MAHADI ABU BAKAR & PARTNERS

ADVOCATES & SOLICITORS
#14-01, TONG ENG BUILDING, 101 CECIL STREET SINGAPORE 069533
TEL: 62252355 FAX: 62279913 Email: mab_law06@yahoo.com.sg

YOUR REF: **GBK 7236 J** 22 May 2023

OUR REF: MAB/11139/23/ana

PAN PACIFIC VAN & TRUCK LEASING PTE. LTD.
8 Chang Charn Road
#04-01 Link (THM) Building
Singapore 159637

URGENT

Dear Sir/Madam

CLAIMANT: MR AHMAD ZULHILMY BIN ZAMAN DIN
ACCIDENT INVOLVING GBK 7236 J & FBA 8233 M ALONG EAST COAST ROAD TOWARDS BEDOK ON 26/04/2023 AT 10.00 PM

We are instructed by ***Mr Ahmad Zulhilmy Bin Zaman Din***, the owner of motorcycle no. FBA 8233 M, to notify you of a road traffic accident on the 26/04/2023 at about 10.00 pm involving our client's vehicle registration no. FBA 8233 M and vehicle registration no. ***GBK 7236 J*** driven by your driver at the material time. Copy of the GIA/Traffic Police Accident Report lodged by our client is enclosed.

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

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

Yours faithfully

URGENT

Enc

cc. Claims Department
INDIA INTERNATIONAL INSURANCE PTE LTD **EMAIL & POST**
64 Cecil Street motorclaim@iii.com.sg
#05-00 IOB Building
Singapore 049711
Your Ref: **GBK 7236 J**

SN07235C000Q / Income Insurance Limited
ENTRY DATE & TIME: 12/05/2023 16:51 (SGT)
SUBMITTED BY: Chen Jun Liang
VERSION: 1 (12/05/2023 16:51 (SGT))

Your NCD will be affected due to late reporting

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 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.
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	12/05/2023 16:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 22:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST ROAD TOWARDS BEDOK (NEAR SIGLAP CENTRE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA8233M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AHMAD ZULHILMY BIN ZAMAN DIN
NRIC No	S9721301A
Email Address	ZULHILMY33@GMAIL.COM
Mobile Phone No	(Phone) +65-96535849
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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	Manual
CC	400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116200479-03

DRIVER

Name of Driver	AHMAD ZULHILMY BIN ZAMAN DIN
NRIC No	S9721301A
Date Of Birth	26/06/1997

Occupation	Outdoor
Date Of Driving Pass	06/06/2018
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96535849
Alt. Phone Number	-
Email Address	ZULHILMY33@GMAIL.COM
Address	30 MINARET WK
Address complement	-
Postcode	467400
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
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?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK7236J
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AHMAD ZULHILMY BIN ZAMAN DIN
Gender	Male
Phone No	(Phone) +65-96535849
Address	30 MINARET WK
Address Complement	-
Post Code	467400
Approximate Age Years Old	-
Injuries Sustained	JAW,KNEE,FOOT
Injured person in which vehicle?	FBA8233M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 12/05/2023 / 16:32

Report No: MT/_____ D.O.A: 26/04/2023 Vehicle No: FBA8233M Reporting Type: _____

Time: 22:00 hrs

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

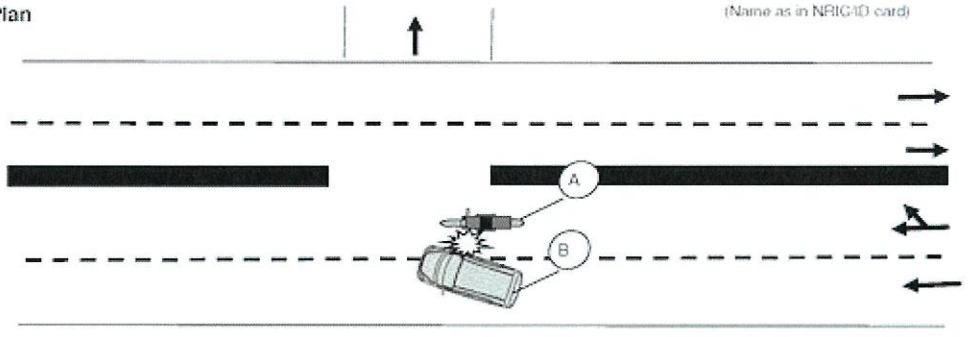
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

12/05/23 / 16:32
Policyholder's Signature / Date & Time

12/05/23 / 16:32
Driver's Signature (If driver is not the policyholder) / Date & Time

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

Sketch Plan



EAST COAST ROAD TOWARDS BEDOK (NEAR SIGLAP CENTRE)

Vehicle A: FBA8233M **Vehicle B: GBK7236J**

SKETCH PLAN #2

Describe Circumstances of the Accident

REFER TO POLICE REPORT

Declaration

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

12/05/23 / 16:32	12/05/23 / 16:32	Chen JunLiang
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

SINGAPORE POLICE FORCE

G/20230428/7061

POLICE REPORT (NP299)

Report No. G/20230428/7061

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made	Vide Report No.	Station Diary No.
28/04/2023 13:37		

Name Of Informant	Address			
AHMAD ZULHILMY BIN ZAMAN DIN	30 MINARET WK SINGAPORE 467400			
ID Type / ID No.	Contact No.			
NRIC NO / S9721301A	Home/Office:	Mobile: 96535849		
Nationality	Email Address			
SINGAPORE CITIZEN	zulhilmy33@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Motorcycle delivery man	Male	25	26/06/1997	Malay
Institution/School Name	Language			
	English			
Date/Time Of Incident	Location Of Incident			
26/04/2023 10:00	EAST COAST ROAD			

Brief details.

