



# GOH JP & WONG LLC

advocates & solicitors  
commissioner for oaths & notary public

GOH TECK WEE

WONG TZE ROY

WONG FUNG KWAI

SOON WEI SONG

133 New Bridge Road #16-09 Chinatown Point Singapore 059413  
Tel: 6538 5868 Fax: 6538 4898 (Not for service of Court documents) Email: mail@gohjpwong.com  
Goh JP & Wong LLC is a law corporation with limited liability. GST/UEN: 201406078M

YOUR REF:

OUR REF:

GTW.ACC.12T127.22.wk

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE NO

DATE:

27 JAN 2023

Handwritten notes in blue ink: "MFL 2022 D0010675/01/02" and "Sundari 27/1/23".

Tay Woei Beng Francis  
Block 928 Jurong West Street 92  
#08-149 Singapore 640928

By Certificate of Posting

Dear Sirs

## TRAFFIC ACCIDENT INVOLVING FBS 4894L & SMS 2653Z ON 27.11.2022 ALONG PANDAN GARDENS

We act for Ng Chee Kuan in the above matter.

We are instructed by the abovenamed to claim damages against you in connection with an accident on 27th November 2022 at about 1830 hrs along Pandan Gardens involving our client's motorcycle FBS 4894L and motorcar SMS 2653Z driven by you at the material time.

We are instructed that the accident was caused by your negligent driving and/or management of the motor car. As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical report annexed to this letter. He has been put to loss and expense, particulars of which are as follows:

### 1. Particulars of injuries

Neck strain injury, left shoulder strain injury, left foot contusion, abdominal wall contusion, left jaw contusion, superficial abrasions over left posterior elbow, right knee, left lateral knee and left shin

### 2. Quantification of Claim

General Damages \$7,500.00

#### Special Damages

a) Costs of Repair	\$4,860.00
b) Loss of Use at \$30.00 per day for 11 days	\$ 330.00
c) Survey Fees	\$ 476.00
d) Medical Expenses (and still continuing)	\$ 306.75
	<u>\$5,972.75</u>

**TOTAL** **\$13,472.75**

### 3. Names of witnesses

- |                        |   |
|------------------------|---|
| a) Witnesses of facts: | 1) Ng Chee Kuan                                   |
|                        | 2) Representative from Excel Cycle Centre Pte Ltd |
| b) Expert witnesses:   | 1) Dr Soong Yi Wei Daniel                         |
|                        | 2) Representative from Prudent Adjustors Services |





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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2022 14:29	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NG CHEE KUAN			Address: BLK C 12-06 NUSA PERDANA SERVICES APT GELANG PATAH 81550 JOHOR M'SIA		
ID Type / ID No.: NRIC NO / S7569060F			Contact No.: Home/Office: Mobile: 90215507		
Nationality: MALAYSIAN			Email: ck.fishing23@gmail.com		
Sex: Male	Age: 47	Date of Birth: 23/09/1975	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/11/2022 18:30	Type of Location: Straight Road
Location:  PANDAN GARDENS				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS4894L	Motorcycle	YAMAHA	AEROX155+ ABS+CVT	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS4894L	NTUC Income Insurance Co-Operative Limited	5122129761-01	10/05/2022	09/05/2023



**SINGAPORE  
POLICE FORCE**



T/20221128/7042

2 of 3

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

Report No. T/20221128/7042

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG CHEE KUAN	ID No.	S7569060F
Related Vehicle	FBS4894L (Motorcycle)	Contact No.	90215507
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	27/11/2022	Date	27/11/2022
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On 27th Nov 2022 at 1830hrs, I was travelling straight along Pandan gardens on the right lane. At near block 416 Pandan Gardens', SMS2653Z while on the left lane, made an U-turn abruptly at a non designated U-turn area. This resulted my vehicle, FBS4894L and SMS2653Z collided. I sustained injuries in this incident. My vehicle was damaged too. We exchanged our driver particulars. I would like to make this report for insurance claims purposes.



**SINGAPORE  
POLICE FORCE**



T/20221128/7042

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

3 of 3

Report No. T/20221128/7042

**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 /  
CHONG GUAN FATT  
Contact No.: 65472077

Signature Of Informant:

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

Date/Time:  
28/11/2022 14:29

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 ..... 28/11/2022 16:42 (SGT)  
Reported by ..... Both  
Date of Accident ..... 27/11/2022 18:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PANDAN GARDENS  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS4894L

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG CHEE KUAN  
NRIC No ..... S7569060F  
Email Address ..... CK.FISHING23@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90215507  
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 ..... 155

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5122129761-01

#### DRIVER

Name of Driver ..... NG CHEE KUAN  
NRIC No ..... S7569060F  
Date Of Birth ..... 23/09/1975  
Occupation ..... Indoor

Date Of Driving Pass .....	16/12/1997
Driving experience .....	24 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90215507
Alt. Phone Number .....	-
Email Address .....	CK.FISHING23@GMAIL.COM
Address .....	BLK C 12-06 NUSA PERDANA SERVICES APT GELANG PATAH
Address complement .....	-
Postcode .....	81550
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 .....	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 POLICE REPORT

#### 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 .....	SMS2653Z
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 ..... -  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... 47  
 Injuries Sustained ..... ABRASIONS ON LEFT HAND, BACK AND LEFT LEG  
 Injured person in which vehicle? ..... FBS4894L  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... No

