K. KRISHNA & PARTNERS

UEN 53131210X GST Registration No. M90371530C Advocates & Solicitors 3019995526--=

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

namoorthi

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.BA.PI.18999.2022.ma

Your Ref: To be advised

26 May 2022

M/s AXA Insurance Pte Ltd 9 North Buona Vista Drive #18-01/16 The Metropolis Tower 1 Singapore 138588 60220598



BY HAND WITHOUT PREJUDICE

Dear Sirs

PERSONAL INJURY - ACCIDENT ON 17/01/2022 INVOLVING FBR 7104U & EK 9988Z ALONG THE OPEN CAR PARK OF BLOCK 416 SAUJANA ROAD

We act for Mr Furkhan Dzulkarnain Bin Alias who was the owner and rider of motorcycle no. FBR 7104U who was involved in the aforesaid accident with motor vehicle no. EK 9988Z.

We are instructed that our client was injured in the accident and that the vehicle no. **EK 9988Z** 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

 Pain & Suffering (Refer to the medical report by Dr Lim Zhe Yee Samuel from Ng Teng Fong General Hospital dated 14 March 2022)

\$ 7,000.00

K. KRISHNA & PARTNERS

Advocates & Solicitors

-2-

B. SPECIAL DAMAGES

Medical Expenses	\$ 140.45	
Transport Expenses (Estimated)	\$ 30.00	
3. Cost of Repairs	\$4,200.00	\$ 4,370.45
C. OTHERS		
Medical Report Fee	\$ 100.00	
2. Survey Fee	\$ 450.00	
GIA Search/Report Fee	\$ 29.00	
LTA Search Fee	\$ 7.49	
Public Trustee Fee	\$ 225.00	\$ 811.49
		\$12,181.94

We have been instructed to claim the said sum of \$12,181.94 and <u>plus</u> a further sum of \$3,000.00 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 Police Reports;
- (iv) Photocopy of M/s Bikers Avenue Bill;
- (v) Photocopy of M/s Aeon Auto Consultants LLP's Invoice, Automobile Assessment Report together with colour photos of damages;
- (vi) Photocopy of Medical Certificate(s); and
- (vii) 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 Lim Zhe Yee Samuel (Ng Teng Fong General Hospital);
- 2) Dr Yeo Khee Quan (Orthopaedic); or
- 3) Dr W C Chang (Orthopaedic).

Please send us an acknowledgement of receipt of this letter <u>within fourteen(14) days</u> of your receipt of this letter. If you wish to have our client examined by your own medical expert, please also advise <u>within fourteen (14) days</u> 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 also note that the proposal herein is only acceptable as a whole and not in parts.

Yours faithfully

Encs

K. KRISHNA & PARTNERS

Advocates & Solicitors

-3-

cc Mr Ng Eng Khiam 35 Faber Walk Singapore 128968 CERTIFICATE OF POSTING

Mr Ng Wee Ong Block 546C Segar Road #14-41 Singapore 673546 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 <u>within eight (8) weeks</u> of your receipt of this letter.)

cc Client



2 4 MAR 2022

Your Ref

KK.BA.Pl.18999.2022.ma

Our Ref

349795

14 March 2022

K. Krishna & Partners 101 Cecil Street #24-03/04 Tong Eng Building Singapore 069533

÷

Dear Sir / Mdm,

On behalf of Head, Emergency Medicine Department, Ng Teng Fong General Hospital

I thany

Name

Furkhan Dzulkarnain Bin Alias

NRIC No.

S7642360A

The abovementioned patient was seen at 2134hrs on 17/01/2022 at the Emergency Medicine Department (EMD). He was attended to by Dr Terence Seah.

Mr Furkhan Dzulkarnain Bin Alias presented to the EMD following a road traffic accident. According to Mr Furkhan Dzulkarnain Bin Alias, he was riding his vehicle in a carpark when he collided against a car, causing him to fall forwards. He subsequently developed some pain on the abdomen and right thigh.

On examination, there were abrasions seen on the umbilical region and on the dorsal aspect of the right hand.

X-rays of the right femur did not show any acute fracture.

Mr Furkhan Dzulkarnain Bin Alias was eventually discharged from the EMD with appropriate analgesia and 3 days of medical leave from 17/01/2022 to 19/01/2022.

In summary, Mr Furkhan Dzulkarnain Bin Alias presented to the EMD following a road traffic incident resulting in a right thigh contusion as well as abrasions over the abdomen and right hand.

G/

DR Lim Zhe Yee Samuel
RESIDENT PHYSICIAN
EMERGENCY MEDICINE DEPARTMENT
NG TENG FONG GENERAL HOSPITAL

MCR: M64260F



1 0 MAR 2022

Your Ref

: KK.BA.PI.18999.2022.ma

Our Ref

: 349795

Date

: 7/3/22

K.KRISHNA & PARTNERS 101 CECIL STREET #24-03/04 TONG ENG BUILDING SINGAPORE 069533

RE: MEDICAL REPORT FOR FURKHAN DZULKARNAIN BIN ALIAS (NRIC NO: XXXXX360A)

We refer to your request dated 7/2/2022 for a Ordinary Medical Report. The medical report will be forwarded in due course.

For enquiries, please contact the undersigned at 6716 6755.

Thank you.

Yours faithfully

Chong Phei Phei Medical Records Office

Ng Teng Fong General Hospital and Jurong Community Hospital

This is a computer generated letter and no signature is required.

OFFICIAL RECEIPT

GST REG NO. : 200910555Z

Invoice No.

: 65748

Date

: 7/3/2022

	SERVICE DESCRIPTION	AMOUNT (S\$)
ORDINARY	MEDICAL REPORT	100.00
FURKHAN I	DZULKARNAIN BIN ALIAS (NRIC NO: XXXXX360A	
Your Ref Our Ref	: KK.BA.PI.18999.2022.ma : 349795	
Payment	: Cheque UOB 483029	

7% GST is included in the amount charged.

Note: Administrative charges of 1/3 of the cost of medical report will be imposed if a cancellation request is made while the medical report is being processed.

Ng Teng Fong General Hospital

1 Jurong East Street 21, Singapore 609606 | UEN: 53144825L Tel: (65) 6716 2000 Fax: (65) 6716 5500 www.ntfgh.com.sg

MEMBERS OF THE NATIONAL UNIVERSITY HEALTH SYSTEM

National University Hospital • Ng Teng Fong General Hospital • Alexandra Hospital • Jurong Community Hospital • National University Polyclinics • National University Cancer Institute, Singapore • National University Heart Centre, Singapore • National University Centre for Oral Health, Singapore • NUS Yong Loo Lin School of Medicine • NUS Alice Lee Centre for Nursing Studies • NUS Faculty of Dentistry • NUS Saw Swee Hock School of Public Health

Duplicated

> Ng Teng Fong General Hospital Jurong Community Hospital

MR. FURKHAN DZULKARNAIN **BIN ALIAS**

BILL REF. NO. BILL DATE 16189159B 20 JAN 2022 NRIC / FIN / MRN S7642360A

TAX INVOICE

LOCATION

NTFGH

VISIT DATE ► 17 JAN 2022 06:58 PM

Page 1 of 2

ENK 418 #02-431 JAR ROAD **GAPORE 670418**

Accepts: PayNow

\$ 140.45 FINAL AMOUNT PAYABLE

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$ 313.46
GOVT SUBSIDY	\$ -173.00
TOTAL AMOUNT (BEFORE GST)	\$ 140.46
7% GST	\$ 9.84
GST absorbed by Govt	\$ -9.84
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$ 140.46
TOTAL AMOUNT PAYABLE	\$ 140.46
Net Payment made	\$ 0.00
Adjustment(s)	\$ -0.01
FINAL AMOUNT PAYABLE	\$ 140.45

CHARGES

CASE NO. 9220308907F	SPECIALTY / CLASS ACCIDENT & EMERGENCY / NA	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
SERVICES	DESCRIPTION		
A&E ATTENDANCE FEE		254.00	127.00
XR FEMUR AP & LATERAL RIGHT		44.00	0.00
PARACETAMOL 500MG TABLET		2.00	0.00
POCT URINE DIPSTICK 10		10.10	10.10
NAPROXEN SOD 275MG TABLET		3.36	3.36
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	313.46	
	GOVT SUBSIDY	-173.00	
	TOTAL AMOUNT (BEFORE GST)		140.46
	7% GST		9.84
	GST absorbed by Govt (for subsidised patier	nt only)	-9.84
		Subtotal	140.46
	TOTAL AMOUNT (AF	TER GOVT SUBSIDY)	140.46



TAX INVOICE

PATIENT NAME
MR. FURKHAN DZULKARNAIN BIN ALIAS

BILL REF, NO. 16189159B BILL DATE 20 JAN 2022

NRIC / FIN / MRN S7642360A

PAYMENT SUMMARY

TOTAL AMOUNT (AFTER GOVT SUBSIDY)

140.46

Page 2 of 2

SCHEMES (SCHEME ID) / PAYOR

REFERENCE NO

AMOUNT PAYABLE (\$)

MR. FURKHAN DZULKARNAIN BIN ALIAS

140.46

MR. FURKHAN DZULKARNAIN BIN ALIAS

TOTAL AMOUNT PAYABLE

140.46

The amount payable by patient has been rounded down to the nearest cents.

