

MAHADI ABU BAKAR & PARTNERS

ADVOCATES & SOLICITORS

#14-01, TONG ENG BUILDING, 101 CECIL STREET SINGAPORE 069533

TEL: 62252355

FAX: 62279913

Email: mab_law06@yahoo.com.sg

YOUR REF: **SHD 7271 Y**

11 October 2022

OUR REF: MAB/11079/22/ana

COMFORT TRANSPORTATION PTE LTD

383 Sin Ming Drive

Gas Building

Singapore 575717

URGENT

Dear Sir/Madam

CLAIMANT: MR MUHAMMAD ZUKAIMI BIN MOHD AMIN

ACCIDENT INVOLVING SHD 7271 Y & FBT 4447 P ALONG BOON LAY WAY ON THE 10/10/2022 AT 1.00 PM

We are instructed by *Mr Muhammad Zukaimi Bin Mohd Amin*, the owner of motorcycle no. FBT 4447 P, to notify you of a road traffic accident on the 10/10/2022 at about 1.00 pm along Boon Lay Way involving your motortaxi no. **SHD 7271 Y** driven by you/your driver at the material time. A copy of the Traffic Police Report lodged by the rider of motorcycle no. FBT 4447 P is enclosed for your attention.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within two (2) working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle.

If we do not receive any reply from you or your insurer within the stipulated timeline, our client shall proceed to repair the vehicle further reference to you.

Yours faithfully



Enc

cc. 1) Client

2) Claims Department

AXA Insurance Singapore Pte Ltd

8 Shenton Way #24-01

AXA Tower, S (068811)

Your Ref: **SHD 7271 Y**

BY EMAIL ONLY

motor.survey@axa.com.sg



SINGAPORE POLICE FORCE



T/20221010/7053

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

1 of 3

Report No. T/20221010/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2022 16:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ZUKAIMI BIN MOHD AMIN			Address: 433 JURONG WEST STREET 42 #01-522 SINGAPORE 640433		
ID Type / ID No.: NRIC NO / S9307590J			Contact No.: Home/Office: Mobile: 87674754		
Nationality: SINGAPORE CITIZEN			Email: MIMISAXOBEAT93@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 09/03/1993	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Grab Rider		Driving Licence Information: Class: 2B Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2022 13:00	Type of Location: Bend
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: side to side (opening of taxi door hit on motorcycle)				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBT4447P	Motorcycle	YAMAHA	AEROX155 ABS CVT	Black		0
SHD7271Y	taxi					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT4447P	NTUC Income Insurance Co-Operative Limited	5129081415	21/07/2022	22/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ZUKAIMI BIN MOHD AMIN		ID No. S9307590J
Related Vehicle	FBT4447P (Motorcycle)		Contact No. 87674754
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	10/10/2022		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the 10/10/2022 at about 1.00 pm, I was riding my motorcycle no. FBT 4447 P along Boon Lay Way intending to collect food from Jurong Point as I am a Grab Rider. As I was riding along the Boon Lay Way, all of a sudden a motortaxi no. SHD 7271 Y stop near the double yellow line and allowed the passenger to open the left rear door of the motortaxi that caused it to hit onto my motorcycle and caused me to fall down and suffer injuries. The motortaxi should not have alighted the passenger at that place because there is a proper taxi stand about 30 metres ahead of where this accident happened.

I went to seek medical treatment at Family Care Clinic and was given 3 days of MC.

I have independent eye-witness namely, Mr Hakim Bin Muhed Hp no. 88946412 who was behind me and saw how the motortaxi no. SHD 7271 Y was in the wrong in allowing the passenger to alight and open the door that knocked on to my motorcycle causing me to fall down and suffer injuries.

I wish to claim against the insurance company of the motortaxi no. SHD 7271 Y for my injuries and damages to my motorcycle.

I enclosed herewith my 3 days MC from Family Care Clinic.



**SINGAPORE
POLICE FORCE**



T/20221010/7053

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

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Report No. T/20221010/7053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/10/2022 16:10

Classification Of Case:

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 Actual 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	11/10/2022 11:12 (SGT)
Reported by	Both
Date of Accident	10/10/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Boon Lay Way
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT4447P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ZUKAIMI BIN MOHD AMIN
NRIC No	S9307590J
Email Address	mimisaxobeat93@gmail.com
Mobile Phone No	(Phone) +65-87674754
Alternative Phone No	-

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129081415

DRIVER

Name of Driver	MUHAMMAD ZUKAIMI BIN MOHD AMIN
NRIC No	S9307590J
Date Of Birth	09/03/1993
Occupation	Outdoor

