steering: SERVICEABLE
Foot Brake: SERVICEABLE
Parking Brake: SERVICEABLE
Modification: NIL

3. TYRE PARTICULARS & CONDITION

Front
Make/Size/Thread: MAXXIS 110/80 R14 – 75%

Rear
Make/Size/Thread: MAXXIS 140/70 R14 – 75%

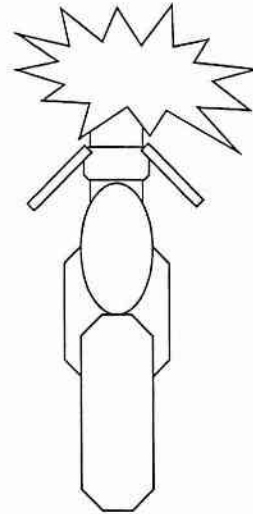
4. DESCRIPTION OF DAMAGE

At the time of the inspection, the vehicle sustained damages to the FRONT portion.

5. REMARKS

Market Value: Na
Salvage Value: Na
Repair Limit: Na

Estimated Amount: \$6,937.30
Adjusted Amount: \$6,747.30
Final Adjusted Sum: \$5,500.00
Estimated Repair Days: 18 days
Date of Completion : 07-Feb-2022



Pursuant to your instruction, we have **NOT AUTHORISED** repair.

The assessment was conducted on a "Without Prejudice" basis.

If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by Aeon Auto Consultants LLP for any reliance on this report by any third party.

ASSESSMENT REPORT FOR VEHICLE NO. AZ 9389 X

PARTS (LIST ITEMS)

Qty	Description	Condition	Workshop's Estimate	Our Assessment
1	SIDE MIRROR L/R - SET	Cut	168.00	168.00
1	FRONT HANDLE BAR	Bent	220.00	220.00
1	FRONT HANDLE BALANCER L/R -SET	Cut	96.00	96.00
1	FRONT HANDLE BAR BRACKET	Bent	148.00	148.00
2	FRONT HANDLE BAR GRIP L/R - SET	Cut	82.00	82.00
1	FRONT HEAD LAMP ASSY	Cracked	422.00	422.00
1	FRONT HEAD LAMP STAY	Bent	188.00	188.00
1	FRONT SIGNAL LIGHT L/R - SET	Cracked	280.00	280.00
1	FRONT FORK ASSY - SET	Bent	962.00	962.00
1	FRONT FORK UNDER BRACKET	Bent	165.00	165.00
	STEERING CONE BEARING - SET	Jammed	92.00	92.00
1	FRONT WHEEL AXLE & NUT - SET	Bent	85.00	85.00
1	FRONT WHEEL - SET	Bent	385.00	385.00
1	FRONT WHEEL BEARING - SET	Jammed	65.00	65.00
1	FRONT WHEEL OIL SEAL - SET	Necessary	35.00	35.00
1	FRONT WHEEL CENTRE BUSH	Necessary	30.00	30.00
1	FRONT WHEEL COLLAR - SET	Jammed	30.00	30.00
1	FRONT ABS BRAKE DISC	Bent	195.00	195.00
1	BODY COVERSET 'YAMAHA' LOGO	Necessary	48.00	48.00
1	BODY BLUE COVERSET - SET	Cracked	720.00	720.00
1	BODY INNER MATT COVERSET - SET	Cracked	480.00	480.00
1	FOOTREST BOARD L/R - SET	Cracked	240.00	240.00
1	STEP RUBBER - SET	Cracked	98.00	98.00
			<hr/>	<hr/>
			5,234.00	5,234.00
Less 5% discount			261.70	261.70
Parts Total:			<hr/>	<hr/>
			4,972.30	4,972.30

ASSESSMENT REPORT FOR VEHICLE NO. AZ 9389 X

SPECIAL NETT ITEMS

1	FRONT WHEEL TYRE	Cut	160.00	160.00
1	FRONT WHEEL TUBELESS VALVE - SET	Necessary	45.00	45.00
Special Nett Total :			<u>205.00</u>	<u>205.00</u>

LABOUR

S/N	Description	Workshop's Estimate	Our Assessment
1	Towing charge.	50.00	50.00
2	Check wiring system and light.	100.00	80.00
3	Front & Rear wheel ailgnment.	160.00	140.00
4	To repair, align and balance body main frame	450.00	400.00
5	Labour for repair and replace parts .	1,000.00	900.00
Labour Total :		<u>1,760.00</u>	<u>1,570.00</u>
TOTAL (PARTS & LABOUR) \$		<u>6,937.30</u>	<u>6,747.30</u>

workshop has agreed to undertake the repair cost of
 the final adjusted Sum contract amount is

\$5,500.00

(SINGAPORE DOLLARS FIVE THOUSAND FIVE HUNDRED ONLY)



Amas Ong
 Automobile Assessor



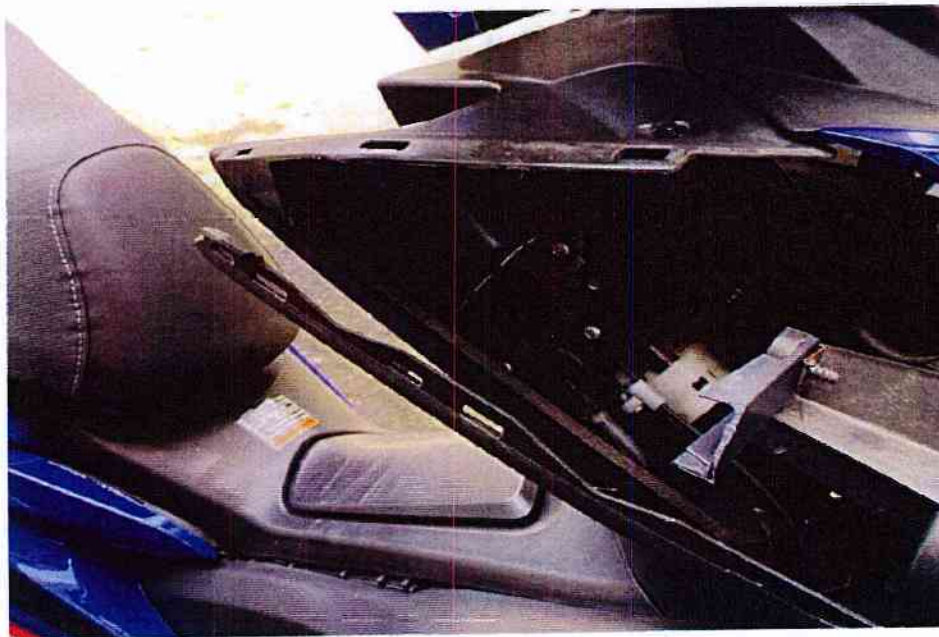
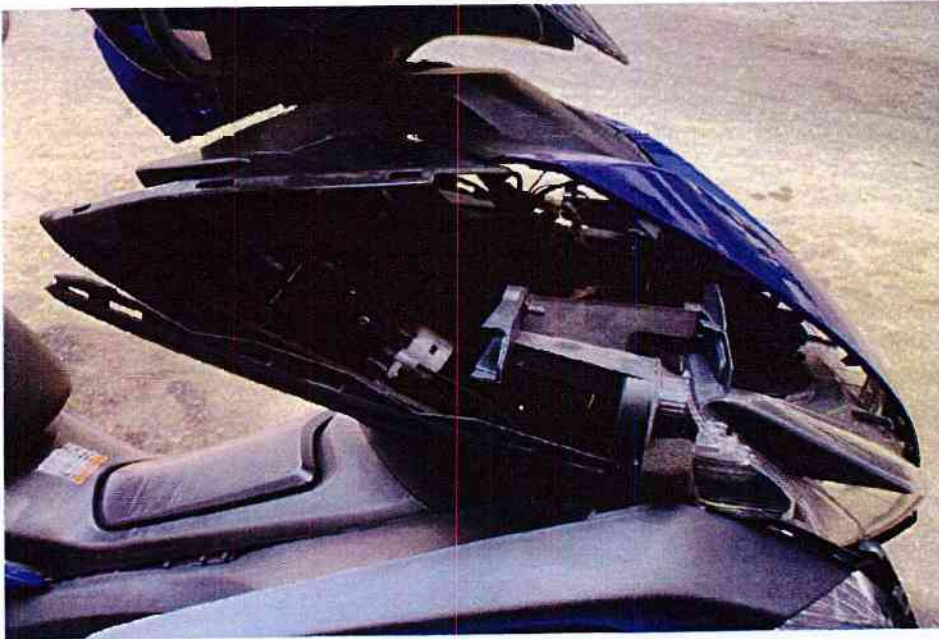


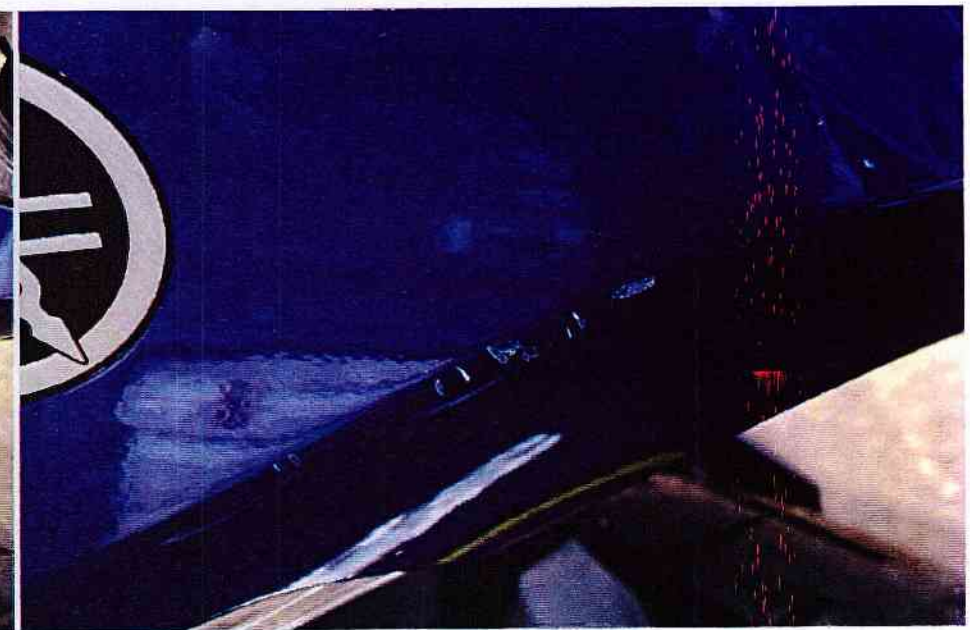


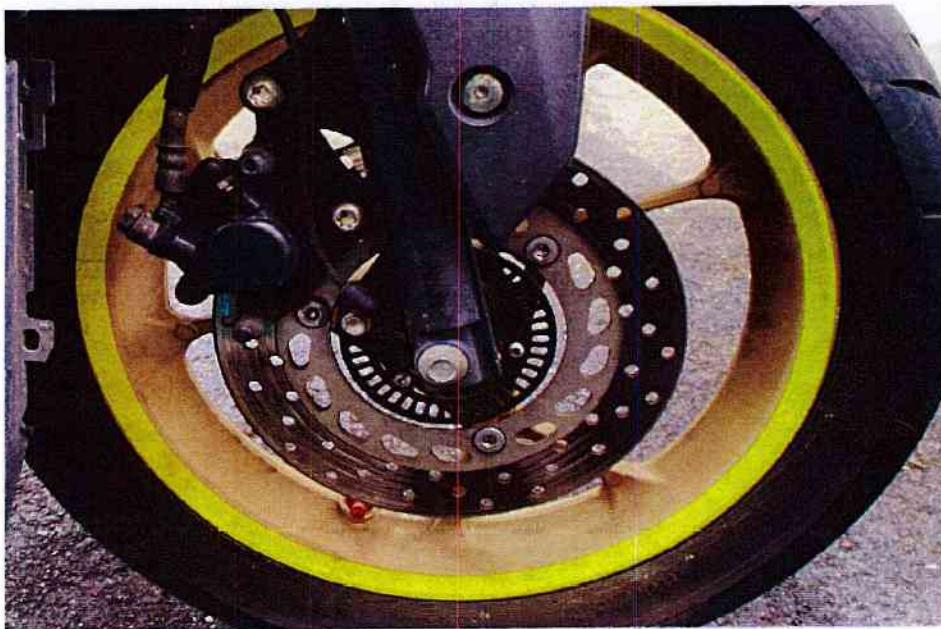
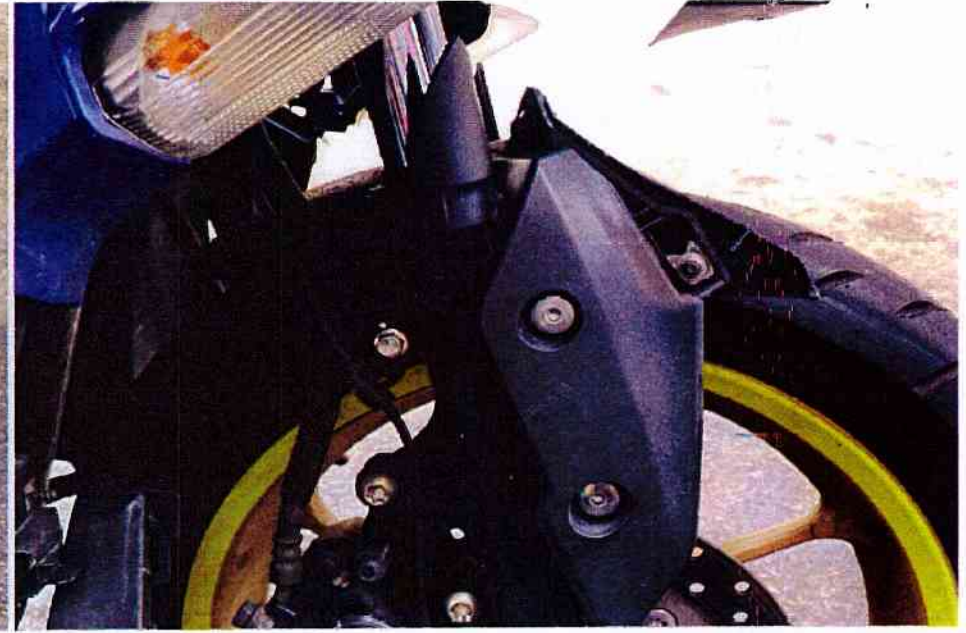