Net Payment made

Adjustment(s)

0.00

FINAL AMOUNT PAYABLE

\$ 140.45

PAYMENT OPTIONS & ADVISORY



Self-Service Kiosk

Counter Services

AXS Station



E-Payment

- OneNUHS App
- HealthHub Mobile App
- Payment through PayNow by scanning the SGQR code on this bill with your banking app
- DBS/POSB Digibank online/mobile or DBS Paylah!
- · AXS e-Stations/m-Stations



Service Locations at SOC and Pharmacy / Eusiness Office 7-Eleven Stores

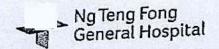
Payment Policy
• Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.

If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.

Payment made via AXS and E-Payments will be updated to your bill within 3 working days.







	ORIGINAL
MEDICAL CERTIFICATE (Ref:1188450547)	NRIC: S7642360A
NAME: FURKHAN DZULKARNAIN BIN ALIAS	

Type of Medical Leave granted: Outpatient Sick Leave

The above named is unfit for duty for 3 day(s) from 17/01/2022 to 19/01/2022 Inclusive.

* The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 17/01/2022 18:58 to 17/01/2022 21:36.

17/01/2022 Date Dr. Kwee Yong Terence SEAH (63780G) Issued by

Signature

Location: NTFGH EMERGENCY

BIKERS AVENUE

NO. 1 BUKIT BATOK CRESCENT #02-58 WCEGA PLAZA SINGAPORE 658064

TEL: 6570 6525 FAX: 6334 6181 EMAIL: bkrsavenue@gmail.com

TO: | FURKHAN DZULKARNAIN BIN ALIAS

AS PER REPORT SINGAPORE Our Reference:

ADV150/FBR7104U

Date:

20-Apr-2022

Vehicle Num:

FBR 7104 U

Make/Model:

HONDA ADV150A

Chassis No.:

KF381007150

Engine No.:

KF38E5007150

Accident Date:

17-Jan-2022

			Amount
TOTAL SUM REPAIR FOR	FBR 7104 U		\$4,200.00
		TOTAL	Ć 4200.00
		TOTAL:	\$ 4,200.00
Address of the Control of the Contro	E, & O.E		
BIKERS AVENUE			



INVOICE

TO: FURKHAN DZULKARNAIN BIN ALIAS

C/O: BIKERS AVENUE

NO. 1 BUKIT BATOK CRESCENT

##02-58 WCEGA PLAZA SINGAPORE 658064 Invoice No.:

0122/BAV033

Date:

20-Apr-2022

PARTICULARS

Vehicle Registration No.:

FBR 7104 U

Date of Loss:

17-Jan-2022

Date of Assessment:

25-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
Telephone +65 97687958 Facsimile +65 68264112 Email info@aeonac.com

Reg. No. LL0701273L (registered with limited liability)

AUTOMOBILE ASSESSMENT REPORT

TO:

FURKHAN DZULKARNAIN BIN ALIAS

C/O: BIKERS AVENUE

NO. 4 BUKIT BATOK CRESCENT

#02-58 WCEGA PLAZA SINGAPORE 658064 Our Reference:

0122/BAV033

Date:

20-Apr-2022

ASSESSMENT OF VEHICLE NO. FBR 7104 U

DATE OF LOSS:

17-Jan-2022

We have carried out a physical assessment at BIKERS AVENUE,

NO. 1 Bukit Batok Crescent #02-58 WCEGA Plaza Singapore 658064, according to your instruction

25-Jan-2022 and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No.:

FBR 7104 U

Make & Model:

HONDA ADV150A

Year of Registration:

2020 149

Engine Capacity: Chassis No.:

KF381007150

-

KF38E5007150

Engine No.: Colour:

GREY

2. VEHICLE CONDITION

L _ dy Paint:

GOOD

Steering:

SERVICEABLE

Foot Brake:

SERVICEABLE

Parking Brake:

SERVICEABLE

Modification:

NIL

3. TYRE PARTICULARS & CONDITION

Front

Make/Size/Thread:

IRC

110/80 R14-75%

Rear

Make/Size/Thread:

IRC

130/70 R13 - 75%

AEON AUTO CONSULTANTS LLP

50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874 Telephone +65 97687958 Facsimile +65 68264112 Email info@aeonac.com Reg. No. LL0701273L (registered with limited liability)

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:

\$6,032.90

Adjusted Amount:

\$4,420.10

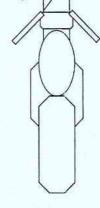
F' al Adjusted Sum:

\$4,200.00

Estimated Repair Days: Date of Completion:

13-Apr-2022

8 days



Pursuant to your instruction, we have $\underline{\text{\bf NOT AUTHORISED}}$ 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.

AEON AUTO CONSULTANTS LLP

50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874

Telephone +65 97587958 Facsimile +65 68264112 Email info@aeonac.com

Reg. No. LL0701273L (registered with limited liability)

ASSESSMENT REPORT FOR VEHICLE NO. FBR 7104 U

PARTS (LIST ITEMS)

1 FRONT COVER SET 1 FRONT COVER SET 2 FRONT HEAD LAMP ASSY 3 Cracked 480.00 480.00 582.00 582.00 582.00 582.00 582.00 1 FRONT HEAD LAMP STAY 480.00 165.00 166.00 1	Qty	Description	Condition	Workshop's Estimate	Our Assessment
1 FRONT HEAD LAMP ASSY Cracked 582.00 582.00 1 FRONT HEAD LAMP STAY Bent 165.00 165.0 1 FRONT HEAD LAMP COVER Cracked 188.00 188.0 2 FRONT SIDE SIGNAL LAMP L/R Cracked 242.00 242.0 2 FRONT BODY COWLING L/R Cracked 420.00 420.0 2 FRONT SIDE AIR INTAKE GARNISH L/R Cracked 188.00 188.0 1 FRONT FORK ASSY Repair 822.00 - 2 FRONT FENDER Cracked 268.00 268.0 1 FRONT WHEEL Repair 320.00 - 1 FRONT WHEEL SHAFT Bent 40.00 40.0 1 FRONT WHEEL BEARING - SET Jammed 65.00 65.0 1 SIDE LH LEG SHIELD GARNISH Repair 282.00 - 4,382.00 2,958.0 Less 5% discount 219.10 147.5	1-	FRONT WIND SHIELD	Cracked	320.00	320.00
1 FRONT HEAD LAMP STAY 1 FRONT HEAD LAMP COVER 2 FRONT SIDE SIGNAL LAMP L/R 2 FRONT BODY COWLING L/R 3 FRONT SIDE AIR INTAKE GARNISH L/R 4 FRONT FORK ASSY 5 FRONT FENDER 6 FRONT WHEEL 7 FRONT WHEEL 8 FRONT WHEEL 8 FRONT WHEEL 8 FRONT WHEEL SHAFT 1 FRONT WHEEL BEARING - SET 1 SIDE LH LEG SHIELD GARNISH 1 Less 5% discount 1 FRONT WHEEL 1 Less 5% discount 1 Less 5% discount 1 Lamber 1 Lamber 1 Less 5% discount 1 Lamber 1 Less 5% discount 1 Lamber 1 Lamber 1 Lamber 1 Less 5% discount 1 Lamber 1 L	1	FRONT COVER SET	Cracked	480.00	480.00
FRONT HEAD LAMP COVER Cracked 188.00 188.00 242	1	FRONT HEAD LAMP ASSY	Cracked	582.00	582.00
2 FRONT SIDE SIGNAL LAMP L/R 2 FRONT BODY COWLING L/R 2 FRONT SIDE AIR INTAKE GARNISH L/R 3 FRONT FORK ASSY 4 Repair 5 FRONT FENDER 6 Cracked 7 FRONT FENDER 7 FRONT WHEEL 7 FRONT WHEEL 8 Repair 8 1 FRONT WHEEL SHAFT 8 Bent 9 FRONT WHEEL SHAFT 9 Bent 1 FRONT WHEEL BEARING - SET 1 SIDE LH LEG SHIELD GARNISH 1 FRONT WHEEL SHIELD GARNISH 1 FRONT WHEEL SHIELD GARNISH 1 SIDE LH LEG SHIELD GARNISH 1 Less 5% discount 2 1 1 21 10 147.50	1	FRONT HEAD LAMP STAY	Bent	165.00	165.00
2 FRONT BODY COWLING L/R 2 FRONT SIDE AIR INTAKE GARNISH L/R 3 FRONT FORK ASSY 4 Repair 5 FRONT FENDER 6 Cracked 7 FRONT FENDER 7 Cracked 8 Example 2 Exampl	1	FRONT HEAD LAMP COVER	Cracked	188.00	188.00
2 FRONT BODY COWLING L/R Cracked 420.00 420.00 2 FRONT SIDE AIR INTAKE GARNISH L/R Cracked 188.00 188.00 1 FRONT FORK ASSY Repair 822.00 - 1 FRONT FENDER Cracked 268.00 268.00 1 FRONT WHEEL Repair 320.00 - 1 FRONT WHEEL SHAFT Bent 40.00 40.00 1 FRONT WHEEL BEARING - SET Jammed 65.00 65.00 1 SIDE LH LEG SHIELD GARNISH Repair 282.00 - 4,382.00 2,958.00 Less 5% discount 219.10 147.50	2	FRONT SIDE SIGNAL LAMP L/R	Cracked	242.00	242.00
2 FRONT SIDE AIR INTAKE GARNISH L/R Cracked 188.00 188.00 1 FRONT FORK ASSY Repair 822.00 - 1 FRONT FENDER Cracked 268.00 268.00 1 FRONT WHEEL Repair 320.00 - 1 FRONT WHEEL SHAFT Bent 40.00 40.0 1 FRONT WHEEL BEARING - SET Jammed 65.00 65.0 1 SIDE LH LEG SHIELD GARNISH Repair 282.00 - 4,382.00 2,958.0 Less 5% discount 219.10 147.5	2		Cracked	420.00	420.00
1 FRONT FORK ASSY Repair 822.00 - 1 FRONT FENDER Cracked 268.00 268.0 1 FRONT WHEEL Repair 320.00 - 1 FRONT WHEEL SHAFT Bent 40.00 40.0 1 FRONT WHEEL BEARING - SET Jammed 65.00 65.0 1 SIDE LH LEG SHIELD GARNISH Repair 282.00 - Less 5% discount 219.10 147.5	2	and the complete and th	Cracked	188.00	188.00
1 FRONT WHEEL SHAFT 1 FRONT WHEEL SHAFT 1 FRONT WHEEL BEARING - SET 1 SIDE LH LEG SHIELD GARNISH Repair 282.00 - 4,382.00 2,958.0 Less 5% discount 219.10 147.50			Repair	822.00	170
1 FRONT WHEEL SHAFT Bent 40.00 40.00 1 FRONT WHEEL BEARING - SET Jammed 65.00 65.00 1 SIDE LH LEG SHIELD GARNISH Repair 282.00 - 4,382.00 2,958.00 Less 5% discount 219.10 147.50		FRONT FENDER	Cracked	268.00	268.00
1 FRONT WHEEL BEARING - SET 1 SIDE LH LEG SHIELD GARNISH Repair 4,382.00 2,958.0 Less 5% discount 219.10 147.5	1	FRONT WHEEL	Repair	320.00	140
1 FRONT WHEEL BEARING - SET Jammed 65.00 65.00 1 SIDE LH LEG SHIELD GARNISH Repair 282.00 - 4,382.00 2,958.0 Less 5% discount 219.10 147.5	1	FRONT WHEEL SHAFT	Bent	40.00	40.00
4,382.00 2,958.0 Less 5% discount 219.10 147.5	1	FRONT WHEEL BEARING - SET	Jammed	65.00	65.00
Less 5% discount 219.10 147.5	1	SIDE LH LEG SHIELD GARNISH	Repair	282.00	2
				4,382.00	2,958.00
Parts Total: 4,162.90 2,810.3			Less 5% discount	219.10	147.90
			Parts Total:	4,162.90	2,810.10

ALON AUTO CONSULTANTS LLP

50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874 Telephone +65 97687958 Facsimile +65 68264112 Email info@aeonac.com

Reg. No. LL0701273L (registered with limited liability)

ASSESSMENT REPORT FOR VEHICLE NO. FBR 7104 U

SPECIAL NETT ITEMS

1	FRONT NUMBER PLATE STICKER	Necessary	20.00	20.00
1;	FRONT FOG LAMP L/R - SET	Cracked	300.00	300.00
		Special Nett Total :	320.00	320.00

LA

AB	DUR			
ı	N Description		/orkshop's stimate	Our Assessment
1	Towing charge.		50.00	50.00
2	Check wiring system and light.		100.00	80.00
3	Wheel ailgnment.		100.00	80.00
4	Fork ailgnment.		100.00	80.00
5	Labour for repair and replace parts .		1,200.00	1,000.00
		Labour Total :	1,550.00	1,290.00
		TOTAL (PARTS & LABOUR) \$	6,032.90	4,420.10

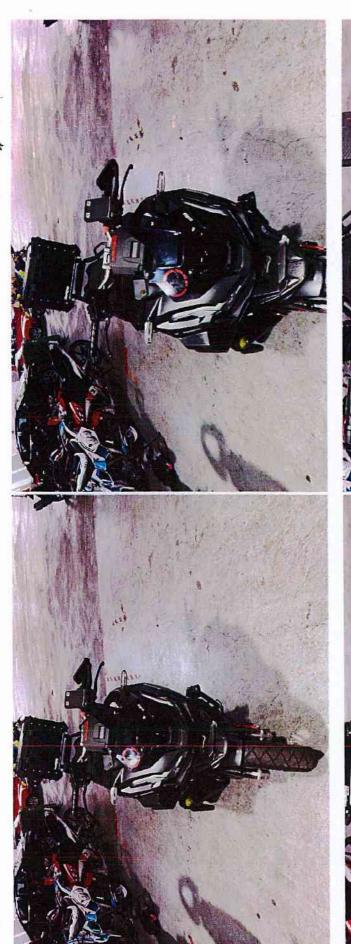
The workshop has agreed to undertake the repair cost of the final adjusted Sum contract amount is

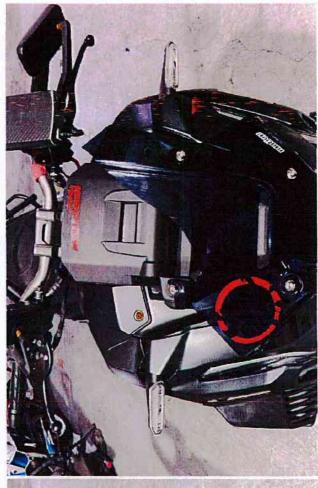
\$4,200.00

(SINGAPORE DOLLARS FOUR THOUSAND TWO HUNDRED ONLY)



Amas Ong Automobile Assessor



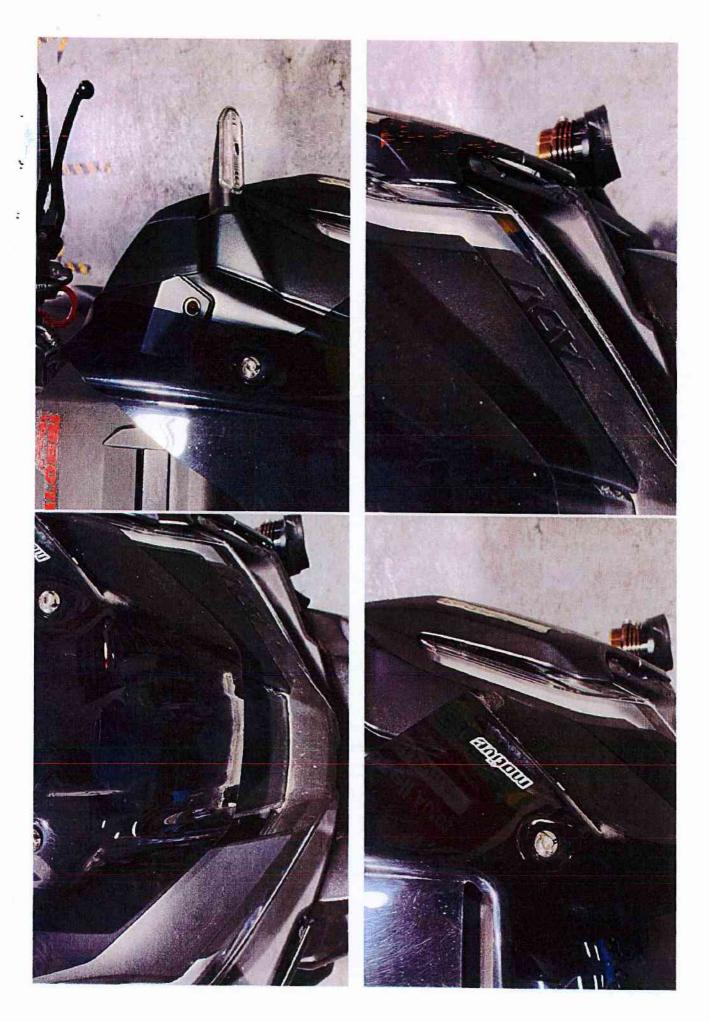






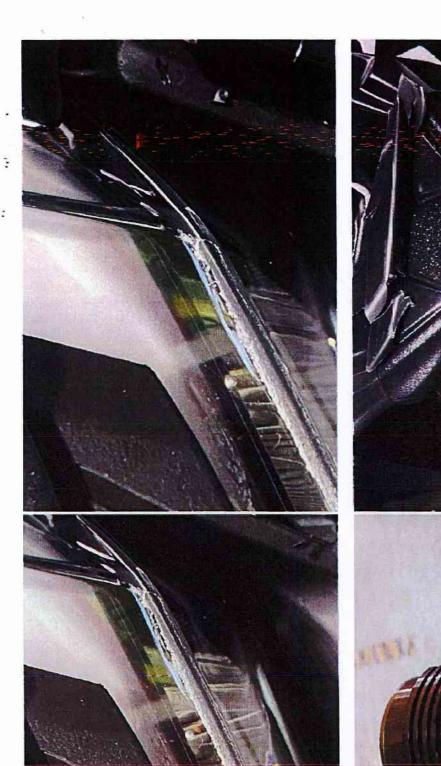


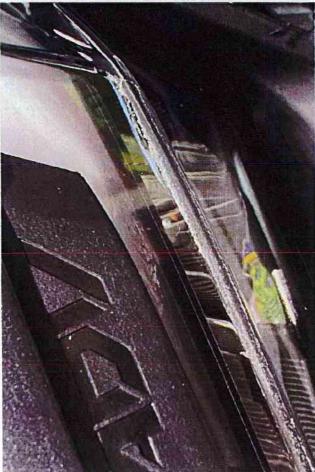
Aeon Auto Consultants LLP

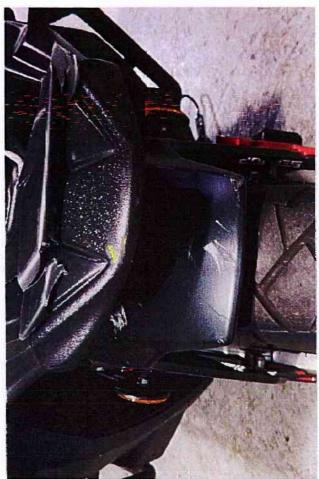




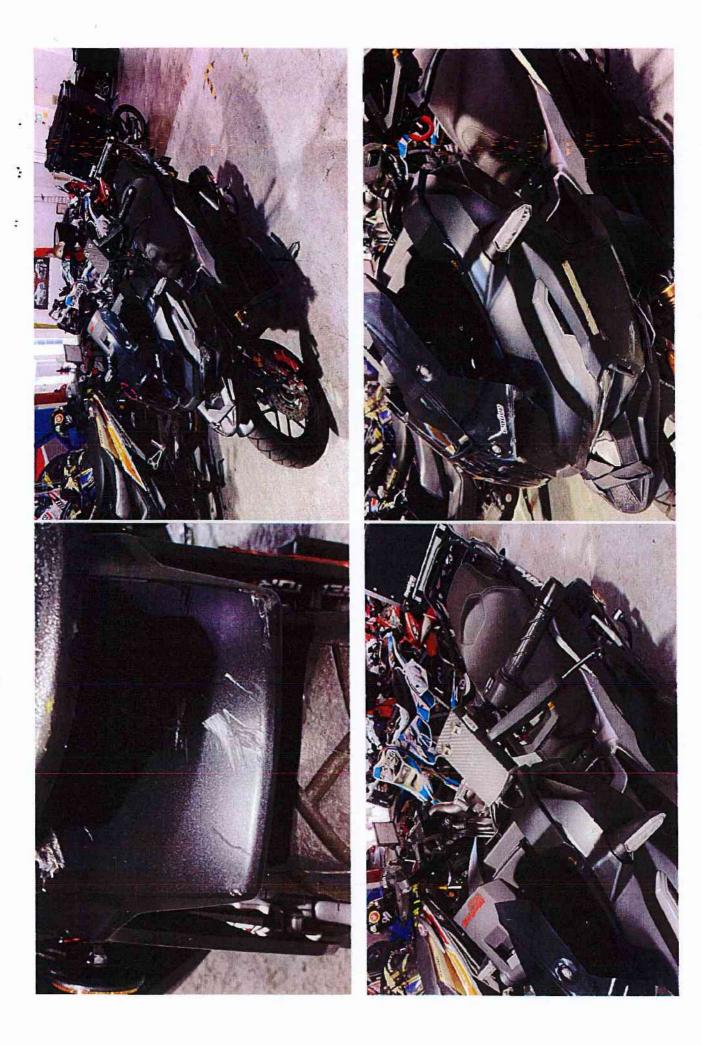
Aeon Auto Consultants LLP

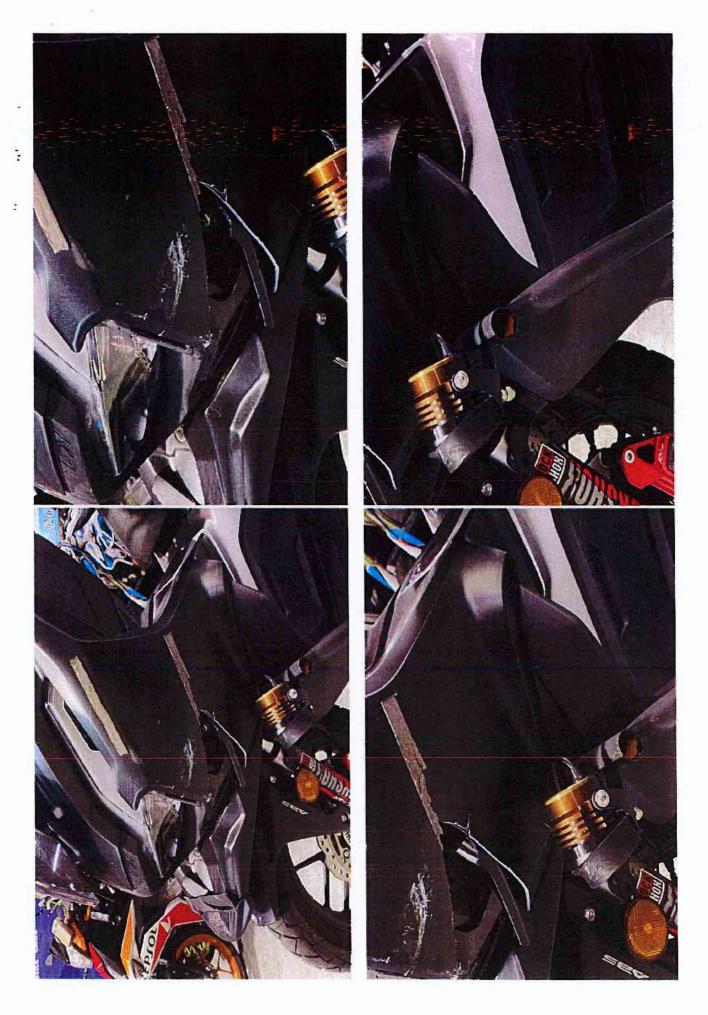