Date Of Driving Pass	15/02/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87674754
Alt. Phone Number	-
Email Address	mimisaxobeat93@gmail.com
Address	APT BLK 433 JURONG WEST STREET 42
Address complement	#01-522
Postcode	S640433
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 - Opening Door of Vehicle
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7271Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD ZUKAIMI BIN MOHD AMIN
Gender	Male
Phone No	(Phone) +65-87674754
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBT4447P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	HAKIM BIN MUHED
Phone	(Phone) +65-88946412
Email	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

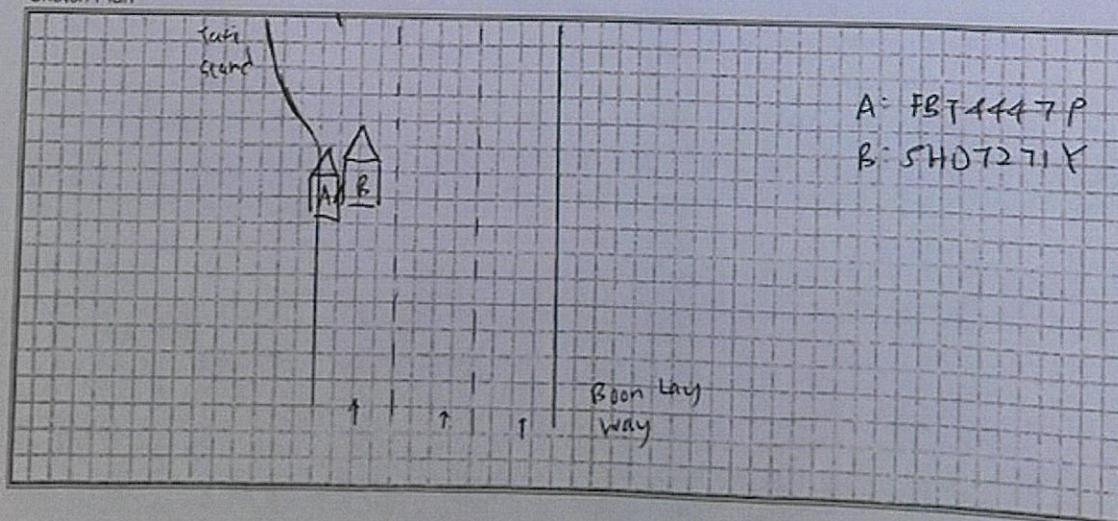
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
11/10/2021 1055 hrs

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report: T/2221010/7052

Declaration

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

Policyholder's Signature / Date & Time
11/10/2022 1100 hr

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

1212 Chong Chian














**SINGAPORE
POLICE FORCE**


T/20221010/7053

1 of 3

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

Report No. T/20221010/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2022 16:10	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD ZUKAIMI BIN MOHD AMIN			Address: 433 JURONG WEST STREET 42 #01-522 SINGAPORE 640433		
ID Type / ID No.: NRIC NO / S9307590J			Contact No.: Home/Office: Mobile: 87674754		
Nationality: SINGAPORE CITIZEN			Email: MIMISAXOBEAT93@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 09/03/1993	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Grab Rider			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2022 13:00	Type of Location: Bend
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: side to side (opening of taxi door hit on motorcycle)				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBT4447P	Motorcycle	YAMAHA	AEROX155 ABS CVT	Black		0
SHD7271Y	taxi					0

Details of Vehicle Insurance

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



T/20221010/7053

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

2 of 3
Report No. T/20221010/7053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT4447P	NTUC Income Insurance Co-Operative Limited	5129081415	21/07/2022	22/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ZUKAIMI BIN MOHD AMIN	ID No.	S9307590J
Related Vehicle	FBT4447P (Motorcycle)	Contact No.	87674754
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	10/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the 10/10/2022 at about 1.00 pm, I was riding my motorcycle no. FBT 4447 P along Boon Lay Way intending to collect food from Jurong Point as I am a Grab Rider. As I was riding along the Boon Lay Way, all of a sudden a motortaxi no. SHD 7271 Y stop near the double yellow line and allowed the passenger to open the left rear door of the motortaxi that caused it to hit onto my motorcycle and caused me to fall down and suffer injuries. The motortaxi should not have alighted the passenger at that place because there is a proper taxi stand about 30 metres ahead of where this accident happened.

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I wish to claim against the insurance company of the motortaxi no. SHD 7271 Y for my injuries and damages to my motorcycle.

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**SINGAPORE
POLICE FORCE**

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



T/20221010/7053

3 of 3

Report No. T/20221010/7053

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/10/2022 16:10

Classification Of Case:

Expiry Date