

MAHADI ABU BAKAR & PARTNERS

ADVOCATES & SOLICITORS

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

TEL: 62252355 FAX: 62279913

YOUR REF: SHB 5135 G

20 June 2023

OUR REF: MAB/11150/23/ana

MR LIM TECK LENG

745 Woodlands Circle

#10-752, S'pore 730745

STRIDES TAXI PTE. LTD.

60 Woodlands Industrial Park E4

Singapore 757705

OWNER: MUHAMMAD HAZWAN BIN JOHARI

ACCIDENT INVOLVING SHB 5135 G & FBQ 3088 P ALONG SYED ALWI ROAD
TOWARDS JLN BESAR INFRONT OF NEW WORLD CENTER ON 15/06/2023 AT
ABOUT 12.05 AM

We are instructed by *Mr Muhammad Hazwan Bin Johari*, the owner and rider of motorcycle no. FBQ 3088 P, to notify you of a road traffic accident on the 15/06/2023 at about 12.05 am involving our client's vehicle registration no. FBQ 3088 P and vehicle registration no. **SHB 5135 G** driven by your driver, Mr Lim Teck Leng at the material time. A copy of the GIA/Traffic Police Accident Reports lodged by our client is enclosed for your attention.

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

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

Yours faithfully



Enc

cc. 1) Client

2) Motor Claims Department

MS FIRST CAPITAL INSURANCE LTD

16 Raffles Quay, #42-01

Hong Leong Building

Singapore 048581

Your Ref: SHB 5135 G



URGENT

EMAIL & POST

motor_claims@msfirstcapital.com.sg

motorclaims@msfirstcapital.com.sg

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	16/06/2023 12:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/06/2023 00:05 (SGT)
Exact Location of Accident	Syed Alwi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ3088P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD HAZWAN BIN JOHARI
NRIC No	S [REDACTED]
Email Address	MDHAZWAN64@GMAIL.COM
Mobile Phone No	(65) [REDACTED] 85-88888785
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	5124918015-01

DRIVER

Name of Driver	MUHAMMAD HAZWAN BIN JOHARI
NRIC No	S [REDACTED]
Date Of Birth	25/08/1999
Occupation	Outdoor

Date Of Driving Pass	28/06/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-90090737
Alt. Phone Number	-
Email Address	MDHAZWAN64@GMAIL.COM
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	[REDACTED]
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

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

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230615/7034

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	SHB5135G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM TECK LENG
NRIC No	[REDACTED]
Contact Number	[REDACTED]
Address	-
Address complement	-
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	MUHAMMAD HAZWAN BIN JOHARI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ3088P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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)

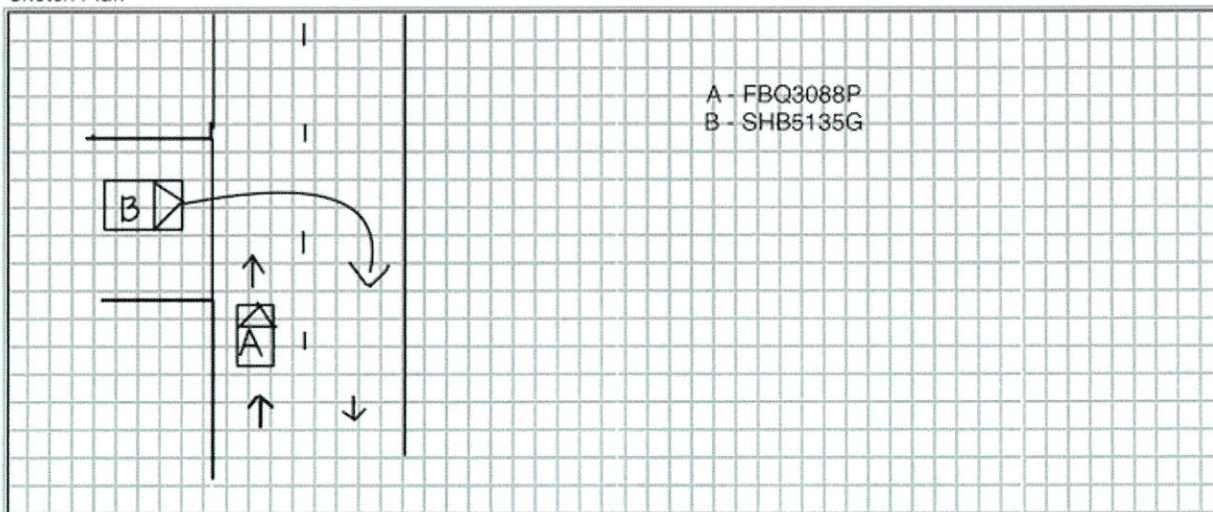
I understand, acknowledge, agree and consent that:

- (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.