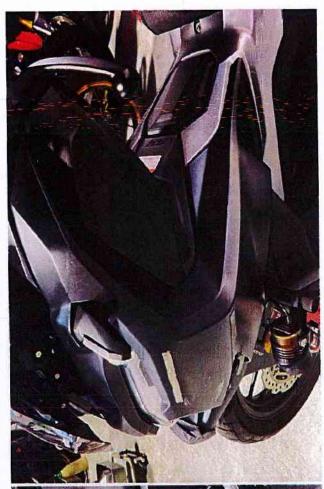


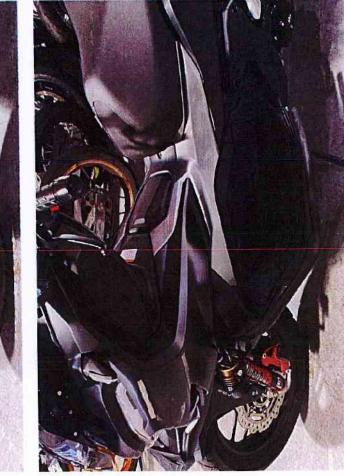






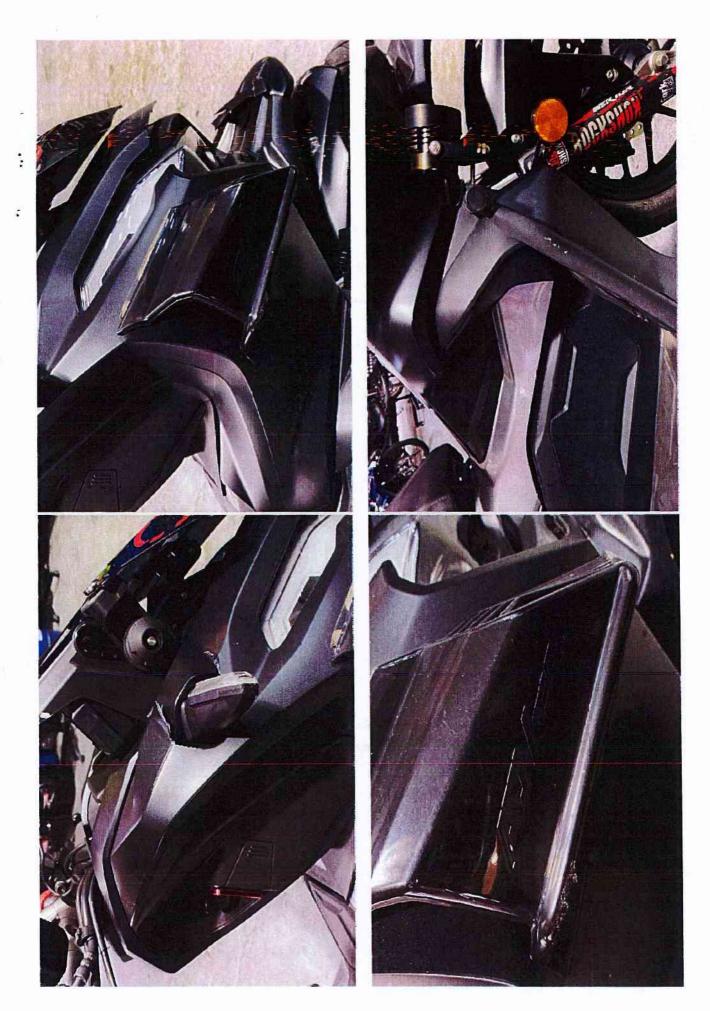








Aeon Auto Consultants LLP

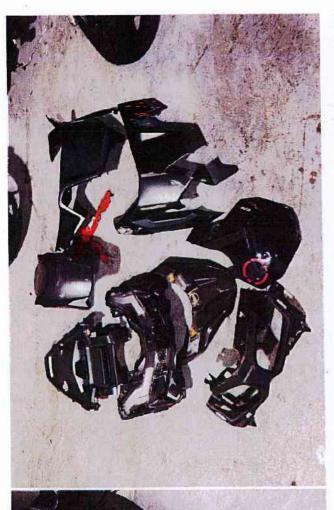




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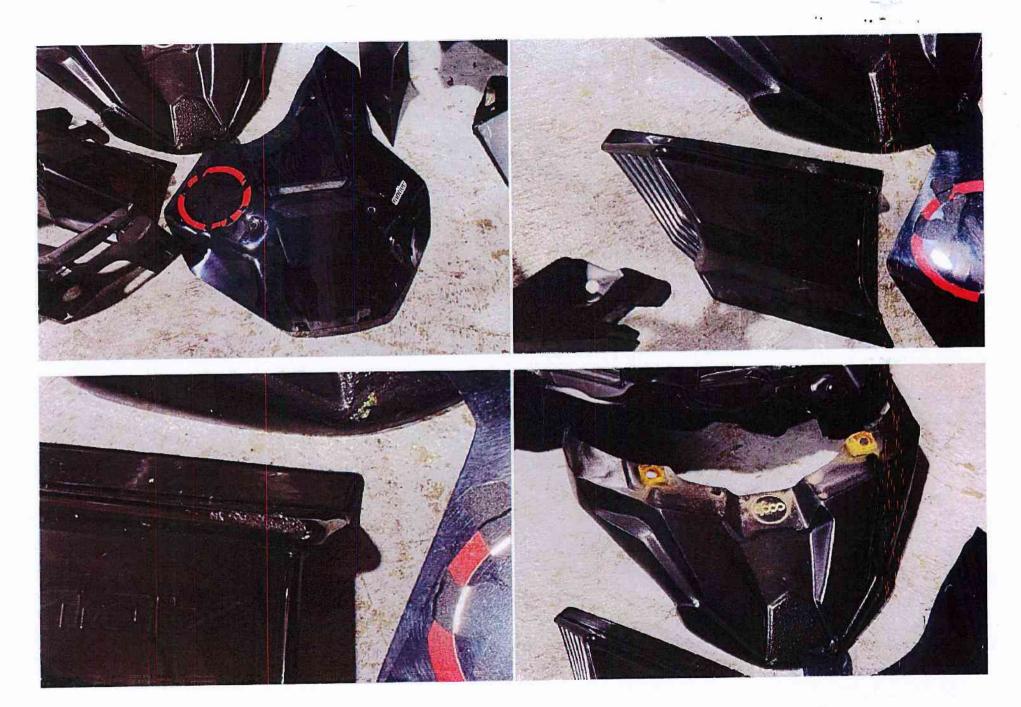
Aeon Auto Consultants LLP





