

237 Alexandra Road #04-11
The Alexcier, Singapore 159929
Telephone: 6538 6250 Facsimile: 6538 1860
Email: mail@oraclelaw.sg

FACSIMILE TRANSMISSION NOTE

To	: Ergo Insurance Pte Ltd	Date	: 13 th October 2022
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of SME 868H	Our Ref.	: SB/PO/Acc/2022-9922
Facsimile	: claims@ergo.com.sg	No. Of Pages	: 9 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

PRE-REPAIR INSPECTION

ACCIDENT INVOLVING FBS 2545H & SME 868H ALONG DUNEARN ROAD ON 9.10.2022 @ 6.20 A.M.

We act for the owners of vehicle registration no. **FBS 2545H**.

We are instructed by our clients to notify you of the above accident involving our clients' said vehicle and your insured's vehicle registration no. **SME 868H** driven at the material time. A copy of our clients' motor accident report is enclosed herein.

As a result of the above accident, our clients' said vehicle was damaged. Before our clients proceed to repair their damaged vehicle, please let us know **within the next (2) working days of your receipt of this notice** whether you would like to conduct a pre-repair survey of the vehicle. **If we do not receive any reply from you within the stipulated timeline, our clients shall proceed to repair their said vehicle without further reference to you.**

Please note that this notification does not in any way prejudice our clients' right nor shall it be deemed as a waiver of any of their rights, as such our clients' rights are expressly reserved.

Yours faithfully



Mr Stanley Bay / Miss Pauline Ong
Enc

Details of Workshop

Dynasty Motor Pte Ltd
50 Bukit Batok Street 23
#01-24 Midview Building
Singapore (659578)
Tel: 6686 0803 Fax: 6465 2337
Contact Person: 8800-2429 (Jacklyn)

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 10/10/2022 17:20 (SGT)
Reported by Both
Date of Accident 09/10/2022 06:20 (SGT)
Exact Location of Accident Near 2 Adam Rd, Singapore 289876
Additional Location Information DUNEARN ROAD TOWARDS CITY (RIGHT TURN TO FARRER ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS2545H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED KHAIRON BIN ABDUL RAHMAN
NRIC No S8025065G
Email Address ERONZ_06@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98518443
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV150+ABS+CVT
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 149

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTMC01000828

DRIVER

Name of Driver MOHAMED KHAIRON BIN ABDUL RAHMAN
NRIC No S8025065G
Date Of Birth 20/08/1980

Occupation	Indoor
Date Of Driving Pass	02/12/1999
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98518443
Alt. Phone Number	-
Email Address	ERONZ_06@YAHOO.COM.SG
Address	BLK 481 SEGAR ROAD
Address complement	#04-362
Postcode	670481
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
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 POLICE REPORT DATED 09/10/2022 (T/20221009/7021) AND 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	SME868H
Vehicle Manufacturer	-
Vehicle Model	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED KHAIRON BIN ABDUL RAHMAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS2545H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	BENJAMIN WONG
Phone	(Phone) +65-98290611
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: *[Signature]*

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): *SUZANA BJE EDROS*

Sketch Plan

A - FBS 2545 H
B - SME 8C8 H

ADAM RD

ADAM RD

Describe Circumstance of the Accident

REFER TO POLICE REPORT DATED 09.10.2022
T/20221009/7021

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
(Name as in NRIC/ID card)



SUZANA BTE EDROS



**SINGAPORE
POLICE FORCE**



T/20221009/7021

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

1 of 3

Report No. T/20221009/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2022 13:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED KHAIRON BIN ABDUL RAHMAN			Address: 481 SEGAR ROAD #04-362 SINGAPORE 670481		
ID Type / ID No.: NRIC NO / S8025065G			Contact No.: Home/Office: Mobile: 98518443		
Nationality: SINGAPORE CITIZEN			Email: eronz_06@yahoo.com.sg		
Sex: Male	Age: 42	Date of Birth: 20/08/1980	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/10/2022 06:20	Type of Location: X-Junction
Location: JALAN SERENE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBS2545H	Motorcycle	HONDA	ADV150+ABS+CVT	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS2545H	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01000828	04/03/2022	03/03/2023



**SINGAPORE
POLICE FORCE**



T/20221009/7021

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

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Report No. T/20221009/7021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED KHAIRON BIN ABDUL RAHMAN	ID No.	S8025065G
Related Vehicle	FBS2545H (Motorcycle)	Contact No.	98518443
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A Date of Expiry: NIL
Date	09/10/2022	Date	NIL
No. of Days granted Medical Leave	06	Degree of	Serious

Brief Details.

On 9 Oct 2022 at about 0620hrs, I was riding my m/cycle FBS2545H along Dunearn Rd towards city. I stopped at the traffic junction of Dunearn Rd and Adam Rd as the traffic light was red. It is a three lane road. I am intending to turn right into Farrer Rd exit. I was in the second lane (turn right lane). There was a m/vehicle on my right, (white/BMW), SME868H on the first lane (turn right lane).

After the traffic light turned green, I accelerated and turn right. As I was turning, the vehicle which was on my right travelled straight instead of making a right turn and hit me from the right.

Due to the collision, I fell to the ground. The driver, one male person in his 40s-50, exited his vehicle, came over to me and apologised. From his accent, I believed the driver is a foreigner. I then called the police for assistance.

There was another driver, a male Chinese who came and assisted me. He witnessed the whole accident and informed that he is willing to provide his assistance as an eye-witness. His hp is 9829-0611.

Shortly after, the police and ambulance arrived. I was conveyed to Tan Tock Seng Hospital. I suffered abrasions on both my hands and experienced pain on my chest and back. I was issued with 6 days of MC.

I was informed by the officers who attended to me that my m/cycle will be towed to Traffic Police for investigation.



**SINGAPORE
POLICE FORCE**



T/20221009/7021

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

3 of 3

Report No. T/20221009/7021

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 /
ABDUL RAHIM BIN SALIM
Contact No.: 65476433

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

Date/Time:
09/10/2022 13:54

Classification Of Case:

NP168