On 26/04/2023, around 10 pm, I was involved in an accident with a van which i believe was a shopee van. I had just ended my work shift and was heading home. I was riding on my motorcycle(FBA8233M) along east coast rd heading towards bedok on the right hand side of the lane. I saw that there was a van on the left hand side parking along the left lane on hazard light. As my vehicle was nearing the van, the driver initiated a quick manoeuvre to perform an illegal uturn from a stationary position. As the manouvre was so quick, I had very little reaction time and the van hit on my motorcycle. I was sent to A&E at Changi General Hospital(CGH) after bystanders called the ambulance. I suffered abrasions on my knees, feet and face. The doctors at CGH eventually found that my facial structure had three fractures which I

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	28/04/2023 13:37
Officer In-Charge Of Case:	Classification Of Case:

SINGAPORE POLICE FORCE

G/20230428/7061

POLICE REPORT (NP299) **CONTINUATION OF REPORT** Report No. G/20230428/7061

would need to undergo surgery soon and would permanently have metal plates in my facial structure.

Subjects Involved			
Suspect			
Person Name	N/A		
Gender	Unknown		
Victim			
Person Name	AHMAD ZULHILMY BIN ZAMAN DIN		
ID Type	NRIC NO	ID No	S9721301A
Gender	Male	Age	25
Race	Malay	Language	English
Occupation	Motorcycle delivery man	Address	30 MINARET WK SINGAPORE 467400
Mobile No	96535849	Is Informant A Victim?	Yes
Person Name	AHMAD ZULHILMY BIN ZAMAN DIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2023 13:37
Officer In-Charge Of Case:	Classification Of Case:

SINGAPORE POLICE FORCE

T/20230509/7056

Report No. T/20230509/7056

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
09/05/2023 16:37	G/20230428/7061	

Informant's Particulars

Name of Informant: AHMAD ZULHILMY BIN ZAMAN DIN			Address: 30 MINARET WK SINGAPORE 467400
ID Type / ID No.: NRIC NO / S9721301A			Contact No.: Home/Office: Mobile: 96535849
Nationality: SINGAPORE CITIZEN			Email: zulhilmy33@gmail.com
Sex: Male	Age: 25	Date of Birth: 26/06/1997	Type of Informant: Rider
Race: Malay			Language: English
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 26/04/2023 22:00	Type of Location:
Location: EAST COAST ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA8233M	Motorcycle	HONDA	CB400	Red		0
GBK7236J	Van	TOYOTA				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20230509/7056

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

Report No. T/20230509/7056

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA8233M	NTUC Income Insurance Co-Operative Limited	5116200479-03	28/02/2023	27/02/2024
GBK7236J	INDIA INTERNATIONAL INSURANCE PTE LTD			

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	AHMAD ZULHILMY BIN ZAMAN DIN		ID No.	S9721301A	
Related Vehicle	FBA8233M (Motorcycle)		Contact No.	96535849	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL	
Date	02/05/2023		Date	04/05/2023	
No. of Days granted Medical Leave		15	Degree of	Serious	

Brief Details.

I refer to my previous police report dated 28/04/2023, REPORT NO: G/20230428/7061. I stated the time of incident in the report as 1000hrs when instead, it should have been 2200hrs. I wish to make a correction to the incident time to 2200hrs.

SINGAPORE POLICE FORCE

T/20230509/7056

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

Report No. T/20230509/7056

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2023 16:37
Officer In Charge Of Case: TP / TPIB / YEO KIA HUAT Contact No.: 65476162	Classification Of Case:

NP168

SINGAPORE POLICE FORCE

T/20230509/7039

Report No. T/20230509/7039

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
09/05/2023 14:23	G/20230428/7061	

Informant's Particulars

Name of Informant: AHMAD ZULHILMY BIN ZAMAN DIN			Address: 30 MINARET WK SINGAPORE 467400
ID Type / ID No.: NRIC NO / S9721301A			Contact No.: Home/Office: Mobile: 96535849
Nationality: SINGAPORE CITIZEN			Email: zulhilmy33@gmail.com
Sex: Male	Age: 25	Date of Birth: 26/06/1997	Type of Informant: Rider
Race: Malay			Language: English
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 26/04/2023 22:00	Type of Location:
Location: EAST COAST ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA8233M	Motorcycle	HONDA	CB400	Red		0
GBK7236J	Van	OTHERS				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20230509/7039

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

Report No. T/20230509/7039

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA8233M	NTUC Income Insurance Co-Operative Limited	5116200479-03	28/02/2023	27/02/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	AHMAD ZULHILMY BIN ZAMAN DIN		ID No.	S9721301A
Related Vehicle	FBA8233M (Motorcycle)		Contact No.	96535849
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	02/05/2023	Date	04/05/2023	
No. of Days granted Medical Leave	15	Degree of	Serious	

Brief Details.

I refer to my previous police report, G/20230428/7061. I would like to update the vehicle number of the van that I was in collision with, GBK7236J. I suffered serious injury due to the accident when the van made an unauthorised u-turn into my lane. Arising from the collision, I was conveyed by ambulance to CGH and had to undergo surgery for my jaw on 02/04/2023. I am currently under recovery with MC issued for 15 days (till 11 May 23). I wish to claim against the insurance company of the motorvan vehicle, GBK7236J, for my serious personal injury and consequential loss. I enclosed copies of 2 MC, 2 Discharge Summary and 2 Hospital Bills.

SINGAPORE POLICE FORCE

T/20230509/7039

Report No. T/20230509/7039

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2023 14:23
Officer In Charge Of Case: TP / TPIB / YEO KIA HUAT Contact No.: 65476162	Classification Of Case:

NP168