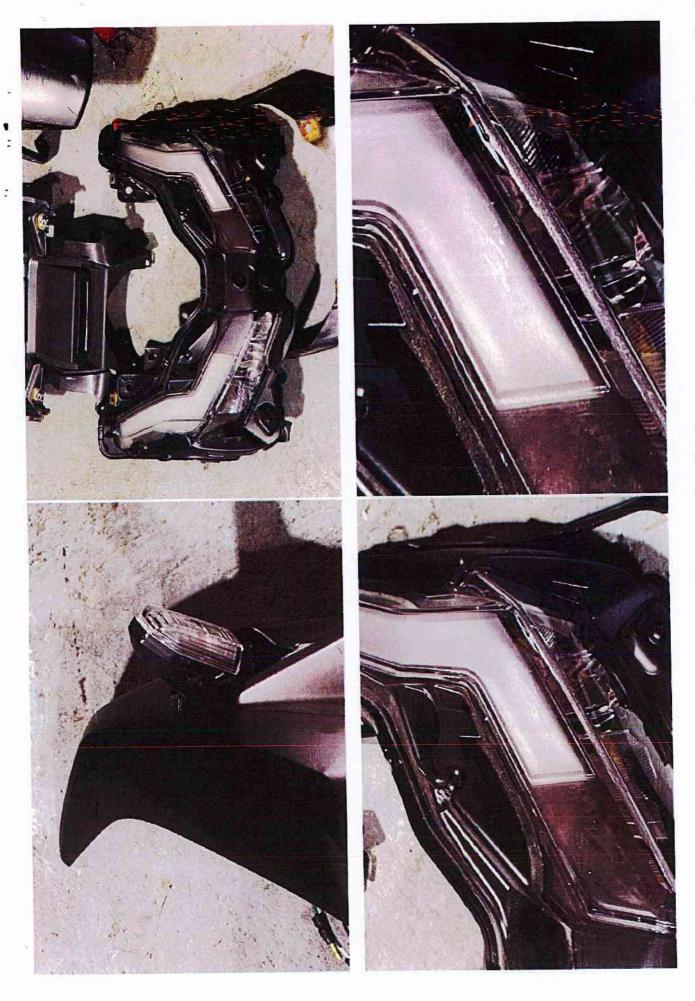


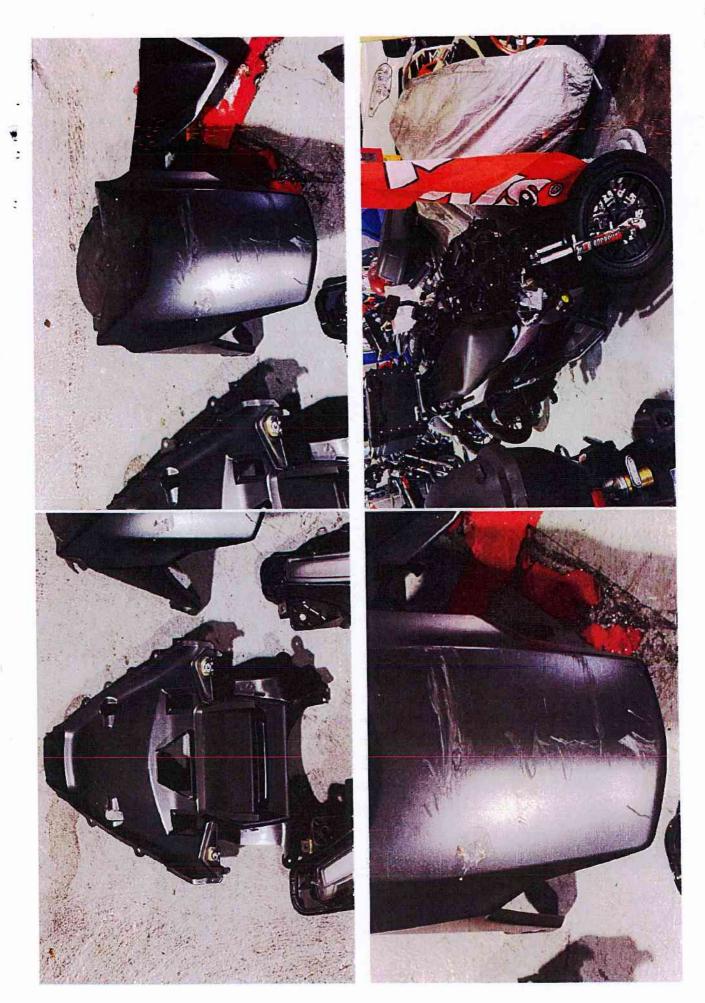




Aeon Auto Consultants LLP









Aeon Auto Consultants LLP









Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 1 of 3 Report No. T/20220127/2062

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 22 15:39	lade:	Vide Report No.: T/20220118/2008	Station Diary No.: 56	
Informa	nt's Particu	ulars			
Name of	Informant:		Address:		
FURKHA ALIAS	AN DZULKA	ARNAIN BIN	APT BLK 418 FAJAR ROA	AD #02-431 SINGAPORE 670418	
	/ ID No.:		Contact No.:		
NRIC NO / S7642360A		60A	Home/Office: Mobile: 87487643		
National SINGAP	ity: ORE CITIZ	EN	Email: Furkhandzulkarnain@gma	nil.com	
Sex: Male	Age: 45	Date of Birth: 24/12/1976	Type of Informant: Rider		
Race: Malay			Language:	Institution / School Name:	
Occupat	ion: PORTER		Driving Licence Informatio Class: 2B,2A,2	n: Date of Expiry:	

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2022 18:00	Type of Location: Open Space Carpark
Location:				
SAUJANA RO Weather: Sunny	DAD	Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Between Mov	sion: ving Vehicles - Head To S	Side		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EK9988Z	Car	a mane	MOCO,	30101	Slightly Damaged	0
FBR7104U	Motorcycle	HONDA	ADV150A	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR7104U	NTUC Income Insurance Co-Operative Limited	5119293412-01	01/10/2021	30/09/2022





2 of 3

Z 01 3 Report No. T/20220127/2062

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No					
No. of Pedestrian			Use of Peo	destrian	Cross	ing: NA
Rider						
Name	FURKHAN DZULKAR	RNAIN BIN A	ALIAS	ID No.		S7642360A
Related Vehicle	FBR7104U (Motorcyc	le)		Contac	ct No.	87487643
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Driving Licence Expiry	g e &	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	17/01/2022		Date Disc	harge	17/01	/2022
The state of the s	ted Medical Leave	03	Degree of	f Injury	Sligh	
Pillion						
Name	Siti Juliana Binti Moh	d Noh		ID No.		S8168684Z
Related Vehicle	FBR7104U (Motorcycle)			Conta	ct No.	88153900
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	17/01/2022		Date Disc	charge	11/1/20/20/20	1/2022
	ited Medical Leave	03	Degree o	of Injury	Sligh	ıt

Brief Details.

On 17/01/2022, at around 1745hrs, I was riding my motorbike (V1 - FBR7104U), with my wife as my pillion, travelling in Blk 416 Sujana Road open space carpark on our way out. A car (V2 - EK9988Z), suddenly came out of lot no.386. I did not see the car was it was blocked by a lorry which was parked next to it. I could not react in time, causing me to collide into the car. My motorbike suffered damages of: cracked front fairing and scratches mostly at the front area. The car suffered damages of dents in the front, right-side bumper. Ambulance and Traffic police later came to the scene. Myself and my wife were both conveyed to Ng Teng Fong Hospital. I suffered scratches and bruises on my arms, legs, and right side ribs, while my wife has a swollen ankle and some bruising. I am unsure what injuries the driver has, if any. I do not have any helmet camera. A witness has approached me with his in-car camera footage which captured the entire incident (I am unsure of his name, I only have his contact number, Hp: 9834 9096). I am lodging this report in reference to my initial report as amendments needed to be made. (Vide: T/20220118/2008, under TP IO ISA).





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 3 of 3 Report No. T/20220127/2062

CONTINUATION OF REPORT

Sketch Plan

NP168

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*	Informant	is not	anie to	n nrovide	SKATCH	nian

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 NAZRUL CHIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2022 15:39
Officer In Charge Of Case: TP / GIT / SR STAFF SGT MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp	





1 of 3

Report No. T/20220118/2008

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

KEPOKT OF A TRAITIC ACCIDENT		
Date/Time Report Made: 18/01/2022 10:03	Vide Report No.: J/20220117/0124	Station Diary No.: 31

	The second secon
	the months and the state of the
Address: APT BLK 418 FAJAR ROAD	#02-431 SINGAPORE 670418
Contact No.: Home/Office:	Mobile: 87487643
Email: furkhandzulkarnain@gmail.co	om
n: Type of Informant: Rider	
Language:	Institution / School Name:
Driving Licence Information: Class: 2B,2A,3	Date of Expiry:
	APT BLK 418 FAJAR ROAD Contact No.: Home/Office: Email: furkhandzulkarnain@gmail.cd h: Type of Informant: Rider Language: Driving Licence Information:

General Infor	mation of the Accident		Calledon Subject to		
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2022 18:00	Type of Location: Car Park	
Location:					
SAUJANA RO	DAD				
Weather:		Road Surface:		Road Speed Limit:	
Sunny		Dry			
Traffic Flow:		Traffic Control:		Traffic Volume:	
Two Way		Not Controlled		Light	
Type of Collis	sion:	*************************************		Anyone conveyed by	

Details Of A	ehicle Involve	A STREET STREET			THE PERSON NAMED IN	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
EK9988Z	Car	BMW				0
FBR7104U	Motorcycle	HONDA	ADV150A	Black	Slightly Damaged	1

Details of V	ehicle Insurance	311 317 5 2 3 3 3		read labor
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR7104U	NTUC Income Insurance Co-Operative Limited	5119293412-01	01/10/2021	30/09/2022





2 of 3

Report No. T/20220118/2008

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Perso		SETTING S	ESTRUCTURE CARRIES	XOLE		
Any Pedestrian Ir	volved: No					
No. of Pedestrian	s Injured: NIL		Use of Per	destrian	Cross	ing: NA
Rider	A CONTRACTOR OF THE STREET					2. A.
Name	FURKHAN DZULKARNA	AIN BIN AL	LIAS	ID No.		S7642360A
Related Vehicle	FBR7104U (Motorcycle)			Conta	ct No.	87487643
Hospital/Clinic	NG TENG FONG HOSPITAL			Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	17/01/2022		Date Disc	harge	17/01	/2022
	ted Medical Leave 03	3	Degree of	Injury	Sligh	

Brief Details.