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



Policyholder's Signature / Date & Time

28/11/2022

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



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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN 2

**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

28/11/2022

Sketch Plan

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

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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN

		A - FBS4894L B - SMS2653Z	




















**SINGAPORE  
POLICE FORCE**


T/2022/128/7042

1 of 3

Report No. T/2022/128/7042

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2022 14:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG CHEE KUAN			Address: BLK C 12-06 NUSA PERDANA SERVICES APT GELANG PATAH 81550 JOHOR M'SIA		
ID Type / ID No.: NRIC NO / S7569060F			Contact No.: Home/Office: Mobile: 90215507		
Nationality: MALAYSIAN			Email: ck.fishing23@gmail.com		
Sex: Male	Age: 47	Date of Birth: 23/09/1975	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/11/2022 18:30	Type of Location: Straight Road
Location:  PANDAN GARDENS				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBS4894L	Motorcycle	YAMAHA	AEROX155+ ABS+CVT	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS4894L	NTUC Income Insurance Co-Operative Limited	5122129761-01	10/05/2022	09/05/2023





**SINGAPORE  
POLICE FORCE**



T/20221128/7042

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

2 of 3

Report No. T/20221128/7042

## 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	NG CHEE KUAN	ID No.	S7569060F
Related Vehicle	FBS4894L (Motorcycle)	Contact No.	90215507
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	27/11/2022	Date	27/11/2022
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On 27th Nov 2022 at 1830hrs, I was travelling straight along Pandan gardens on the right lane. At near block 416 Pandan Gardens', SMS2653Z while on the left lane, made an U-turn abruptly at a non designated U-turn area. This resulted my vehicle, FBS4894L and SMS2653Z collided. I sustained injuries in this incident. My vehicle was damaged too. We exchanged our driver particulars. I would like to make this report for insurance claims purposes.

**SINGAPORE  
POLICE FORCE**

T/2022:123/7042

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

3 of 3

Report No. T/2022:123/7042

**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 / TPB /  
CHONG GUAN FATT  
Contact No.: 65472077

NP108

Signature Of Informant:

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

Date/Time:  
28/11/2022 14:29

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 .....	28/11/2022 11:53 (SGT)
Reported by .....	Driver
Date of Accident .....	27/11/2022 18:30 (SGT)
Exact Location of Accident .....	416 Pandan Gardens, Block 416, Singapore 600416
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS2653Z
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#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	PLUS
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1798

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D21MFL0000447_01

#### DRIVER

Name of Driver .....	TAY WOEI BENG FRANCIS
NRIC No .....	S7516839Z
Address .....	928 JURONG WEST STREET 92 #08-149
Address complement .....	-
Postcode .....	640928
Does Driver Own Other Vehicles? .....	No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
------------------------	------------



Weather Conditions ..... Clear

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) ..... 5  
Translator's name ..... -  
Translator's ID ..... -  
Translator's phone number ..... -  
Translator's email ..... -  
Original language used in the statement ..... -

CIRCUMSTANCES OF ACCIDENT

ON 27/11/2022 ABOUT 1830HRS I WAS DRIVING VEHICLE A(SMS2653Z) ON PANDAN GARDEN TOWARDS 416 PANDAN GARDEN AS I WANTED TO TURN RIGHT TOWARD ENTRANCE OF BLK 416 I CHECKED MY BLINDSPOT BEFORE PROCEEDING. WHEN I START MAKING THE RIGHT TURN SUDDENLY THERE WAS THIS VEHICLE B(FBS4894L) CAME IN ON MY RIGHT SO FAST AND COLIDED SIDE BY SIDE VEHICLE A. THE MOTORCYCLIST GOT SLIGHTLY INJURED AND NO OTHER VEHICLE IS INVOLVED .

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 ..... FBS4894L  
Vehicle Manufacturer ..... Yamaha  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
Name of Driver ..... NG CHE KUAN  
Insurance Company Name ..... -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... NG CHE KUAN  
Gender ..... Male  
Phone No ..... (Phone) +65-90215507  
Injured person in which vehicle? ..... FBS4894L



## 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.

*[Signature]*

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO VICKY



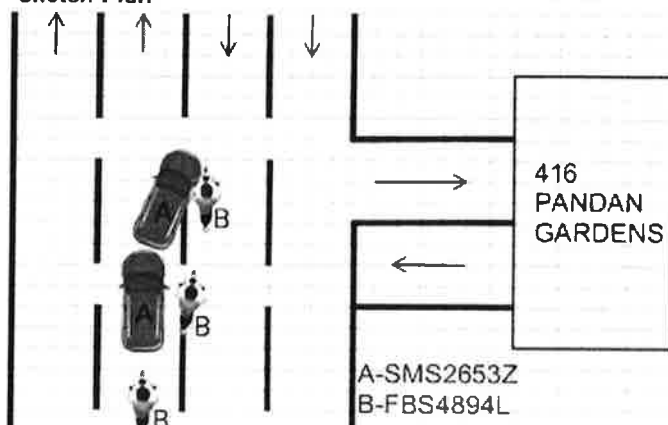
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

27/11/2022 2100HRS



Describe Circumstances of the Accident

ON 27/11/2022 ABOUT 1830HRS I WAS DRIVING VEHICLE A(SMS2653Z) ON PANDAN GARDEN TOWARDS 416 PANDAN GARDEN AS I WANTED TO TURN RIGHT TOWARD ENTRANCE OF BLK 416 I CHECKED MY BLINDSPOT BEFORE PROCEEDING. WHEN I START MAKING THE RIGHT TURN SUDDENLY THERE WAS THIS VEHICLE B(FBS4894L) CAME IN ON MY RIGHT SO FAST AND COLIDED SIDE BY SIDE VEHICLE A. THE MOTORCYCLIST GOT SLIGHTLY INJURD AND NO OTHER VEHICLE IS INVOLVED .