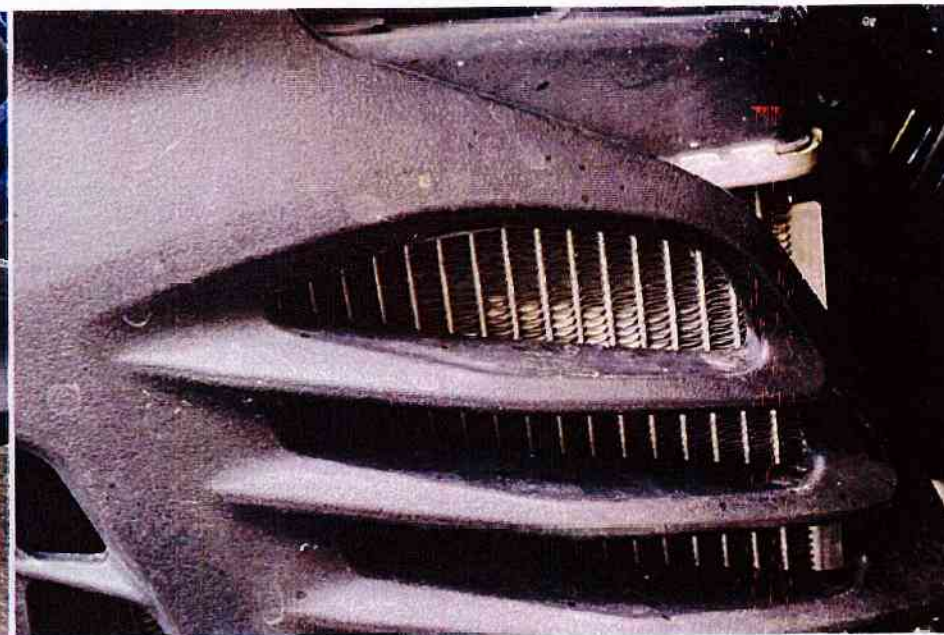
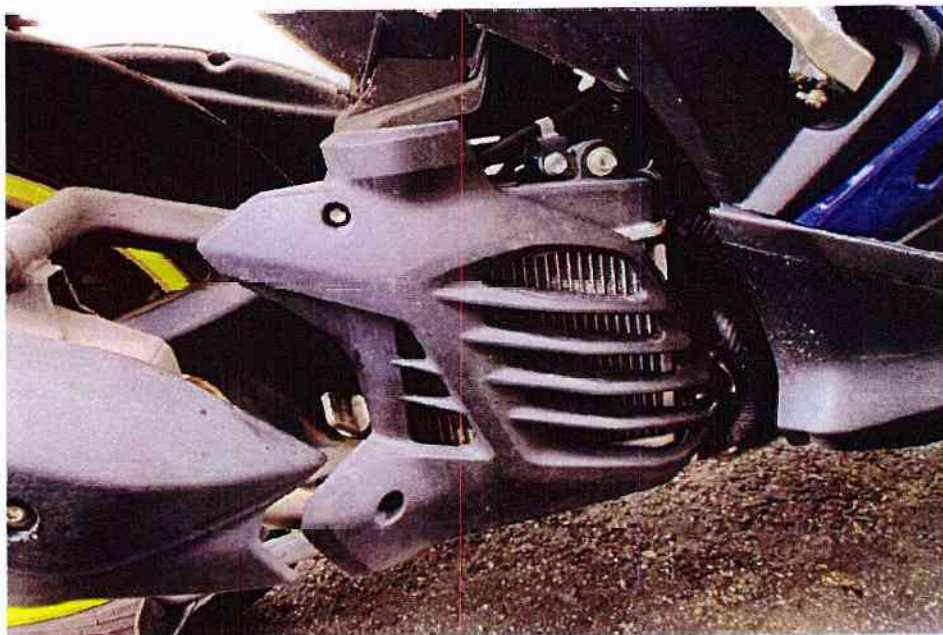