On 17/01/2022 at about 1745, I was riding my motorcycle V1) FBR7104U at Blk 416 Saujana Open space carpark as I wanted to send my wife to work. A car V2) EK9988Z exited out from the parking lot no. 386. This resulted in me colliding with the car. The motorcycle was slightly damaged mostly the front part of the motorcycle. The car was damaged on the front right bumper. I was conveyed to Ng teng fong Hospital via Ambulance and was given a 3 days MC. Traffic Police was at scene. I suffered minor injuries on my arms and legs





3 .02

3 of 3

Report No. T/20220118/2008

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

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	ne		100	a i

Authentication Stamp

NP168

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 / Other ZULFADHLI BIN RASHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2022 10:03
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:

SN07221J000B / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 19/01/2022 14:02 (SGT) SUBMITTED BY: Muammar Gaddafi Bin Marzuki VERSION: 1 (19/01/2022 14:02 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to reputate 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	19/01/2022 14:02 (SGT)
Date of Accident	17/01/2022 18:00 (SGT)
Exact Location of Accident	Singapore
'.dditional Location Information	BLK 416 SAUJANA ROAD OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE				
/ehicle Registration Number	FBR7104U			
INSURED/POLICYHOLDER				
s company?	No			
Name Of Registered Owner	FURKHAN DZULKARNAIN BIN ALIAS			
NRIC No	S7642360A			
Email Address	FURKHANDZULKARNAIN@GMAIL.COM			
Mobile Phone No	(Phone) +65-87487643			
Alternative Phone No	+65-87487643			
VEHICLE PARTICULARS				
Manufacturer	Honda			
Model	ADV 150			
Variant	#1			
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 ,	150			
INSURANCE COMPANY				
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd			
Type of Coverage	ThirdPartyFireTheft			
Fleet Policy	No.			
Policy Number	5119293412-01			
Cover Note Number	-			
	1			
DRIVER				
Name of Driver	FURKHAN DZULKARNAIN BIN ALIAS			
NRIC No	S7642360A			

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	24/12/1976 Outdoor 02/12/2002 19 YEARS AND 1 MONTH Male (Phone) +65-87487643 +65-87487643 FURKHANDZULKARNAIN@GMAIL.COM BLK 418 FAJAR ROAD #02-431 - 670418 Yes - No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head on collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes Yes Yes 2 No
PASSENGER 1	
Name Gender DETAILS OF POLICE ACTION	SITI JULIANA Female
Was the accident reported to the police? Police Station Name Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bukit Panjang Neighbourhood Police Centre No.1 Segar Road #01-05 Singapore 677738 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes ADVISE OI TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	EK9988Z BMW -

Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	JERRY
Contact Number	(Phone) +65-90467246
Address	
Address complement	B ≥ 1
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	FURKHAN DZULKARNAIN BIN ALIAS
Gender	Male
Phone No	. *
Address	■
Address Complement	<u>.</u>
Post Code	-
Approximate Age Years Old	45
Injuries Sustained	RIGHT THIGH BRUISED ABDOMINAL LACERATION RIGHT HAND ABRASION
Injured person in which vehicle?	FBR7104U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 2	
Name of injured person	SITI JULIANA
Candan	
Gender	Female
Phone No	Female -
	Female - -
Phone No	Female
Phone No Address	Female
Phone No Address Address Complement Post Code	Female
Phone No Address Address Complement Post Code Approximate Age Years Old	Female RIGHT ANKLE SPRAIN
Phone No Address Address Complement Post Code	- - - - RIGHT ANKLE SPRAIN
Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	- - - - RIGHT ANKLE SPRAIN FBR7104U
Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	- - - - RIGHT ANKLE SPRAIN

WITNESS DETAILS

WITNESS 1

Name UNKNOWN
Phone (Phone) +65-98349096

KETCH PLAN		
	BLK 416 SAUJANA ROAD OPEN SPACE CARPARK	
		A - FBR7104U B - EK9968Z
	1 1 1 1	
ESCRIBE CIRCUMSTANCES C	DF THE ACCIDENT	
And the second s		
WAS THE TRANSPORTED TO SEE THE TRANSPORTED TO		
ALCO AND MANY PROPERTY.		
	No. of the second secon	
Mary Commission and Commission of Commission		
DECLARATION		No.
/We declare the foregoing partic	culars are true in every respect.	D,
Policyholder's Signature Date & Time: 19/01/2022	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: GADDAFI NRIC/FIN No.: \$993841

Accident report SN07221J000B

Date & Time: 19/01/2022 u Mari Casarra a - Li

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.
- 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.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy hability 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.
- 8y 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 chalms 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 Insurer' 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: 19/01/2022

Albert Street French III

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Central Personnel's Signature

Name: GADDAFI NRIC/FIN No.: \$993841



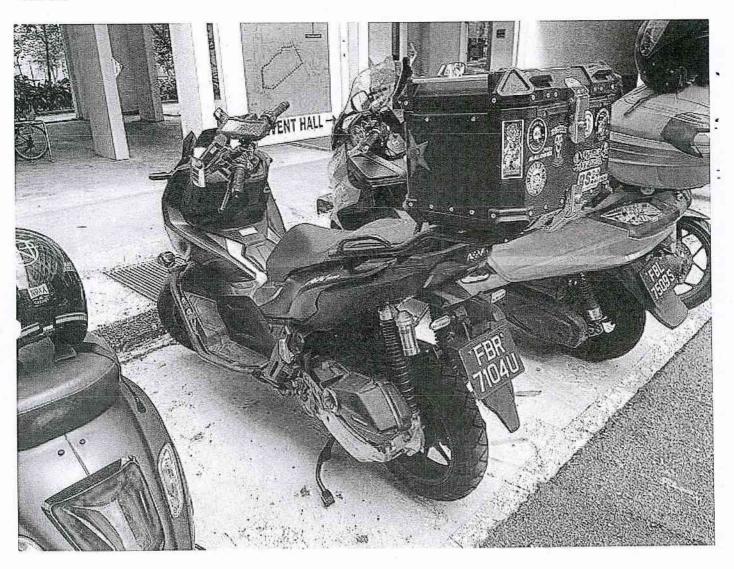














SINGAPORE POLICE FORCE



1013

Report No. 1720220118/2008

Police Station Of Origin: Bukit Panjang N.P.C. 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Date/Tr	REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 18/01/2022 10:03		Vide Report No.: J/20220117/0124	Station Diary No.: 31		
Informa Name o FURKH	int's Partic	ulars ARNAIN BIN	Address: APT BLK 418 FAJAR ROAD	#02-431 SINGAPORE 670418		
ALIAS ID Type NRIC N	/ ID No.: 0 / \$76423	60A	Contact No.: Home/Office: Mobile: 87487643			
National			Emall: furkhandzulkarnain@gmail.co	m		
Sex: Male	Age: 45	Date of Birth: 24/12/1976	Type of Informant: Rider			
Race: Malay	Auto		Language:	Institution / School Name:		
Occupat	on: ORTER		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 17/01/2022 18:00	Type of Location Car Park	
SAUJANA Ro Weather: Sunny	DAD	Road Surface:	F	Road Speed Limit:	
SUMMY		Dry		•	
Traffic Flow: Two Way		Traffic Control: Not Controlled	1.00	raffic Volume: .ight	

Type	Make	Model	Color	Condition	No of Passenge
Car	BMW.				0
Motorcycle	HONDA	ADV150A	Black	Slightly	1
		Car BMW	Car BMW	Car BMW	Car BMW

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR7104U	NTUC Income Insurance Co-Operative	5119293412-01		



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20220118/2008

CONTINUATION OF REPORT

Any Pedestrian No. of Pedestria	ns Injured: NIL	Use of F	Pedestrian Cross	ing; NA
Rider Name	I FURKHAN DZULKARNAIN BIN	ALIAS	J ID No.	S7642360A
Related Vehicle	FBR7104U (Motorcycle)		Contact No.	87487643
Hospital/Clinic	NG TENG FONG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NiL

Brief Details.