Declaration

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

FLASH ACCIDENT  
REPORTING OFFICER

FRO VICKY

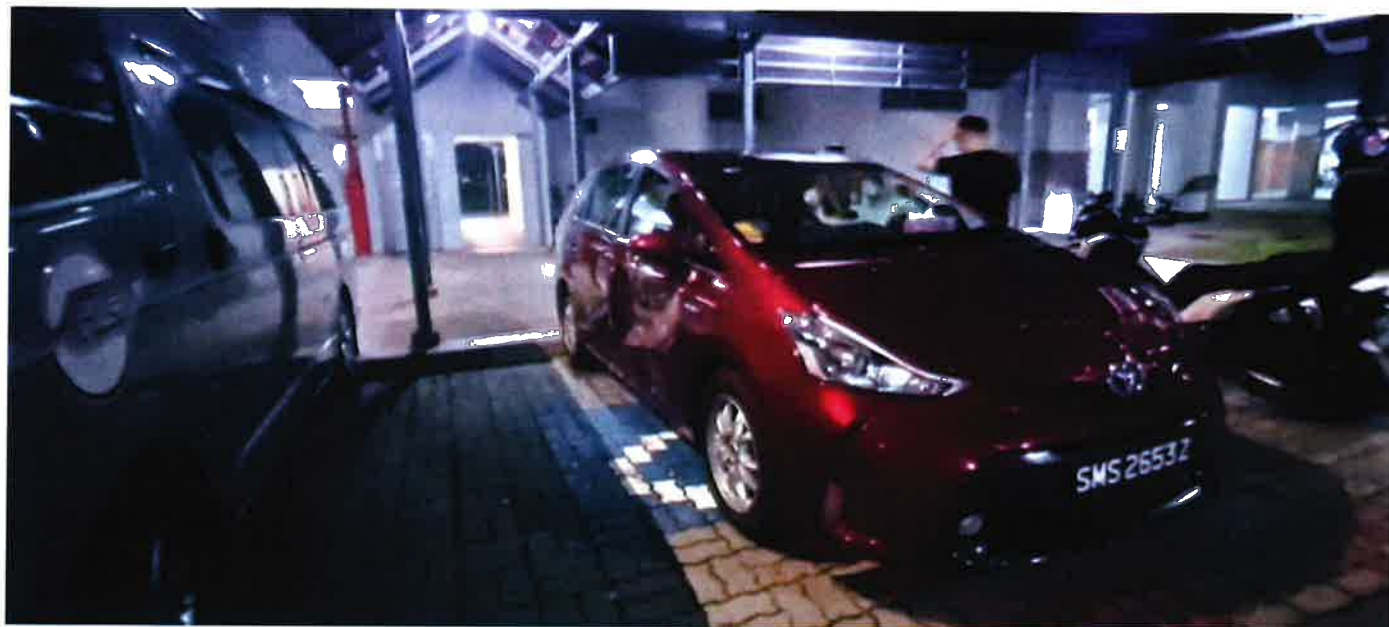


Policyholder's Signature / Date &  
Time

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

27/11/2022 2110HRS

Witnessed by Reporting Centre  
Personnel





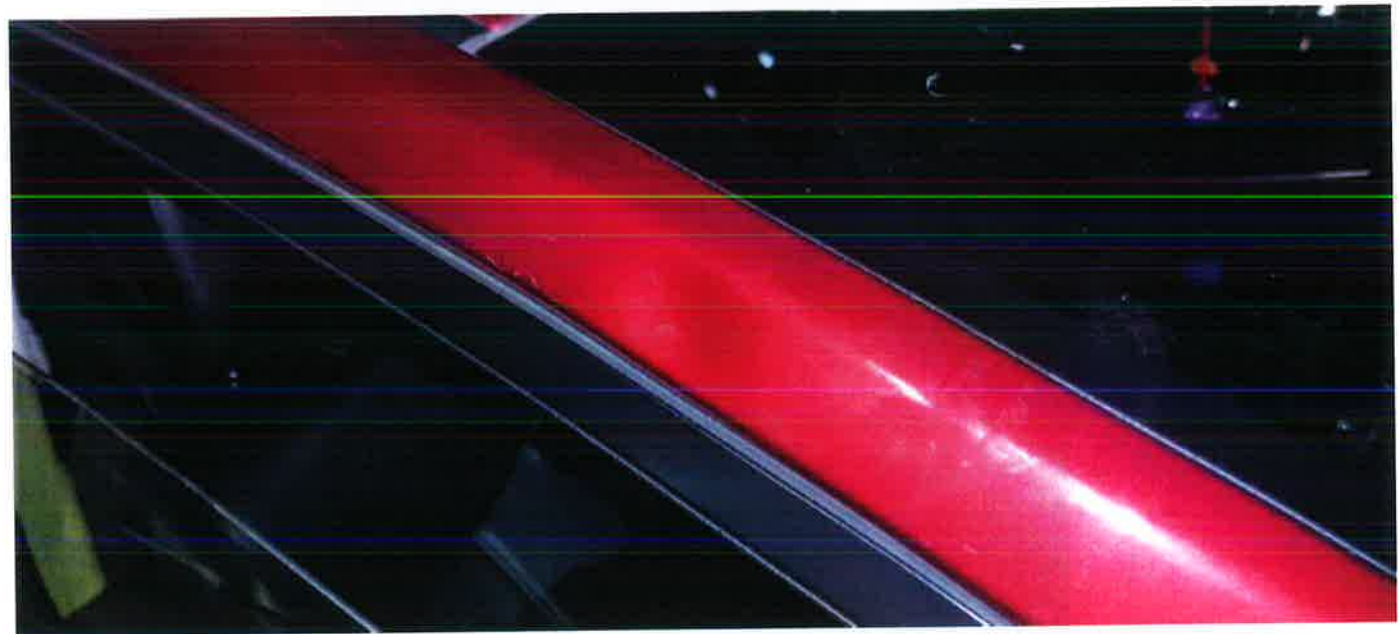