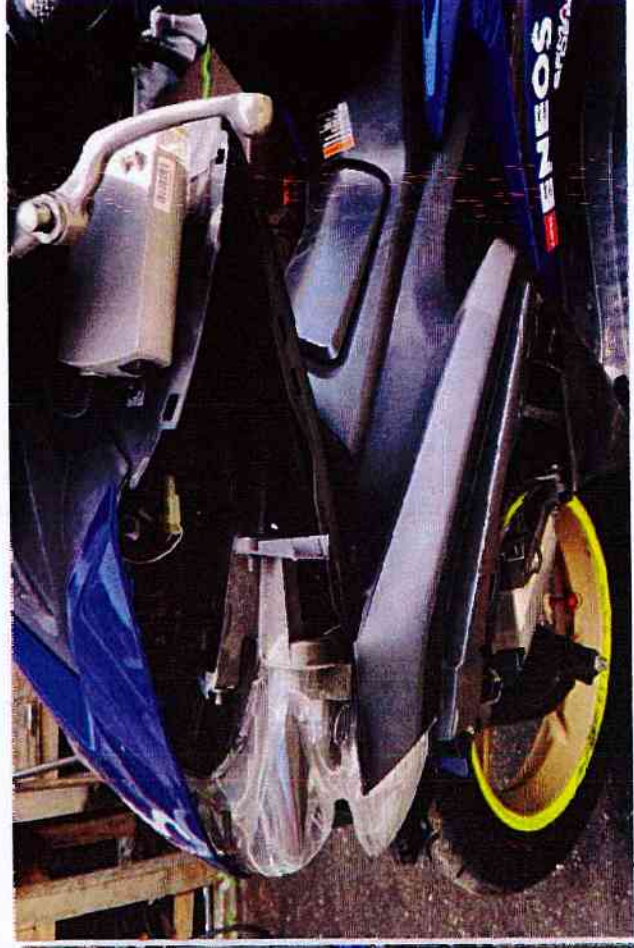


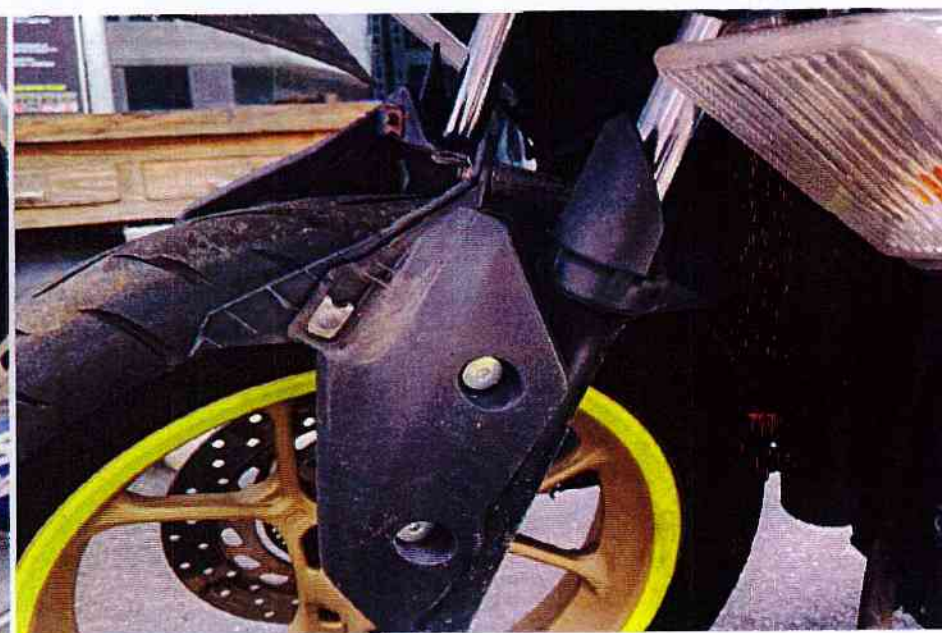










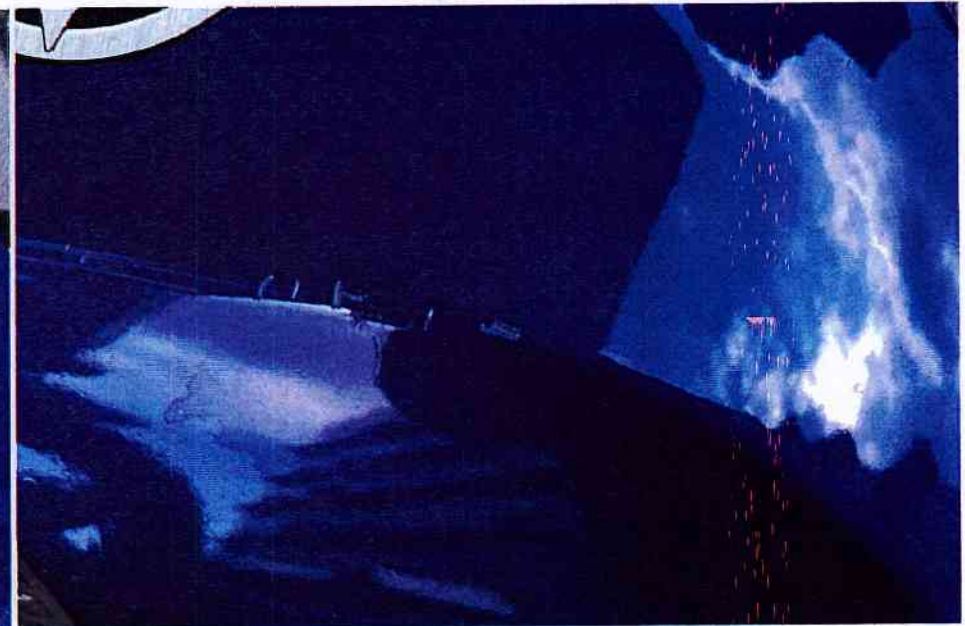
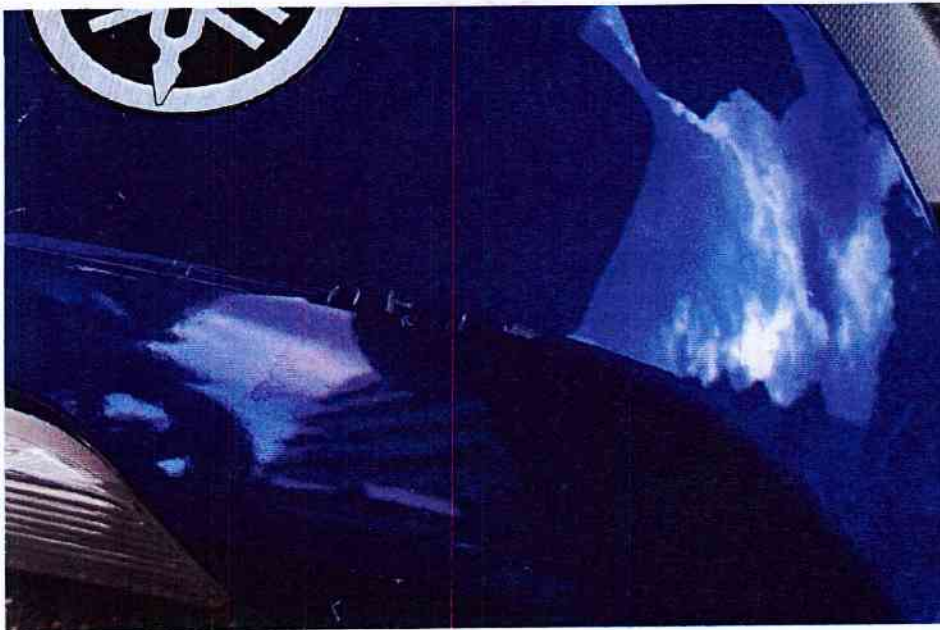
