On 17/01/2022 at about 1745, I was riding my motorcycle V1) FBR7104U at Blk 416 Saujana Open space carpark as I wanted to send my wife to work. A car V2) EK9988Z exited out from the parking lot no. 386. This resulted in me colliding with the car. The motorcycle was slightly damaged mostly the front part of the motorcycle. The car was damaged on the front right bumper. I was conveyed to Ng teng fong Hospital via Ambulance and was given a 3 days MC. Traffic Police was at scene. I suffered minor injuries on my arms and legs



SINGAPORE POLICE FORCE



Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 3 Report No. T/20220118/2008

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 / Other ZULFADHLI BIN RASHID	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2022 10:03
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp	



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

RECORD MANAGEMENT CENTRE

TAX INVOICE

Date of Request: 04/02/2022 Your Ref No: 18999.2022

Dear Sir/Madam,

Date of Accident: 17/01/2022 00:00 (SGT)

Vehicle No: FBR7104U

Place of Accident: 416 Saujana Rd, Block 416, Singapore 670416

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\$)
EK9988Z	416 Saujana Rd, Block 416, Singapore 670416	(29.00)	1	(27.10)
GST Amount	c			(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.

SO04221K0001 / OLE MOTORSPORTS ENTRY DATE & TIME: 20/01/2022 11:53 (SGT) SUBMITTED BY: HENG CHOON SHIANG VERSION: 1 (20/01/2022 11:53 (SGT))



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 witholding 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.

- 4. The issue and acceptance of this Politic printing installate companies and the state and acceptance of this Politic 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

20/01/2022 11:53 (SGT) Date of Submission 17/01/2022 18:05 (SGT) Date of Accident 416 Saujana Rd, Block 416, Singapore 670416 Exact Location of Accident Car park Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EK9988Z

INSURED/POLICYHOLDER

processional process and the contract of the c No Is company?

Name Of Registered Owner NG ENG KHIAM

VEHICLE PARTICULARS

BMW Manufacturer **M3** Model

Variant

Private car Vehicle Category Transmission Auto

3000

INSURANCE COMPANY

AXA Insurance Pte Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy No GA568525

Policy Number Cover Note Number

DRIVER

NG WEE ONG Name of Driver S8243433Z Passport No/FIN 546C SEGAR ROAD Address #14-41 Address complement 673546 No Does Driver Own Other Vehicles?

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions	Collided into Motorcyclist Clear
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Was anybody injured in the Accident? Was any other vehicle or property damaged? Number of Passengers (Including Driver)	No Yes No
CIRCUMSTANCES OF ACCIDENT Refer to the attached police report	Image As per OriginalCSU
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No

INJURED PERSONS DETAILS

INJURED 1

 Name of injured person
 FURKHAN

 Gender
 Male

 Phone No
 (Phone) +65-87487643

 Injured person in which vehicle?
 EK9988Z

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.
- Information provide must as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurane companies to repudiate policy liability.
- 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.
- The Report will be foraurded 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)
 Funderstand, 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relation to the claims;
 - (ii) investigating the accident and/or my claim;
 - (III) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correpondence, statements, invoices, reports or notices to me which
 could invoive 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 Sinagpore, for one or more of the above Purposes.
 - (d) my Personal Information wil 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:
 - 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.

22

Policyholder's signature Date & Times Driver's signature (if driver is not the policyholder) Date & Times Shiang

Reporting Centre Personnel's signature Name: Heng Choon Shiang Nric/Fin No:

TCH PLAN						
CARPARK		SOUTES TO			Α	EK9988Z
	A	7 7			В	FBR7104U Motorcycle
	L	コレ				
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Refer to the attack	ned police Rep					

Policyholder's signature Date & Times J3

Driver's signature (if driver is not the policyholder) Date & Times Shiang

Reporting Centre Personnel' Name: Heng Choon Shiang Nric/Fin No:









Image As per Original





SINGAPORE POLICE FORCE

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999



1 of 3 Report No. 1/20220138/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 18/01/2	ne Report N 022 12:57	Made:	Vide Report No.: J/20220117/0124	Station Diary No.:
Informa	nt's Partic	ulars		143
Name o	f Informant: E ONG	CAPACITY TO THE STATE OF THE ST	Address: APT BLK 546C SEGAR ROAD	#14.41 SINGAPORE 677549
ID Type NRIC N	/ ID No.: O / S82434	33Z	Contact No.: Home/Office:	Mobile: 90467246
National SINGAR	ity: ORE CITIZ	EN	Email: VACANT82@HOTMAIL.COM	100000
Sex: Male	Age: 39	Date of Birth: 21/12/1982	Type of Informant:	
Race: Chinese			Language;	Institution / School Name:
Occupat SELF EN	on: MPLOYED		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2022 18:05	Type of Loca Car Park
Location:	OAD	Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow Two Way	a.	Traffic Control: Not Controlled		Traffic Volume: No Traffic
T. mant Co	illision: Noving Vehicles - Head To	Side	3	Anyone conveyed by ambulance: Yes

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
EK9988Z	Car				Slightly Damaged	0
FBR7104U	Motorcycle				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Report No. 7/2022016

1.5	IC WEE ONE		153 81-	S8243433Z
me 1	NG WEE ONG		ID No.	302404002
elated Vehicle	EK9988Z (Car)		Contact N	0. 90467246
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	INIL	Date Disch	arge NIL	
No. of Days gra	inted Medical Leave NIL		Injury NIL	
Rider		PRESENTATION.	production for	
Name	FURKHAN		ID No.	NIL
Related Vehic	le FBR7104U (Motorcycle)		Contact No.	87487643
Hospital/Clini	o NIL	r	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatme	nt NiL	Date Disci	narge NIL	
	ranted Medical Leave NIL	Degree of	Injury NIL	

CONTINUATION OF REPORT

Brief Details.

On 17/01/2022 at about 1805hrs, at Blk 416 Saujana Road Open Space Carpark. I was about to drive out from my parking lot (plate no. EK9988Z). As I was about to make a left turn. I checked on my left and my right side to ensure that there was no car. However, on my right side there was a lorry blocking my view

As I was slowly moving out from my parking lot. There's this motorbike plate no. FBR7104U sucdenly dashed into my vehicle's front right side. We then came down from our vehicle and we exchanged particulars. Subsequently, he was conveyed to hospital via ambulance. The traffic police is at scene as well and I was given a case card ref J/20220117/0124. No government damaged.

I did not install any in-car camera in my vehicle. However, I got a video footage from another dash carr who was parked near my car.

Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 17 Jan 2022 / 18:00:00)

Owner ID Type:	
Singapore NRIC	
Owner ID:	
S1214660D	
Owner Name:	
NG ENG KHIAM	
Registered Address Type:	
Private Residential (Condo A	pt or House) / Shopping / Office Complexes
Registered Block/House No.:	
35	
Registered Street Name:	
FABER WALK	
Registered Unit No.:	
± 4.1	
Registered Building Name:	
. -	
Li et	
Daniel Codo	
Registered Postal Code: 128968	

Vehicle Insurance Details Vehicle No.: EK9988Z Make Description/Model: B.M.W. / M3 SEDAN AT ABS D/AIRBAG 2WD LED NAV HUD Insurance Company Name: AXA INSURANCE PTE LTD



Krishnamoorthi S/o Kolanthaveloo has successfully logged out. Your last login date and time was 04 Feb 2022, 14:48:10.

To return to ONE.MOTORING, please click here

For security reasons, please CLEAR YOUR CACHE after each session.

S/No.3 Asset Type\$ Asset ID\$ Asset Owner ID\$ Transaction Type\$		
	7.49	
1 Vehicle EK9988Z - 18.19 Enquire Veh Owner Info (Others) by Law Firm	7.47	