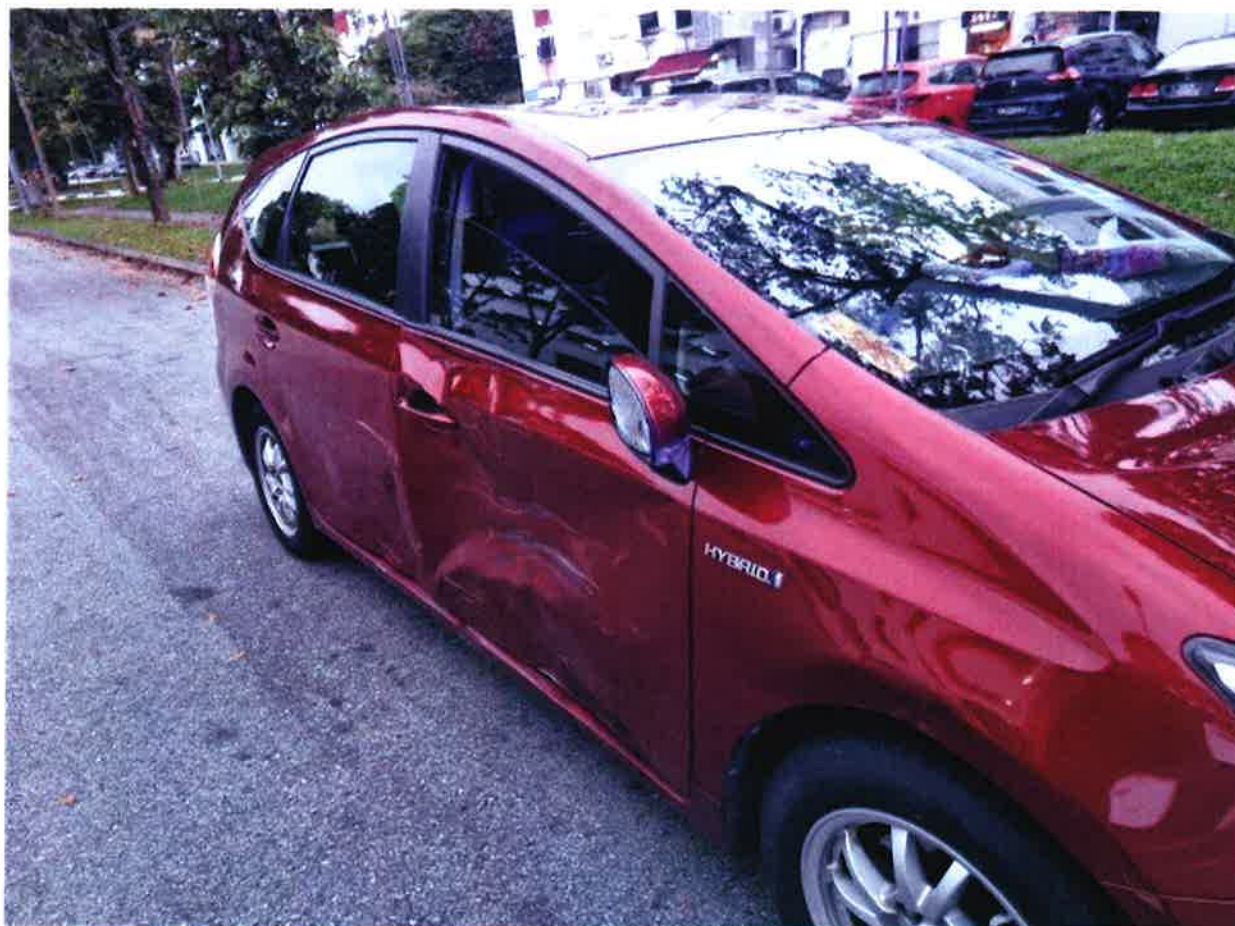






























PRIVATE HIRE







**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G22BS0000 Vehicle Registration No: SMS2653Z

Name (as shown in NRIC): Grab Rentals Pte Ltd NRIC/FIN/Passport No: 201617200G

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 27/11/2022 Time of Accident: 18:30

