

Your Ref : **SMB 338L**
Our Ref : **CS/1136/23/WL**
Date : 20 July 2023

Fax : 6223 7262
Tel : **3152 0980**
Email : may@libertylaw.com.sg

MS FIRST CAPITAL INSURANCE LIMITED

BY EMAIL ONLY

DATE OF ACCIDENT: 16 JULY 2023

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by JOHN PANG MINH NHAT, the owner of FBT 97S to notify you of a road traffic accident on 16 July 2023 at about 2.15.p.m. along Outram Road involving our client's motorcycle registration number FBT 97S and vehicle registration number **SMB 338L**, which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

MAY

Enc.

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	19/07/2023 16:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/07/2023 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTRAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT97S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOHN PANG MINH NHAT
NRIC No	
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX155
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	5124930762-01

DRIVER

Name of Driver	JOHN PANG MINH NHAT
NRIC No	
Date Of Birth	
Occupation	Outdoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email 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
 Insurance Company of Other Vehicle Owned by Driver

Male

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collided into Parked Vehicle
 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 Choa Chu Kang Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18007659999
 Alt. Police Station Phone No (Fax) +65-67644104
 Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT. I AM UNSURE HOW MANY PAXS IN VEHICLE B.

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 SMB338L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	Zulhisyam Bin Abdullah
Contact Number	(Phone) +65-89319549
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	JOHN PANG MINH NHAT
Gender	Male
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	26
Injuries Sustained	NUMBNESS IN NECK AND BUTT ABRASIONS ON LEFT SHIN AND ANKLE
Injured person in which vehicle?	FBT97S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	DANNY
Phone	(Phone) +65-92353888
Email	-

2 of 2

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

19/07/2023 1620HRS

Driver's Signature (if driver is not the policyholder) / Date
& Time
Witnessed by Reporting Centre Personnel
(Name as in NRIS/ID card)

TIEN TOH KIAT HENRY

2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

19/07/2023 1620HRS

TIENTON KIAT HENRY

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as on NBIC/ID card)