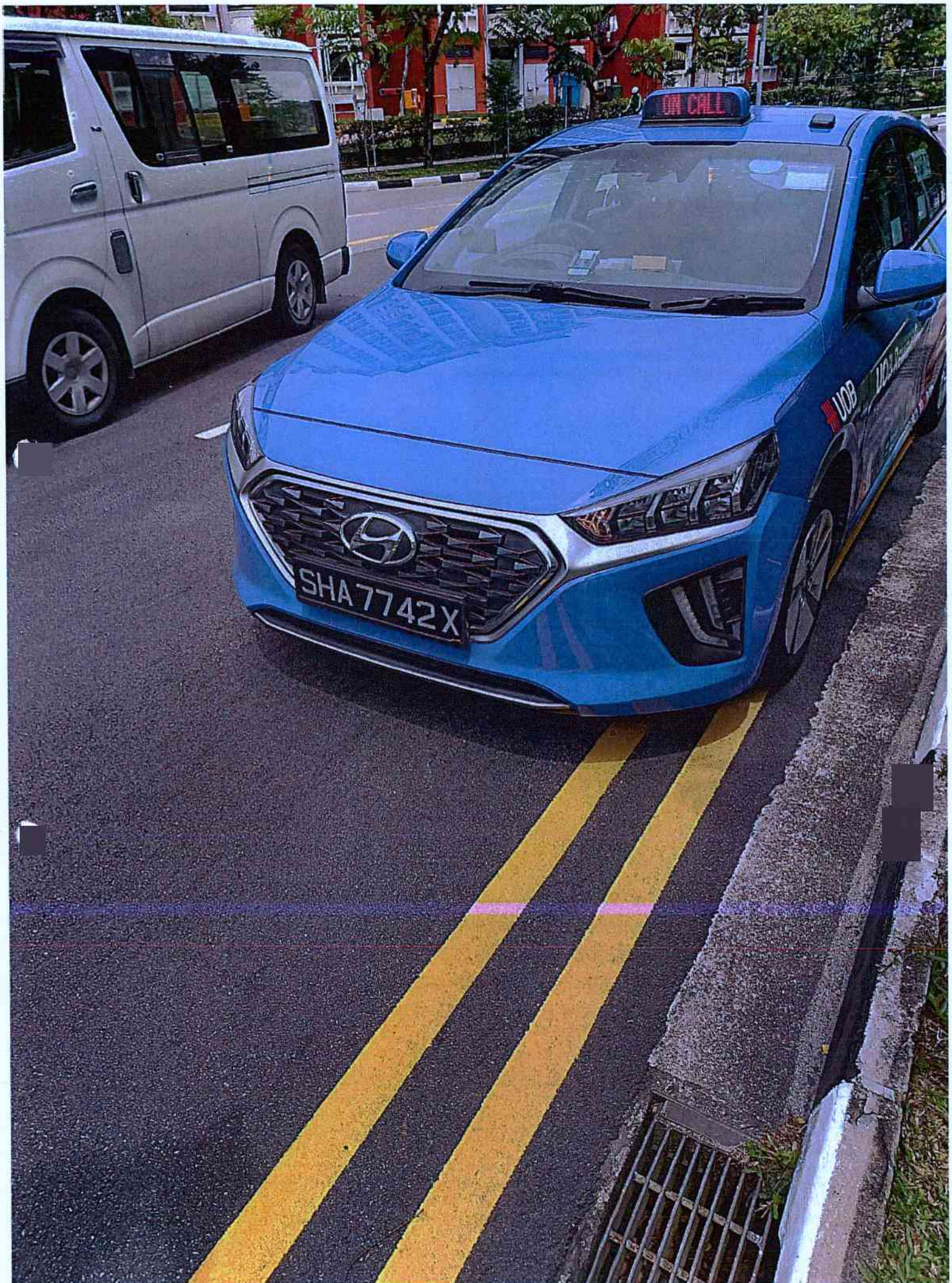


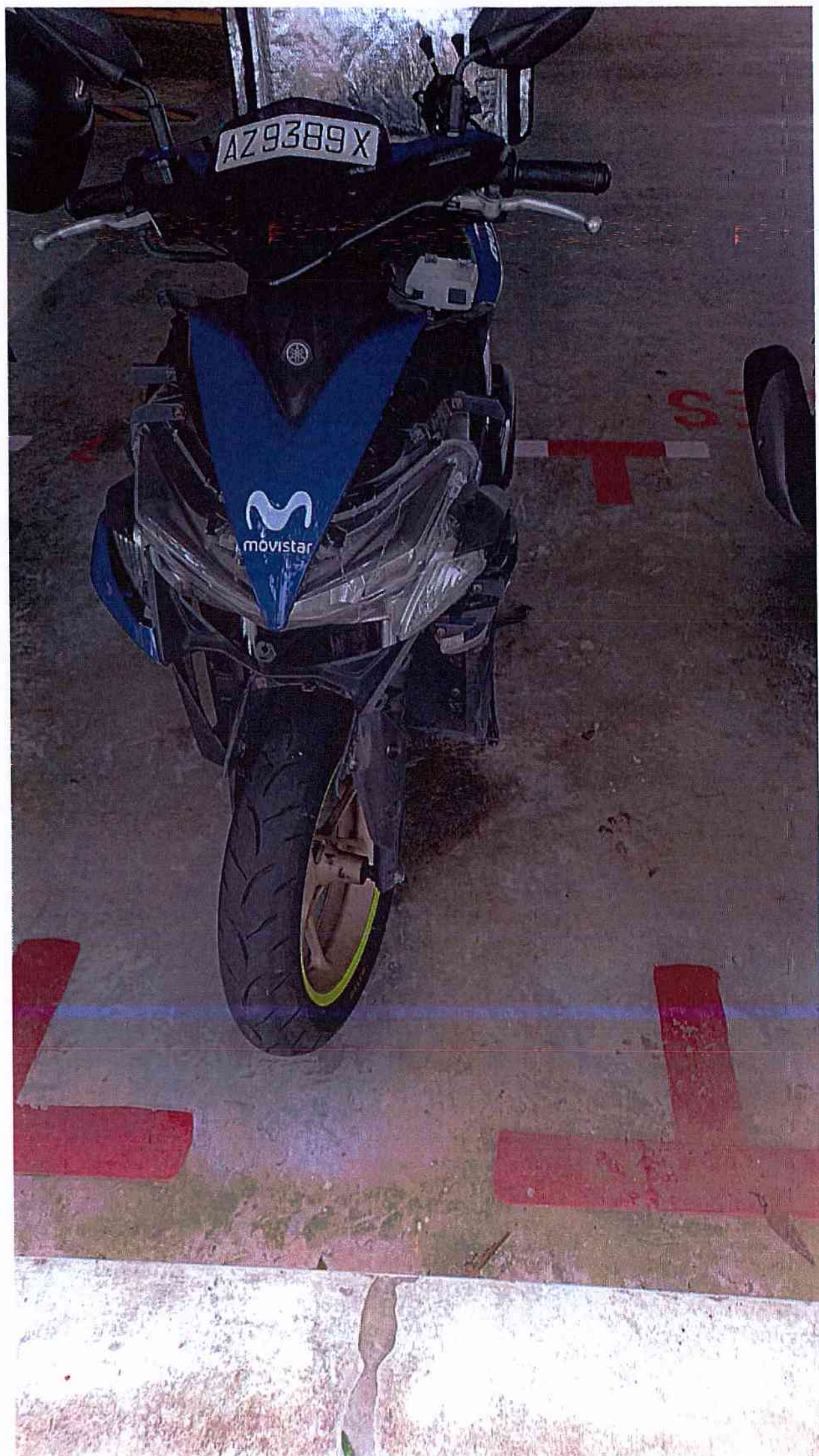




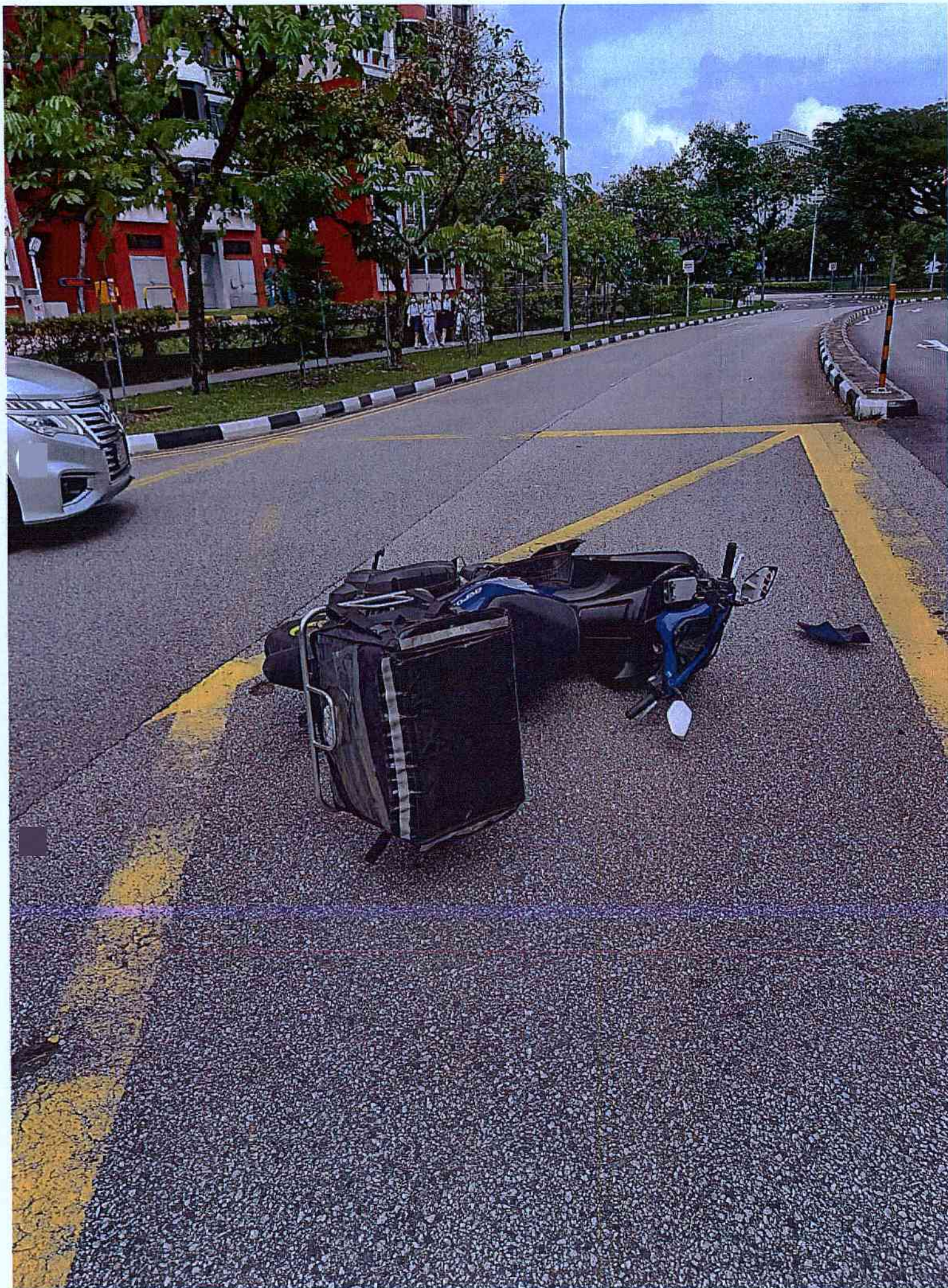














20:01

VoLTE LTE1 88%





MULTI STOREY CAR PARK



PHPC



Nearby Parks



Restaurants



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	13/01/2022 11:40 (SGT)
Date of Accident	11/01/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Jurong West Central 3 towards Jalan Boon Lay
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AZ9389X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	AZAHAR BIN MAT YUSOF @AZAHAR
NRIC No	S6984129E
Email Address	Xxxrr20@gmail.com
Mobile Phone No	(Phone) +65-83858338
Alternative Phone No	+65-83858338

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	160

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5118109180-01
Cover Note Number	-

DRIVER

Name of Driver	AZAHAR BIN MAT YUSOF @AZAHAR
NRIC No	S6984129E

Date Of Birth	20/07/1969
Occupation	Outdoor
Date Of Driving Pass	22/09/1994
Driving experience	27 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83858338
Alt. Phone Number	+65-83858338
Email Address	Xxxrr20@gmail.com
Address	745 Jurong West St 73 #07-57
Address complement	-
Postcode	640745
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBH9155L
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
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?	No
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SHA7742X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