Place of Accident: 416 Pandan Gardens, Block 416,

Insurance Company: India International Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

RE ATTACHED SKETCH PLAN

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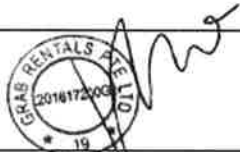
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Policyholder / Driver's Signature  
Date: \_\_\_\_\_

Siti  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 28.11.2022

SLAP/RC (Addendum Form)









Enquire Vehicle's Insurance Particulars ( As At 27 Nov 2022 / 18:30:00 )

Vehicle No.:

**SMS2653Z**

Make Description/Model:

**TOYOTA / PRIUS PLUS (AUTO)**

Insurance Company Name:

**INDIA INT'L INS PTE LTD**

Business Transaction Reference No.:

**20221201113408486707**

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Printed on 01 Dec 2022 11:34:29

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## Enquire Vehicle Owner Details ( As At 27 Nov 2022 / 18:30:00 )

### Vehicle Owner Details

Owner ID Type:

**Company**

Owner ID:

**201617200G**

Owner Name:

**GRAB RENTALS PTE. LTD.**

Registered Address Type:

**Private Residential (Condo Apt or House) /  
Shopping / Office Complexes**

Registered Block/House No.:

**3**

Registered Street Name:

**MEDIA CLOSE**

Registered Unit No.:

**# 01 - 03/06**

Registered Building Name:

-

Registered Postal Code:

**138498**

### Vehicle Insurance Details

Vehicle No.:

**SMS2653Z**

Make Description/Model:

**TOYOTA / PRIUS PLUS (AUTO)**

Insurance Company Name:

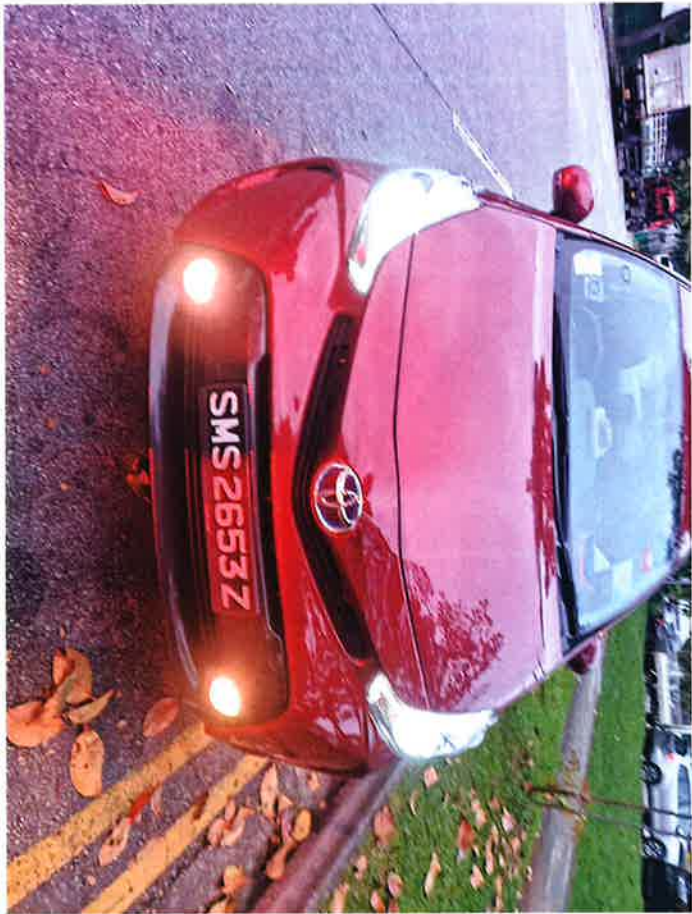
**INDIA INT'L INS PTE LTD**





















Unihealthcare Private Limited  
Reg UEN No: 201929835H  
135, Jurong Gateway Road #01-317  
Singapore 600135  
Tel: 6970 5868 Fax: 6261 5368

Reference number: GTW.ACC.12T127.22.dn

14<sup>th</sup> December 2022

Goh JP & Wong LLC  
133 New Bridge Road  
#16-09  
Chinatown Point  
Singapore 059413

Dear Sir/Mdm,

**Re: Medical Report of Mr Ng Chee Kuan (S7569060F)**

The above patient was seen at our clinic on 27<sup>th</sup> November 2022 for neck, left shoulder, abdominal, left foot and left jaw pain after being involved in a road traffic accident. He was a motorcyclist involved in right sided impact from another vehicle which happened on the same day. During the impact, he was wearing helmet and he fell on the left side of his body. He also suffered abrasion over his left elbow, right thumb, left knee and left shin. There was no headache, giddiness or blurring of vision noted. There was no complaint of any focal numbness. No chest pain or breathing difficulties were noted either.

On examination, his vitals were stable. The range of motion of his neck was full with tenderness over his left para-cervical muscles. The range of motion of his left shoulder was full with tenderness over his left latissimus muscles. The range of motion of his left ankle and foot was full with tenderness over his left medial foot with mild swelling. No focal neurological deficits were noted. Examination of his jaw revealed tenderness over his left temporal mandibular joint region. There was superficial abrasion over his left posterior elbow, right knee, left lateral knee and left shin associated with swelling over his left knee. His vision and hearing were unremarkable. His gait was normal. Examination of his abdominal wall revealed tenderness over his left lateral abdomen with bruising and tenderness over his left anterior sacroiliac spine. The rest of his systemic examination were otherwise unremarkable. He was given tetanus prophylaxis. He was given oral and topical analgesia for pain relief. He was given topical antibiotics for wound management. He was referred for X-ray for his foot and pelvis. He was given medical leave of 5 days duration from 28<sup>th</sup> November 2022 to 2<sup>nd</sup> December 2022.

X-ray done on 28<sup>th</sup> November 2022 of his pelvis and left foot did not reveal any fracture or dislocation. The findings were discussed with him on 29<sup>th</sup> November 2022. He reported improvement of his symptoms after treatment.

Clinical impressions were that of:

1. Neck strain injury
2. Left shoulder strain injury
3. Left foot contusion
4. Abdominal wall contusion
5. Left jaw contusion
6. Multiple abrasions



He was advised to seek review if persistent symptoms were noted. There was no further follow up subsequent to 29<sup>th</sup> November 2022.

Please kindly take note of the above. Feel free to contact the clinic should any clarification be required.

Thank you.

Regards,



Dr Soong Yi Wei Daniel

Medical Director

Unihealth 24 Hr Clinic (Jurong East)



**UNIHEALTH 24-HR CLINIC  
(JURONG EAST)**

Blk 135 Jurong Gateway Road #01-317 Singapore 600135  
Tel: 6970 5068 Fax: 6261 5368 Website: unihealthclinic.com.sg

GST Reg No : 201929835H

Co Reg No : 201929835H

**TAX INVOICE**

NG CHEE KUAN  
2033 BUKIT BATOK STREET 23  
#01-300 BT BATOK INDUSTRIAL EST PARK A  
S(659538)

Invoice No. : 94044  
Our Reference : 76566  
Date : 27 Nov 2022

Patient : NG CHEE KUAN(S7569060F)

Attending Doctor : DR XIE HUIZHUANG

DESCRIPTION	QTY	FEE
ANAREX	20.00 tabs	\$9.00
ARCOXIA (ETORICOXIB) 120MG	10.00 tabs	\$33.00
ZENPRO 20MG	10.00 caps	\$12.50
CHLORHEXIDINE WASH	1.00 bott	\$4.00
FORSUDERM OINTMENT 5GM	1.00 tube	\$7.00
JELONET DRESSING	1.00 unit	\$10.00
COGESIC (METHYL SALICYCLATE) MAX 25G	1.00 tube	\$7.00
KEFENTECH PLASTER	1.00 pkts	\$9.00
TETAVAX VACCINE 0.5ML	1.00 vial	\$25.00
FOOT XRAY	1.00	\$40.10
PELVIS XRAY	1.00	\$40.10
DRESSING (COMPREHENSIVE)	1.00	\$35.00
CONSULTATION		\$55.00
Sub-Total		\$286.70
Add GST 7.0%		\$20.07
Rounding Adjustment		-\$0.02
Total Amount Payable		\$306.75
Receipt No. 104630 - NETS	Payment Received	\$306.75
Outstanding Balance		\$0.00

All Cheques should be crossed and made payable to :  
**UNIHEALTHCARE PRIVATE LIMITED**

This is a computer generated invoice which does not require a signature





UNIHEALTH 24-HR CLINIC  
(JURONG EAST)

Blk 135 Jurong Gateway Road #01-317 Singapore 600135  
Tel: 6970 5868 Fax: 6261 5368 Website: unihealthclinic.com.sg

## Medical Certificate

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Date : 27 Nov 2022

MC No. : 0000047698

This is to certify that :

Name : NG CHEE KUAN  
NRIC : S7569060F

is Unfit for Duty for 5 days  
from 28 Nov 2022 to 02 Dec 2022 inclusive.



---

DR XIE HUIZHUANG  
MB BCh BAO (HONS)  
Dip O&G, RCPI

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







95 KAKI BUKIT AVENUE 1, SHUN LI INDUSTRIAL PARK, SINGAPORE 415982

TEL: 6842 2360 FAX: 6846 8644

[www.excelcycle.com.sg](http://www.excelcycle.com.sg)

Business Registration No. 199601824/G

# TAX INVOICE

**GST Reg. No. 19-9601824-G**

**CASH BILL 現沽單**

No. 1781

Date: 10/01/2023

Ref:

[illegible]

貨物出門，不得退換。

Goods once sold cannot be returned or exchanged.