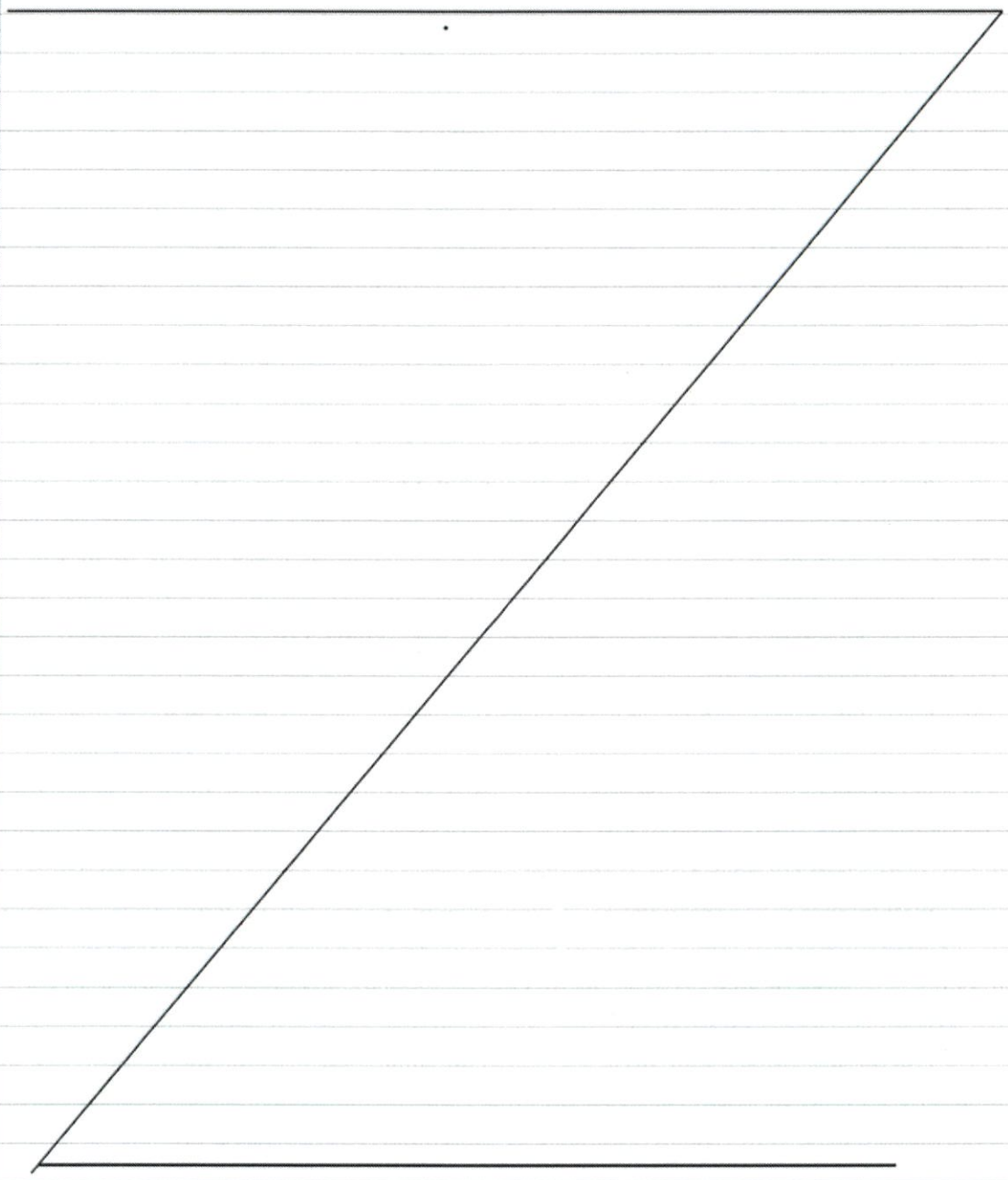
 16062023 & 1300HRS
Policyholder's Signature / Date & Time