Sketch Plan

A-FBT97S
B-SMB338L

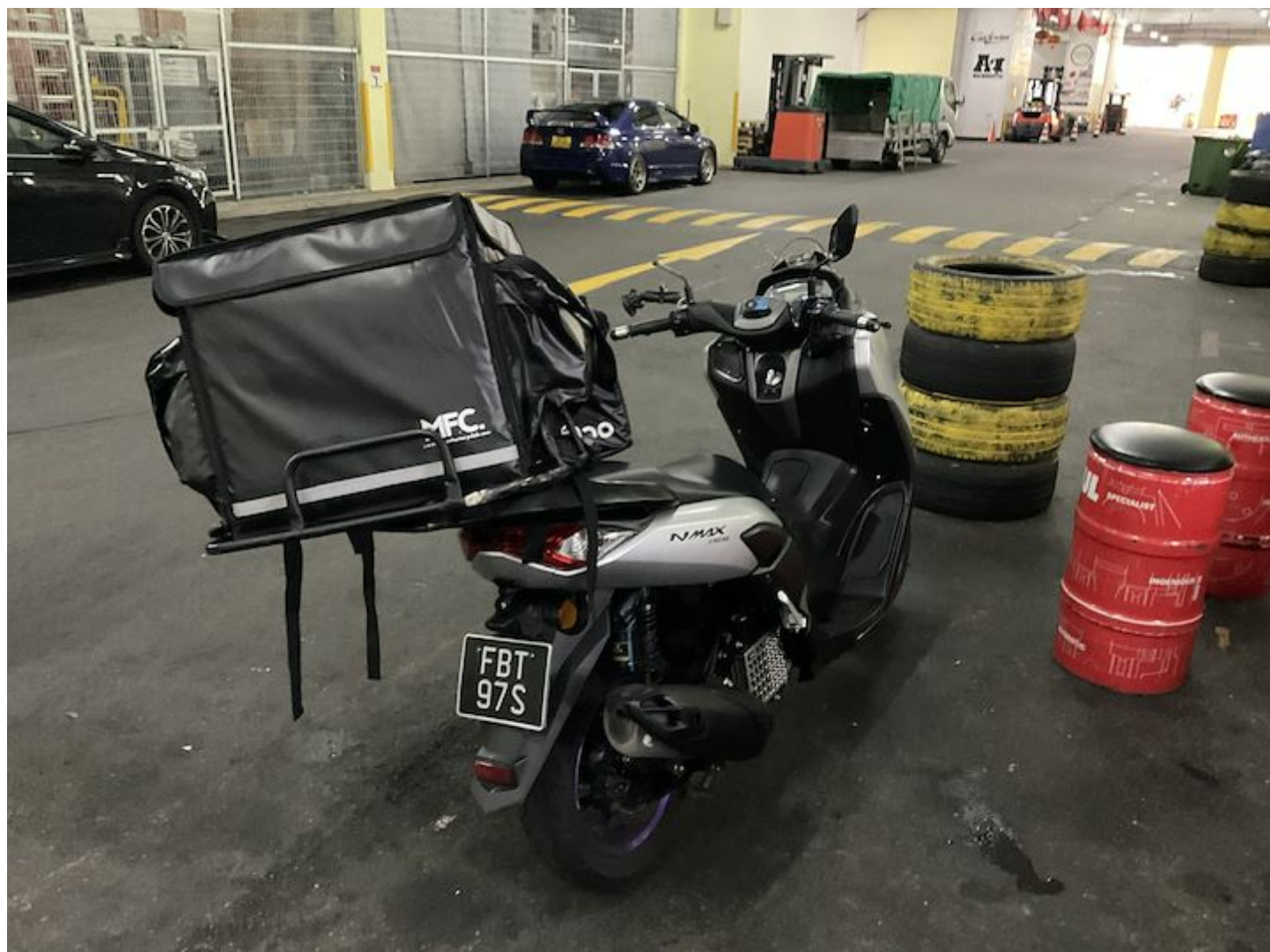
















**SINGAPORE
POLICE FORCE**



T/20230718/2118

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20230718/2118

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/
SGT 1 Er Jin Yi

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2023 23:18

Officer In Charge Of Case:

TP / GIT /
INSP (1) GOH SEOW PING SHAYE
Contact No.: 65476310

Classification Of Case:

NP168


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T20230718

Report No. T20230718

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	JOHN PANG MINH NHAT	ID No.	[REDACTED]
Related Vehicle	FBT97S (Motorcycle)	Contact No.	[REDACTED]
Hospital/Clinic	Singapore General Hospital	Class of Driving Licence & Expiry Date	Class: 2023 Date of Expiry: NIL
Date Treatment	16/07/2023	Date Discharge	18/07/2023
No. of Days granted Medical Leave	27	Degree of Injury	Serious

Brief Details.

On 16/07/2023 at around 1415hrs, I was riding my motorcycle bearing license plate number : FBT 97S . I am at the extreme left lane, but I am unable to affirm how many lanes are there. I wish to state that there was no pillion rider on my motorbike. I was waiting for the traffic light to turn green.

Subsequently, there was a white and red color SMRT bus 75 bearing license plate number: SMB338L hit onto my rear. I fell onto the ground, and I was conscious after the accident. I was then conveyed to Singapore General Hospital by an ambulance. I wish to state that there was abrasion on my back, neck and butt. I was then given 27 days Hospitalization leave from 16/07/2023 to 11/08/2023.

I managed to get the bus captain particulars namely: Zulhisyam Bin Abdullah, HP:89319549

I wish to state that my motorcycle is currently at the Primero Racing workshop, However I have not made any damage assessment yet.

I am lodging this police report for record purposes.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20230718/2118

1 of 3

Report No. T/20230718/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
18/07/2023 23:18

Vide Report No.:
A/20230716/0083

Station Diary No.:
123

Informant's Particulars

Name of Informant:
JOHN PANG MINH NHAT

Address:
[REDACTED]

ID Type / ID No.:

Contact No.:

NRIC NO / [REDACTED]

Home/Office:

Mobile: [REDACTED]

Nationality:

Email:

SINGAPORE CITIZEN

Sex:

Age:

Date of Birth:

Type of Informant:

Male

Rider

Race:

Language:

Chinese

Occupation:

Driving Licence Information:

Grabfood Delivery Rider

Class: 2B,2A,2

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/07/2023 14:15	Type of Location: Straight Road
Location: OUTRAM ROAD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT97S	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Silver		0
SMB338L	Bus/Coach/Minibus					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT97S	NTUC Income Insurance Co-Operative Limited	5124930762-01	08/12/2022	07/12/2023

Singapore General Hospital
SingHealth

ORIGINAL MEDICAL CERTIFICATE SUR2023259140

Name: JOYIN PANG MINH NHAT MRB No: 597902032

This is to certify that the above named is unfit for duty for a period of 27 days from 15-Jul-2023 to 11-Aug-2023

Type of medical leave granted:

☒ Hospitalisation Leave ☐ Outpatient Sick Leave

Admitted on: 15-Jul-2023 ☐ Maternity Leave

Discharged on: 16-Jul-2023 ☐ Sterilisation Leave

Delivered on: _____

Operated on: _____

This certificate is not valid for absence from court attendance

Fit for light duty from N/A to N/A

Time On: N/A Time in: N/A Time out: N/A

Diagnosis: _____ Surgical Operation (if applicable): _____

Comments: _____

Hospital/Clinic: General Surgery Ward No: W550 Signature, Name in BLOCK LETTERS and Designation/MCR No: TANG YUE PING, P3463E

Singapore General Hospital Date: 18-Jul-2023