**GST 8%**

360 00

TOTAL \$

4860 00

**Excel Cycle Centre Pte Ltd**

Customers Signature



**PRUDENT ADJUSTORS SERVICES**

BLOCK 607 ELIAS ROAD #05-192

SINGAPORE (510607)

BUSINESS REGN. No. 53193457L

Email: [willybjt@gmail.com](mailto:willybjt@gmail.com) / Mobile: 96699986**INVOICE**

Mr. Ng Chee Kuan  
c/o Goh JP & Wong LLC  
133 New Bridge Road # 16-09  
Chinatown Point  
Singapore 059413

**Invoice No** : PA/2301/0001/G  
**Our Ref** : PA/FBS4894/1222/tpw  
**Date** : 03 January 2023

Claim Type	Third Party	Date of Accident	27 November 2022
Vehicle No.	FBS 4894 L	Date of Inspection	03 December 2022
No	Description	Amount (S\$)	
1	Survey fees inclusive of Transportation and Photographs (56) copies	\$476.00	
	Total	\$476.00	
Singapore Dollar Four Hundred and Seventy-Six Only			
Terms of Payment - Within 30 (Thirty) days after receiving our Final Report & Invoice Payment payable as follows and kindly indicate Invoice No. <ul style="list-style-type: none"><li>• Cheque - Payable to <b>Prudent Adjustors Services</b></li><li>• Bank Transfer - <b>DBS 025-902513-4</b></li><li>• Paynow - <b>UEN No 53193457LBJT</b></li></ul>			

  
Prudent Adjustors Services  
Bok Jee Tan

## PRUDENT ADJUSTORS SERVICES

BLOCK 607 ELIAS ROAD #05-192

SINGAPORE 510607

BUSINESS REGN. No. 53193457L

Email: [willybjt@gmail.com](mailto:willybjt@gmail.com) / Mobile: 96699986

### VEHICLE DAMAGE INSPECTION REPORT

Mr. Ng Chee Kuan  
c/o Goh JP & Wong LLC  
133 New Bridge Road # 16-09  
Chinatown Point  
Singapore 059413

**Our Ref** : PA/FBS4894/1222/tpw  
**Date** : 03 January 2023

#### REFERENCES

<b>Claim Type</b>	: Third Party	<b>Date of Accident</b>	: 27 November 2022
<b>Vehicle No</b>	: FBS 4894 L	<b>Date of Assignment</b>	: 02 December 2022
<b>Make</b>	: Yamaha	<b>Date of Inspection</b>	: 03 December 2022
<b>Model</b>	: Aerox 155 ABS CVT	<b>Date of Re-inspection</b>	: 07 & 21 December 2022
<b>Registration Date</b>	: 10 May 2021	<b>COE Expiry</b>	: 09 May 2031
<b>Color</b>	: Black	<b>Chassis No</b>	: MH3SG6420LJ002273
<b>Odometer</b>	: 39,527km	<b>Engine No</b>	: Blocked

#### TYRE CONDITION

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front	Pirelli	110/80-14	5mm
Rear	Pirelli	140/70-14	6mm

#### GENERAL DESCRIPTION OF DAMAGE (PHOTOGRAPHS ATTACHED)

The vehicle sustained damage at front and left sides.  
Please refer to photographs and assessment of repairs for details  
Enclosed (56) photographs depicting damages and after repaired

#### INSPECTION AND ADJUSTMENT

Original Quotation : \$5,983.29      Revised Assessment \$4,500.00 Lump sum

Survey conducted at Excel Cycle Centre

In accordance with your instruction, we have not authorized repairs.

In normal circumstances, repairs to the vehicle would take approximately  
Six (6) days to complete.

This survey was conducted on a "WITHOUT PREJUDICE" basis.

#### **Note:**

The workshop has agreed to undertake the repair on a lump sum basis, and or the use of ex-stock reconditioned parts whichever is possible

**PRUDENT ADJUSTORS SERVICES**Vehicle No: **FBS 4894 L**

Our Ref: PA/FBS4894/1222/tpw

**ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS**

<u>S/N</u>	<u>Description Material</u>	<u>Qty</u>	<u>Condition</u>	<u>Original Quotation</u>	<u>Revised Quotation</u>
1	Upper handlebar cover	1 pc	Serviceable	160.00	~
2	Handlebar complete	1 pc	Bent	120.00	120.00
3	Handlebar balancer (end grips)	1 set	Cut/missing	60.00	60.00
4	Wind mirror	1 set	Cut	130.00	130.00
5	Brake lever @ \$45/-	2 pcs	Bent LH	90.00	45.00
6	Front centre panel	1 pc	Cut	155.00	155.00
7	Body cowling LH/RH @ 117.50/-	2 pcs	Cut	235.00	235.00
8	Headlamp assy (LED)	1 pc	Scratches	685.00	685.00
9	Front signal @ \$86/-	2 pcs	Serviceable	172.00	~
10	Front fork assy @ \$412.70/-	2 pcs	Bent	825.40	825.40
11	Front fork under bracket	1 pc	Twisted	217.40	217.40
12	Front fender	1 pc	Cut	110.00	110.00
13	Fender inner panel	1 pc	Cracked	115.80	115.80
14	Upper leg shield cover assy	1 pc	Cracked	142.50	142.50
15	Leg shields inner panel LH	1 pc	Hdr cracked	215.00	215.00
16	Foot board @ \$162.80/-	2 pcs	Cracked LH	325.60	162.80
17	Footrest board lower side cover @ \$128.60/-	2 pcs	Cut	257.20	257.20
18	Air box cover	1 pc	Grazed	138.40	138.40
				4,154.30	3,614.50
List price less 10%				415.43	361.45
				3,738.87	3,253.05
<u>Add special nett item</u>					
20	Steering cone bearing	1 set	Necessary	180.00	90.00
21	Body sticker	1 set	Necessary	180.00	150.00
22	Rear box	1 pc	Cracked	350.00	280.00
23	Rear box rack with base	1 set	Broken/bent	220.00	180.00
				930.00	700.00



