

# ROY & PARTNERS

(Business Registration No. 53131170L)

Advocates & Solicitors

Commissioner For Oaths

Notary Public

MONOJ KUMAR ROY LLB (Hons.) S'pore

GERALD MARTIN WEE LLB (Hons.) Liverpool

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101 Cecil Street #11-09 Tong Eng Building Singapore 069533

Tel : 6536 8466

Fax : 6536 1963 (Not For Service Of Documents)

Enquiries: [rovppartners@rovppartners.com.sg](mailto:rovppartners@rovppartners.com.sg)

Our Ref: MKR/EROFIA/2017

Your Ref: To be advised (Your insured vehicle: SLE 8936D)

21<sup>st</sup> December 2017

**M/S AIG ASIA PACIFIC INSURANCE PTE LTD**

**BY FAX: 6835 7416 ONLY**

78 Shenton Way

#07-16 AIG Building

Singapore 079120

**Attn: Motor Claims Department**

Dear Sirs,

**CLAIMANT: KEEFE KENDRICK LEE**

**ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. FS 6694L AND SLE 8936D ALONG WOODLANDS ROAD TOWARDS SENJA WAY ON 11.12.2017 AT ABOUT 2140 HOURS.**

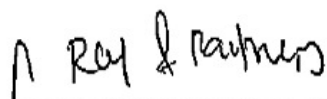
We refer to the above matter.

We act for Keefe Kendrick Lee, the owner of motorcycle No. FS 6694L.

We are instructed by our client to notify you of a road traffic accident on 11<sup>th</sup> December 2017 at about **9.40pm** along Woodlands Road towards Senja Way involving our client's motorcycle registration number **FS 6694L** and motor car registration number **SLE 8936D** driven by your insured at the material time. A copy of Singapore Accident Statement and the Traffic Police report is enclosed.

As a result of the accident, our client's motorcycle **FS 6694L** has been damaged. Before our client proceed to repair the damaged motorcycle, please let us know within **two (2) working days** of your receipt of this notice whether you would like to conduct a pre-repair survey of our client's motorcycle **FS 6694L** at our client's repairer workshop, M/s Erofia Motor Trading Pte Ltd at No.1 Kaki Bukit Avenue 6 #02-62 Autobay @ Kaki Bukit, Singapore 417883. Your said surveyor may contact Mr. Teo at 6752 7740 / 9069 6165. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the motorcycle without further reference to you.

Yours faithfully

  
**MONOJ KUMAR ROY**  
Enc

Cc: Clients (Erofia Motor Trading Pte Ltd)  
(FS 6694L)

By Fax: 6752 8669

MVA317164571 / VAC - Kaki Bukit  
ENTRY DATE & TIME: 14/12/2017 16:30

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 14/12/2017 16:35

### 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report 14/12/2017 16:30  
Date Of Accident 11/12/2017 21:40  
Exact Location Of Accident WOODLANDS ROAD / SENJA WAY  
Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number FS6694L  
**Insured/Policyholder**  
Name Of Registered Owner KEEFE KENDRICK LEE  
NRIC No S9740416Z  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-87007446  
Alternative Phone No OFFICE-87007446

#### Vehicle Particulars

Manufacturer HONDA  
Model NSR150SP  
Exact Purpose for which vehicle was being used at time of accident  
Are you claiming under your own insurance policy for repair to your vehicle? NO  
If No, Please state action to be taken THIRD PARTY  
Vehicle Category MOTORCYCLE

#### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage THIRD PARTY  
Fleet Policy NO  
Policy Number 5098381793 TP  
Cover Note Number

#### Driver

Name of Driver KEEFE KENDRICK LEE  
NRIC No S9740416Z  
Date Of Birth 04/11/1997  
Occupation INDOOR  
Date Of Driving Pass 25/07/2017  
Driving Experience 0 YEAR AND 4 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-87007446  
Fax Number  
Contact Number OFFICE-87007446  
Email Address NOEMAIL

Address BLK 622 #01-94 SENJA ROAD  
 Postcode 670622  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident SIDE SWIPE  
 Weather Conditions DRIZZLING  
 Road Surface WET

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? YES  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name TRAFFIC POLICE DIVISION HQ  
 Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 65470000 - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT ATTACHED. ATTENDED BY AINI

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLE8936D  
 Vehicle Make/Model/Colour HONDA VEZEL 1.5X CVT  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name  
 Phone Number

Email Address

## DETAILS OF INJURED PERSON 1

Name

KEEFE KENDRICK LEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FS6694L

Were seat belts worn?