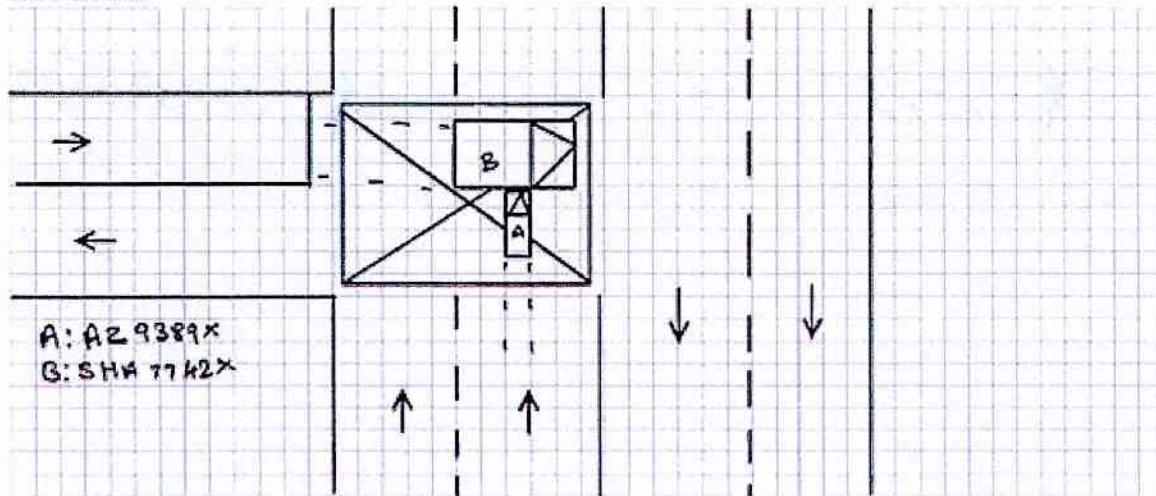
Name of Driver	KOH CHIANG HUANG
NRIC No	S1449623H
Contact Number	(Phone) +65-97361728
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AZAHAR BIN MAT YUSOF @AZAHAR
Gender	Male
Phone No	(Phone) +65-83858338
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	52
ries Sustained	SWELLING ON RIGHT SHIN AND RIGHT WRIST AND PAIN ON RIGHT SHOULDER.
Injured person in which vehicle?	AZ9389X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature

Date & Time: 13/01/2022 11:30hrs

Driver's Signature

[If driver is not the policyholder]

Date & Time:

Reporting Centre Personnel's Signature

Name: Ash Kamal

NRIC/FIN No.:S594395

SKETCH PLAN**IMPORTANT NOTICE**

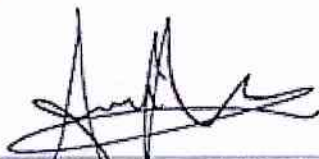
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

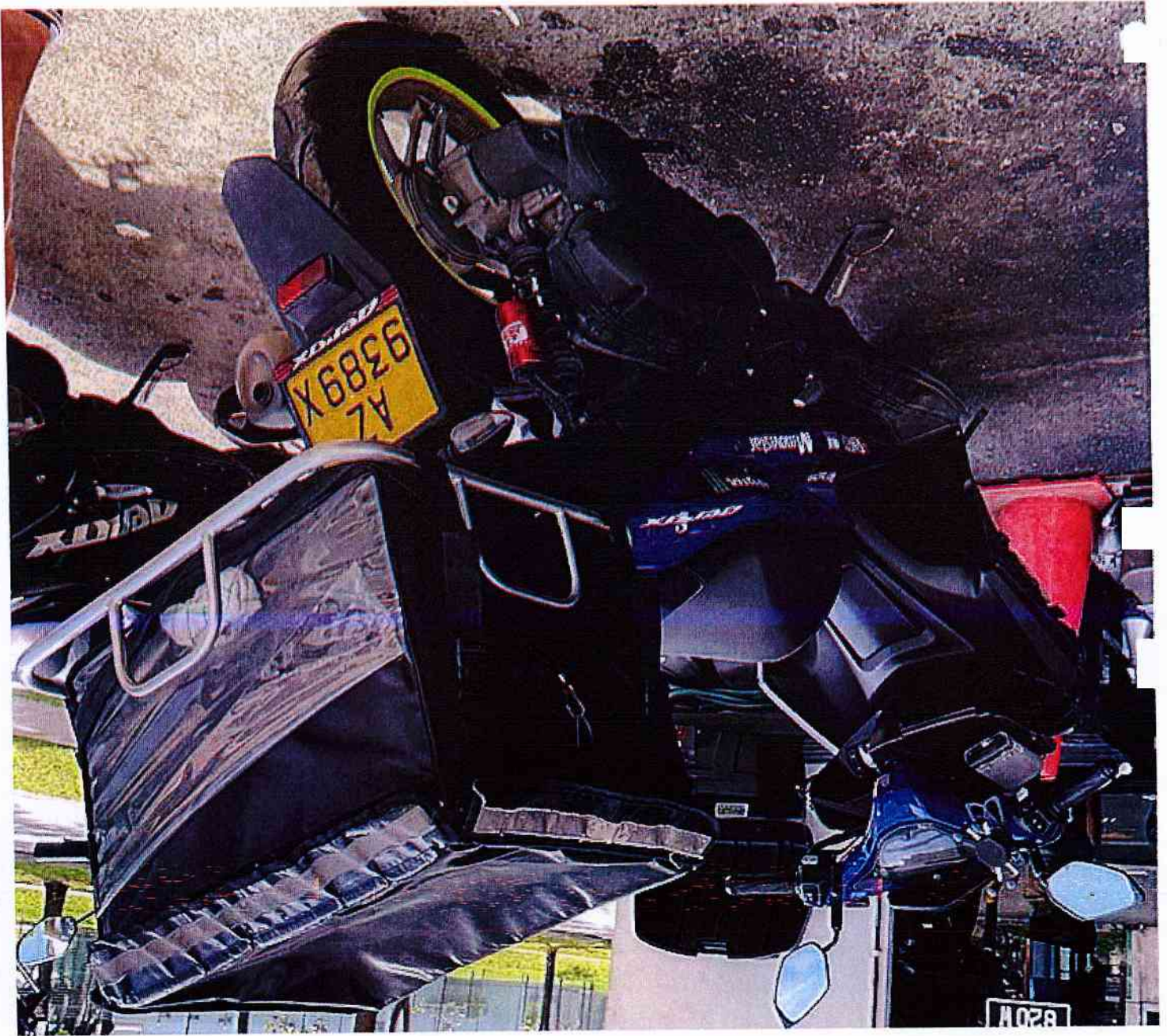
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: 13/01/2022 1130hrs

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


 Reporting Centre Personnel's Signature
 Name: Ash Kamal
 NRIC/FIN No.: S9218370Z





IMAGES #2








**SINGAPORE
POLICE FORCE**


T/20220111/2090

1 of 4

Report No. T/20220111/2090

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2022 16:57	Video Report No.:	Station Diary No.: 153
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Informant's Particulars

Name of Informant: AZAHAR BIN MAT YUSOF	Address: APT BLK 745 JURONG WEST STREET 73 #07-57 SINGAPORE 640745		
ID Type / ID No.: NRIC NO / S6984129E	Contact No.:	Mobile: 83858338	
Nationality: INDONESIAN	Home/Office:	Email:	
Sex: Male	Age: 52	Date of Birth: 20/07/1969	Type of Informant: Rider
Race: Malay	Language:	Institution / School Name:	
Occupation: FOODPANDA RIDER	Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/01/2022 13:00	Type of Location: Straight Road
Location: JURONG WEST CENTRAL 3				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
AZ9389X	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red	Totally Damaged	0
SHA7742X	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220111/2090