**PRUDENT ADJUSTORS SERVICES**

Vehicle No: **FBS 4894 L**

Our Ref: PA/FBS4894/1222/tpw

**ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS**

Labour

Towing (2 trips)	150.00	120.00
Front cast wheel balance	120.00	80.00
Chassis frames align	550.00	450.00
Workmanship	500.00	400.00
	<hr/>	<hr/>
	1,320.00	1,050.00

Total parts & labour concluded	<u>5,988.87</u>	<u>5,003.05</u>
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Lump sum repair adjustment (less 10% due to no use parts)		<u><b>4,500.00</b></u>
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Prudent Adjustors Services  
Bok Jee Tan

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	060F
<b>Vehicle Details</b>	
Vehicle No.:	FBS4894L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Dec 2022
Vehicle Make:	YAMAHA
Vehicle Model:	AEROX155 ABS CVT
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	G3P4E0002273
Chassis No.:	MH3SG6420LJ002273
Maximum Power Output:	-
Open Market Value:	\$2,548.00
Original Registration Date:	10 May 2021
First Registration Date:	10 May 2021
Transfer Count:	1
Actual ARF Paid:	\$383.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	09 May 2031
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$8,000.00
COE Rebate Amount:	\$6,400.00
<b>Total Rebate Amount:</b>	<b>\$6,400.00</b>

The information contained herein is correct as at 03 Dec 2022

OK



Share

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Report &gt;

3

## Yamaha Aerox 155 R

Listing Type	Free Ad
Brand	Yamaha
Model	Yamaha Aerox 155 R
Engine Capacity	155cc
Classification	Class 2B
Registration Date	01/06/2021
COE Expiry Date	31/05/2031 (8yrs 5mths 17days COE left)
Mileage	3000km
No. of owners	1
Type of Vehicle	Scooters

**SGD \$14888**

2021 Yamaha Aerox R 155 For Sale.

First Owner.

Bike Is Seldom Been Used.

Dark Under Shelter

Read more ▼















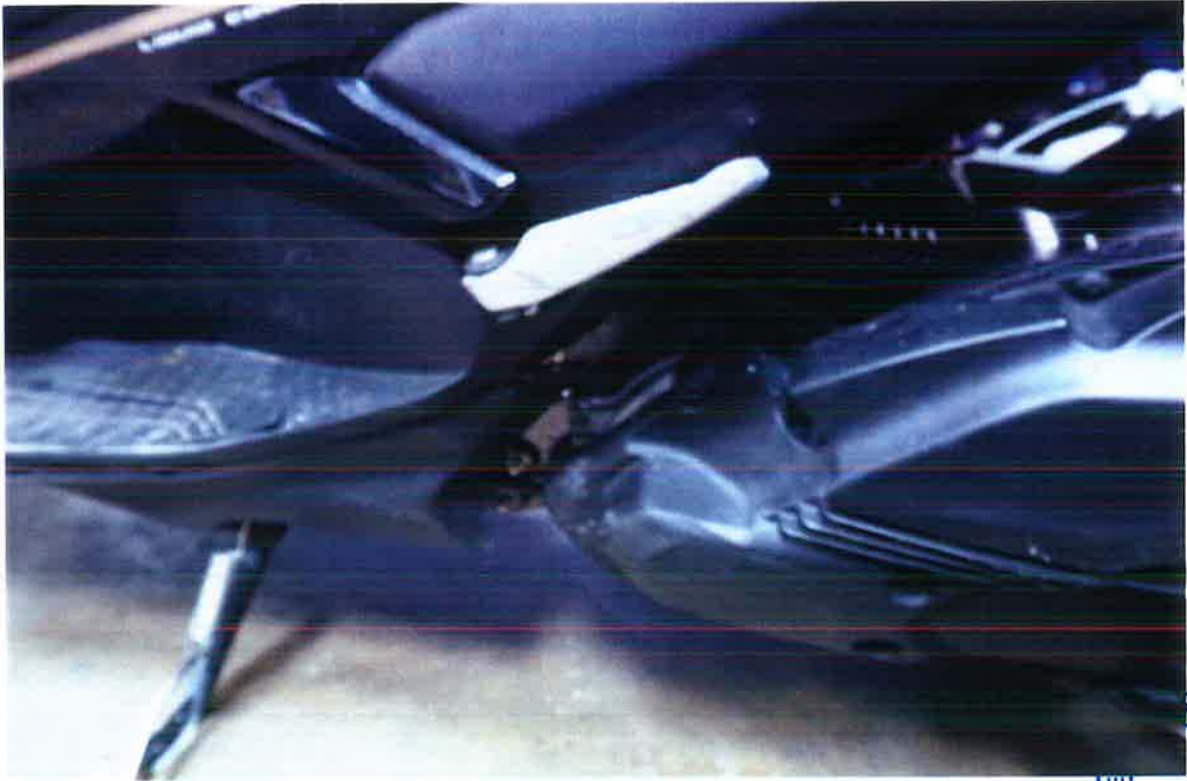








































## Re-Survey







## Re-Survey







Re-Survey







Re-Survey







Re-Survey







Re-Survey







## Re-Survey







## Re-Survey







**Re-Survey**







## Re-Survey







Re-Survey  
After Repair







Re-Survey  
After Repair