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

 Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident




Declaration

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

 16/06/2023 & 1300hrs
Policyholder's Signature / Date & Time

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


Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

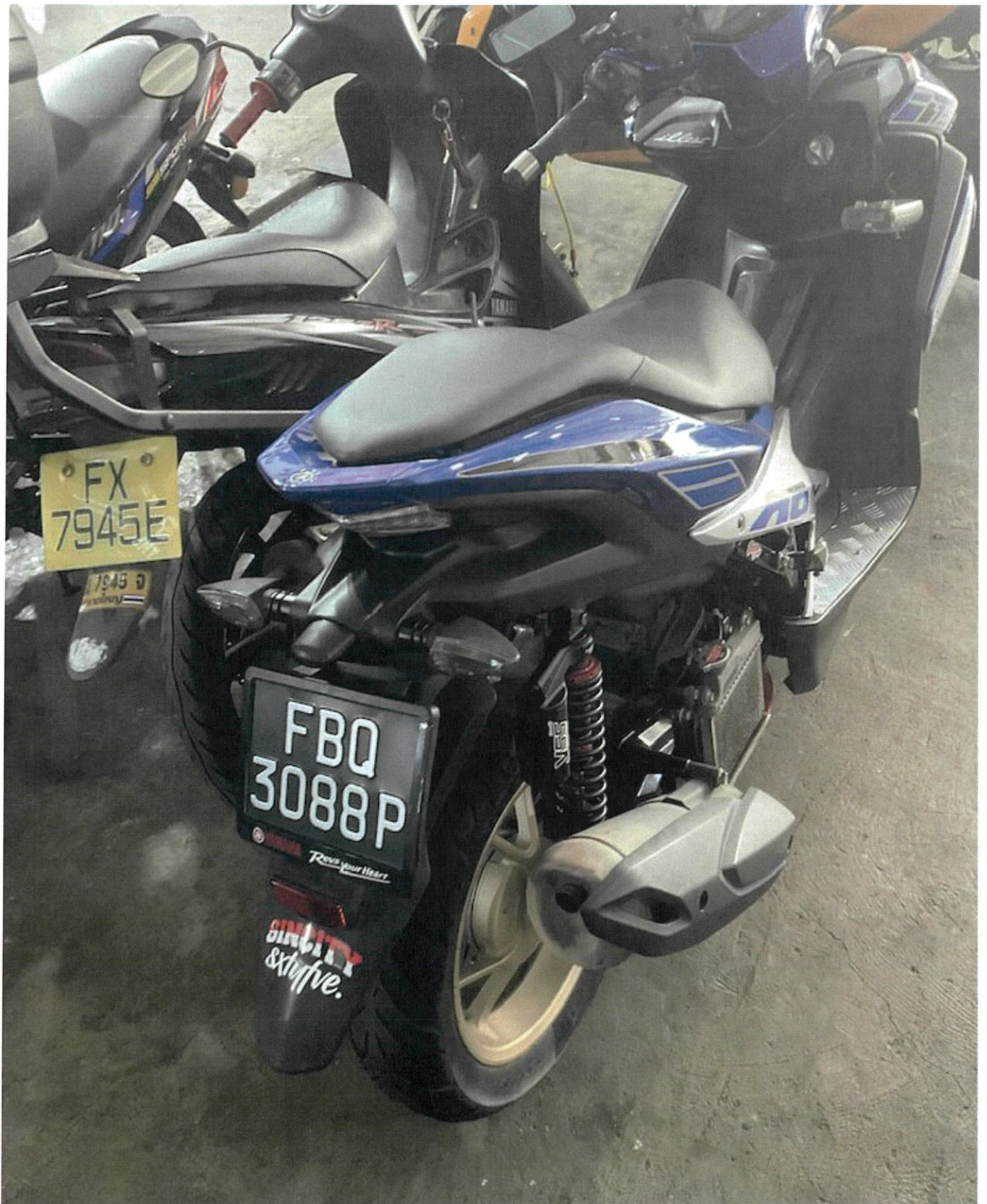














**SINGAPORE
POLICE FORCE**



T/20230615/7034

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

3 of 3

Report No. T/20230615/7034

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD FARHAN BIN MOHAMED
Contact No.: 65476224

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

Date/Time:
15/06/2023 14:24

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20230615/7034

2 of 3

Report No. T/20230615/7034

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	MUHAMMAD HAZWAN BIN JOHARI	ID No.	S9926519A
Related Vehicle	FBQ3088P (Motorcycle)	Contact No.	90090737
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	15/06/2023	Date	15/06/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

As i was travelling straight along Syed Alwi Road towards Jalan Besar infront of New World Center, I have slowed down upon approaching a small minor road on my left, a taxi (SHB 5135G) came out from that small minor road and hit the left side of my motorcycle (FBQ3088P). I managed to regain control of my bike and stop at the side of the road. I sustained cuts and bruises + minor lacerations on my left leg. My motorcycle sustain damage on the front left of the coverset.


**SINGAPORE
POLICE FORCE**


T/20230615/7034

1 of 3

Report No. T/20230615/7034

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2023 14:24		Vide Report No.: A/20230615/0011		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD HAZWAN BIN JOHARI			Address: 279 YISHUN STREET 22 #05-330 SINGAPORE 760279		
ID Type / ID No.: NRIC NO / S9926519A			Contact No.: Home/Office: Mobile: 90090737		
Nationality: SINGAPORE CITIZEN			Email: MDHAZWAN64@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 25/08/1999	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		
Occupation: Insurance sales agent/broker			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/06/2023 00:05	Type of Location: Straight Road
Location: SYED ALWI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ3088P	Motorcycle	YAMAHA	Aerox 155	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ3088P	NTUC Income Insurance Co-Operative Limited	5124918015-01	08/03/2023	07/03/2024