2 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20220111/2090

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AZ9389X	NTUC Income Insurance Co-Operative Limited	5118109180-01	07/07/2021	06/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AZAHAR BIN MAT YUSOF	ID No.	S5984129E
Related Vehicle	AZ9389X (Motorcycle)	Contact No.	83858338
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/01/2022	Date Discharge	11/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KOH CHIANG HUANG	ID No.	S1449623H
Related Vehicle	SHA7742X (Car)	Contact No.	87361728
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 the 11/01/2022 at about 1300hrs, I was riding my motorcycle bearing number AZ9389X along Jurong West Central 3 towards Jin Boon Lay on the right lane as I was doing my food delivery. I did not notice a taxi that was exiting the carpark of Blk 692A Jurong West Central 3 as there was another vehicle that was entering the carpark but I did not take down the vehicle number of that vehicle. Suddenly, the taxi bearing vehicle number SHA7742X came out of the carpark and went straight to get to the other side of the road heading towards Jurong West Central 2. Hence, I was not able to stop in time and thus collided head on to the center of the taxi.

Then, I fell down together with my motorcycle right in the middle of the yellow box. My vehicle was seriously damaged as the handle bar could not be turned and the motorcycle cannot be rode. Additionally, the front wheel was damaged that it had to be dragged off the road. I sustained injuries such as bodily pains on the right side of my body. After which, the taxi stopped on the other side of the road and came to check and assist me to move the vehicle together with some passerby all the way to the nearby carpark so as to not block the road.



**SINGAPORE
POLICE FORCE**



T/20220111/2090

3 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20220111/2090

CONTINUATION OF REPORT

Subsequently, he offered to pay for my medical bills hence we exchanged particulars after. I proceeded to call my insurance company and my motor shop as this is the first time that this has happened to me and I did not know what to do next. The insurance company advised me to lodge a report and go to the clinic to get myself checked. I went to Raffles Medical clinic and got a 3 days MC for my injuries. I wish to inform that I have no in car camera on my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20220111/2090

4 of 4

Report No. T/20220111/2090

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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
J /
Sgt 2 ASRUL FADZIL BIN AZMI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/01/2022 18:57

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP188



SIGNATURE



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Date of Request: 04/02/2022

Your Ref No: 18986.2022

Dear Sir/Madam,

Date of Accident: 11/01/2022 00:00 (SGT)

Vehicle No: AZ9389X

Place of Accident: Jurong West Central 3, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA7742X	Jurong West Central 3, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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	11/01/2022 15:27 (SGT)
Date of Accident	11/01/2022 12:55 (SGT)
Exact Location of Accident	Jurong West Central 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7742X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Vehicle Category	Taxi
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	KOH CHIANG HUANG
NRIC No	S1449623H
Address	229 SIMEI STREET 4 #08-208
Address complement	-
Postcode	520229
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head on collision
Weather Conditions Clear

OTHER INFORMATION

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

CIRCUMSTANCES OF ACCIDENT

ON 11/01/2022 AT ABOUT 12:55HRS, I WAS DRIVING VEHICLE A (SHA7742X) ALONG BLOCK 692A TOWARDS EXIT TO JURONG CENTRAL 3. UPON REACHING JUNCTION, I STOP VEHICLE A AND LOOK FOR ONCOMING TRAFFIC ON MY RIGHT. I NOTICED THERE WAS UNKNOWN VEHICLE WAS TURNING LEFT AND ONE MORE VEHICLE WAS TRAVELLING STRAIGHT. AFTER CONFIRM NO VEHICLE, I SLOWLY MAKING A RIGHT TURN, WHEN VEHICLE B (AZ9389X) WAS TRAVELLING STRAIGHT AND COLLIDED ONTO VEHICLE A RIGHT SIDE.. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident FILE IS NOT SUITABLE
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number AZ9389X
Vehicle Manufacturer Yamaha
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver AZAHAR BIN MAT YUSOF @AZAHAR
Insurance Company Name -

SKETCH PLAN

IMPORTANT NOTICE

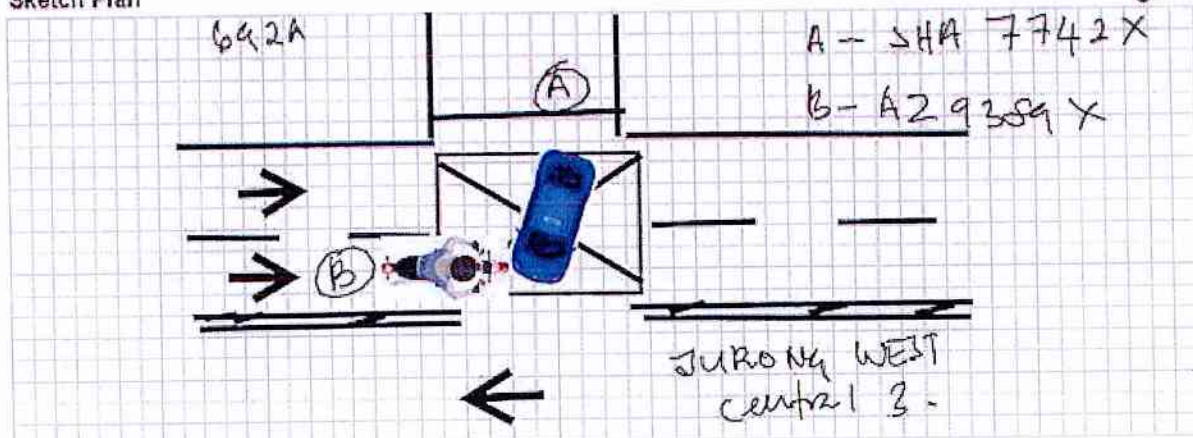
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

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

ON 11/01/2022 AT ABOUT 12:55HRS, I WAS DRIVING VEHICLE A (SHA7742X) ALONG BLOCK 692A TOWARDS EXIT TO JURONG CENTRAL 3. UPON REACHING JUNCTION, I STOP VEHICLE A AND LOOK FOR ONCOMING TRAFFIC ON MY RIGHT. I NOTICED THERE WAS UNKNOWN VEHICLE WAS TURNING LEFT AND ONE MORE VEHICLE WAS TRAVELLING STRAIGHT. AFTER CONFIRM NO VEHICLE, I SLOWLY MAKING A RIGHT TURN, WHEN VEHICLE B (AZ9389X) WAS TRAVELLING STRAIGHT AND COLLIDED ONTO VEHICLE A RIGHT SIDE.. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

11/1/2022 @ 1445H

Witnessed by Reporting Centre
Personnel

Phamray