Was Injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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 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.
- (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.

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [info@singnet.com.sg](mailto:info@singnet.com.sg)

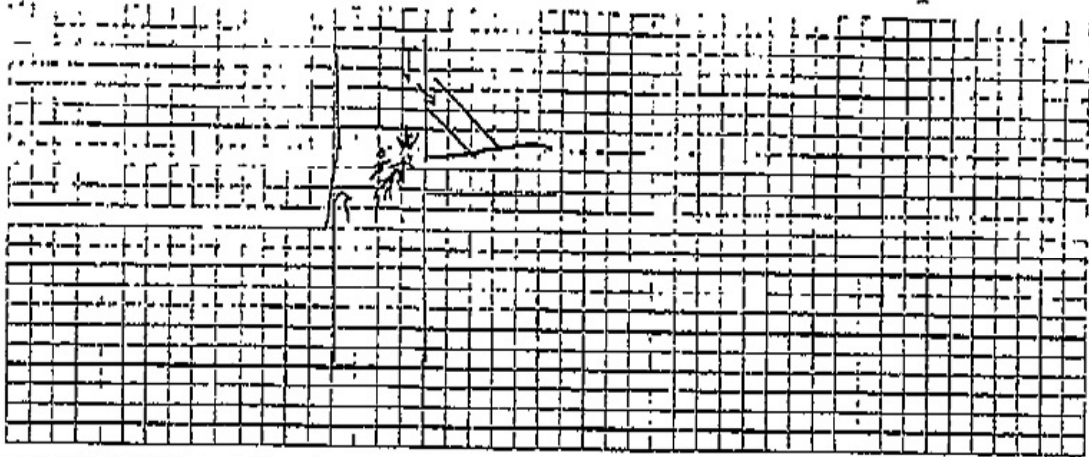
*JS* 14 DEC 2017 *JS*  
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN No.:

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report no 7/20171213/2066

## DECLARATION

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

14 DEC 2017

Policyholder's Signature  
Date & Time:Driver's Signature  
(If driver is not the policyholder)  
Date & Time:IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vac@idac.com.sgReporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:


**SINGAPORE  
POLICE FORCE**


T/20171213/2066

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

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Report No. T/20171213/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/12/2017 13:25		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KEEFE KENDRICK LEE			Address: 622 SENJA RD #01-94 HDB-BT PANJANG SINGAPORE 670622		
ID Type / ID No.: NRIC NO / S9740416Z			Contact No.: Home/Office: Mobile: 87007446		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 04/11/1997	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chef			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2017 21:40	Type of Location:
Location: Along Road 1 WOODLANDS ROAD  JUNCTION OF SENJA WAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FS6694L	Motorcycle	HONDA	NSR150SP	Green		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20171213/2068

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

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Report No. T/20171213/2066

## CONTINUATION OF REPORT

Rider			
Name	KEEFE KENDRICK LEE	ID No.	S9740416Z
Related Vehicle	FS6694L (Motorcycle)	Contact No.	87007446
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2017	Date Discharge	11/12/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

ON 11/12/2017 AT ABOUT 2140 HRS,

I WAS AT WOODLANDS RD JUNCTION OF SENJA WAY TRAFFIC LIGHT. I WAS GOING TO MAKE A RIGHT TURN. WHEN THE TRAFFIC LIGHT TURN GREEN, I CHECKED FOR UNCOMING VEHICLE AND PROCEEDED FOWARD WHEN I THOUGHT THAT THE ROAD WAS CLEAR. HALF WAY THROUGH MAKING THE RIGHT TURN, THERE WAS A CAR COMING THRU AND IT HIT ME AT THE SIDE OF MY VEHICLE. I WAS CONVEYED BY AMBULANCE. I SUFFERED RIGHT SHOULDER INJURY, SPRAIN OF RIGHT HAND, CONTUSION OF LEFT LEG AND ABRASIONS OF MULTIPLE SITES. I WAS GIVEN 4 DAYS MC.



**SINGAPORE  
POLICE FORCE**

T/20171213/2066

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

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Report No. T/20171213/2066

**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:  
TP /  
MUHAMAD NUR SAM FASLI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
13/12/2017 13:25

Classification Of Case:

**SINGAPORE  
POLICE FORCE**

Signature: