

1	Reserves			
		PRESERVE		
	TPPD			
	TPPI	PRESERVE		
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	Investigation Fees			
	Survey Fees			
	Legal Fees			
	Others			
	Fraud Check			
	Upload to meriman			
	Grant Rights			
	Payment			

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 4240
DESTINATION ADDRESS 965380287
SUBADDRESS
DESTINATION ID
ST. TIME 11/12 10:25
TX/RX TIME 00' 27
PGS. 1
RESULT OK

TAN CHIN HOE & CO
ADVOCATES & SOLICITORS
GST No. & UEN: 53131160X

24 Raffles Place
#24-01 Clifford Centre
Singapore 048621

Tel: 6538 2687
Facsimile: 6538 0287
Email: info@tanchinhoe.com.sg

Your Ref: To be advised
Our Ref: RT/160/2018/sn (kc)



PDX Intercompany Exchange Pte Ltd



010808611076

FROM TAN CHIN HOE & COMPANY
PDX Box No. 8723

6 December 2018

WITHOUT PREJUDICE

India International Insurance Pte Ltd
64 Cecil Street
#04/05 IOB Building
Singapore 049711

Attn: Claims Department

Dear Sirs

ACCIDENT INVOLVING FP 521H AND SHD 7093U ON 3 APRIL 2018
CLAIMANT: MUHAMMAD FAIZUL BIN AHMAT JAAFAR
ADDRESS: BLK 673C EDGEDALE PLAINS #13-631, SINGAPORE 823673

We are in receipt of your letter of the 10th December 2018 regarding our attention.
We shall forward the same to the relevant authorities for their consideration.
We shall also be preserving our rights to conduct a full investigation on your client where necessary.
Our Ref: MCT/1044056.
Name: Surah
Date: 10/11/2018
Insurance Pte Ltd

1. We are instructed by the above named to claim damages against your insured's driver in connection with the above road traffic accident on 3 April 2018 at about 08:40am at Kaki Bukit Avenue 1 involving our client's motor vehicle registration number FP 521H and vehicle registration number SHD 7093U driven by your insured's driver at the material time.
2. We are instructed that the accident was caused by your insured's driver's negligent driving and/or the management of your insured's vehicle. He has been put to loss and expense, particulars of which are as follows:-
 - i) Special Damages

TAN CHIN HOE & CO

ADVOCATES & SOLICITORS

GST No. & UEN: 53131160X

24 Raffles Place
#24-01 Clifford Centre
Singapore 048621

Tel: 6538 2687
Facsimile: 6538 0287
Email: info@tanchinhoe.com.sg

Your Ref: To be advised
Our Ref: RT/160/2018/sn (kc)



PDX Intercompany Exchange Pte Ltd



010808611075

FROM TAN CHIN HOE & COMPANY

PDX Box No. 8723

6 December 2018

WITHOUT PREJUDICE

India International Insurance Pte Ltd
64 Cecil Street
#04/05 IOB Building
Singapore 049711

Attn: Claims Department

Dear Sirs

ACCIDENT INVOLVING FP 521H AND SHD 7093U ON 3 APRIL 2018
CLAIMANT: MUHAMMAD FAIZUL BIN AHMAT JAAFAR
ADDRESS: BLK 673C EDGEDALE PLAINS #13-631, SINGAPORE 823673

We are in the process of reviewing your claim. We shall retain the right to conduct a re-examination of your claim where necessary.

Our Ref: *MC/160/056*
Name: *Sund*
Date: *10/11/2018*

India International Insurance Pte Ltd

1. We are instructed by the above named to claim damages against your insured's driver in connection with the above road traffic accident on 3 April 2018 at about 08:40am at Kaki Bukit Avenue 1 involving our client's motor vehicle registration number FP 521H and vehicle registration number SHD 7093U driven by your insured's driver at the material time.
2. We are instructed that the accident was caused by your insured's driver's negligent driving and/or the management of your insured's vehicle. He has been put to loss and expense, particulars of which are as follows:-

i) Special Damages

- (a) Repair Cost
(b) Loss of use (5 days)

S\$ 6318.35
S\$ 250.00

ii) Costs (inclusive of 7% GST)

S\$ 749.00

a. Disbursements

- (a) Incidentals (inclusive of 7% GST)

S\$ 128.40

TOTAL: S\$ 7445.75

3. Copies of each of the following documents are enclosed:-

- i) Repair bill receipt;
- ii) The accident statement and police report of FP 521H;

- iii) Accident statement and traffic police report made by the driver of SHD 7093U; and
- iv) Final investigation results

4. Please note that you should send us an acknowledgement of receipt of this letter within fourteen (14) days of your receipt of this letter. If you wish to have our client examined by your own medical expert, this should be stated in your acknowledgement of receipt. Please also advise within fourteen (14) days 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.
5. Should you fail to acknowledge receipt of this letter within fourteen (14) days, our client will commence court proceedings against your insured/insurer's driver without further noticed to you or your insurer.
6. Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of our receipt of this letter.

Yours faithfully



Richard Tan / Ellice Kuah

cc Comfort Transportation Pte Ltd
 383 Sin Ming Drive
 Singapore 575717

BY CERTIFICATE OF POSTING

cc Client

No. R 7752



潘發展私人有限公司
A. S. PHOON PTE. LTD.
'cos no one else

Buy and sell Motor-cycles for Cash, Hire Purchase, Spare Parts, Repair and Insurance Agents

專營摩托西
卡及修理並
代理保險和
各種零件歡
迎分期付款

＊本號＊

Head Office : 399, Changi Road S'pore 419846. Tel: (65) 6747 0770 Fax: (65) 6841 1263
~~Singapore : 1005-9, Serangoon Road S'pore 328168. Tel: (65) 6293 0770 Fax: (65) 6293 0924~~
 Ubi : Blk 3007 #01-432/436 Ubi Road 1, S'pore 408701. Tel: (65) 6744 0770 Fax: (65) 6742 0250
 Toh Guan : Blk 36 Toh Guan Road East Enterprise Hub #01-35 S'pore 608580. Tel: (65) 6515 0770 Fax: (65) 6515 0779
 Website : www.asphoon.com Email: Enquiry@asphoon.com Co Reg No: 197701213H

GST REG. NO: M2-0026983-7

Messrs: MUHAMMAD FAIZUL BIN AHMAT JAAFAR

FP 5214 Repair Bill

Date, 15 Aug 2018

茲付下列各貨無誤 Please receive the following goods in good order and condition:

[illegible]

貨經出門概不退回 Goods sold are not returnable

總計
TOTAL

6318.35

收貨人

Received by: _____

經手人

Signature by: _____



MVA31805007 / VAC - Kaki Bukit
ENTRY DATE & TIME: 28/04/2018 12:03
SUBMITTED BY: SITI FAHLOH OTC ABDUL KADER

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 28/04/2018 12:14

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 Authorized 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 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 28/04/2018 12:03
Date Of Accident 03/04/2018 08:40
Exact Location Of Accident KAKI BUKIT AVE 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FP521H
Insured/Policyholder
Name Of Registered Owner MUHAMMAD FAIZUL BIN AHMAT JAAFAR
NRIC No S89388548
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-87782041
Alternative Phone No OTHERS-87782041

Vehicle Particulars

Manufacturer YAMAHA
Model RXZ
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
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 5092194589
Cover Note Number

Driver

Name of Driver HAFEEZ BIN ABQUL LATIP
NRIC No S9805088D
Date Of Birth 20/02/1998
Occupation INDOOR
Date Of Driving Pass 25/09/2017
Driving Experience 0 YEAR AND 6 MONTH
Gender MALE
Mobile Number (LOCAL) +65-83823144
Fax Number
Contact Number OTHERS-83823144
Email Address NOEMAIL



Address BLK 170 BEDOK SOUTH ROAD #06-362
 Postcode 480170
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured RELATIVE
 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 CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? 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 TANAH MERAH NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD; BLK 51 NEW UPPER CHANGI ROAD #01-1514, POSTCODE: 461051, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4499999 - FAX NO: 62447251
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/201840404/2181.

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 SHD7093U
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HAFEEZ BIN ABOL LATIP
Approximate Age	20
Injuries Sustain	
Injured person in which vehicle?	FP521H
Were seat belts worn?	YES
Was this Injured conveyed to hospital by ambulance?	
Address	BLK 170 BEDOK SOUTH ROAD #06-362
Postcode	460170

Accident 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 Authorised 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.

3. 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.

28 APR 2018

Policyholder's Signature
Date & Time

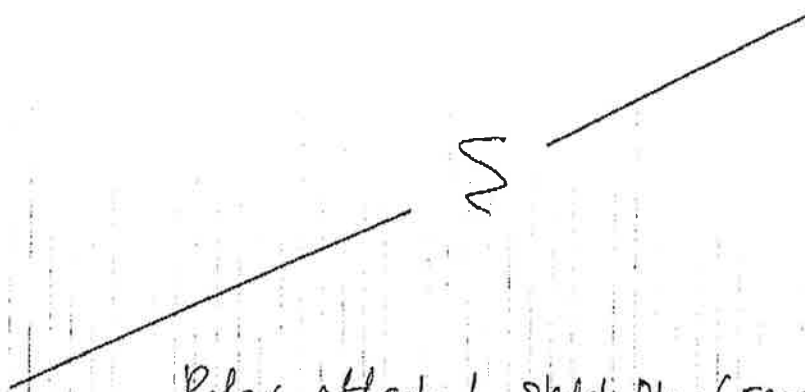
Driver's Signature
(If driver is not the policyholder)
Date & Time 28/4/18

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



Refer attached sketch plan (FP5244)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

DECLARATION

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

28 APR 2018

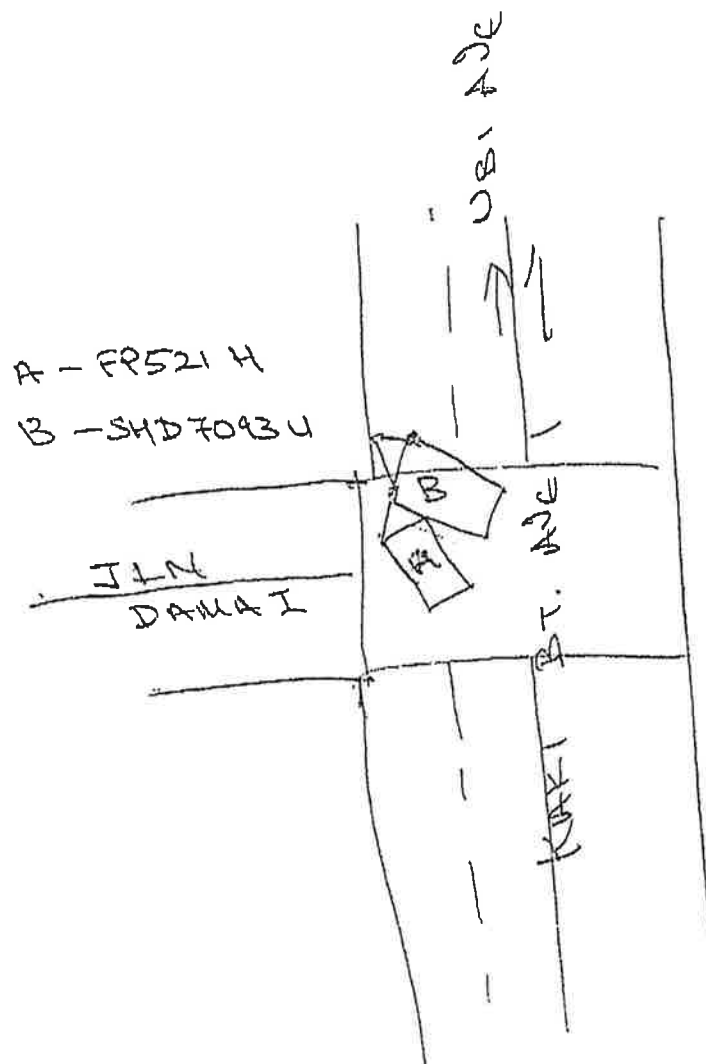
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/4/18

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4

Reporting Centre Singapore: 415933
Name: Tel: 67416697 Fax: 67492305
NIC/FIN: Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1





SINGAPORE
POLICE FORCE

Police Station Of Origin:
Tampines North SPP
51 New Upper Chang Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

1 of 3
Report No: T201804042181



T201804042181

Accident Sketch Plan Pg. 1

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2018 21:03	Vide Report No.: G201804030077	Station Diary No.: 63
Informant's Particulars		
Name of Informant: HAFEEZ BIN ABDUL LATIP	Address: APT BLK 17D BEDOK SOUTH ROAD #06-362 SINGAPORE 460170	
ID Type / ID No.: NRIC NO / S9605086D	Contact No.: Home/Office: Email:	Mobile: 63823144
Nationality: SINGAPORE CITIZEN		
Sex: Male	Age: 20	Date of Birth: 20/02/1998
Race: Burmese	Language: English	
Occupation: National Service Full Time	Type of Informant: Rider	
	Instruction / School Name:	
Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident			
Type of Accident: Injury Conveyed By Ambulance	Drunk Driver: No	Date/Time of Accident: 03/04/2018 08:40	Type of Location: X-Junction
Location: Along Road 1 KAKI DUKAT AVENUE 1			
Toward Ubi Ave 1		Road Surface: Dry	Road Speed Limit:
Weather: Sunny	Traffic Flow:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No	

Details of Vehicle Involved			
Vehicle No.: FF921H	Type: Motorcycle	Make: Honda	Colour: Black
Vehicle No.: SK407093U	Type: Car	Make: Honda	Colour: Black
		Condition:	Damage
		Seriously Damaged:	Seriously Damaged:
		0	1

A.S. PHOON TG

65150779

28/04/2018 12:14

RECEIVED

28-04-18 11:21:08

Accidental Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin,
Tengah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 65544999



72018042181

2 of 3

Report No. 72018042181

CONTINUATION OF REPORT

Brief Details:

On 03/04/2018 at 0840hrs, my vehicle (FPS21H) was travelling along khalo build ave 1 toward Ubi ave 1 and up ahead there is a X-Junction when I spotted a taxi (SHD7093U) at the X-Junction make a illegal U-turn which cover both lanes that cause me to brake and hit against the side of the vehicle door and subsequently I was convey to DCH and there was traffic police also at the scene.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20180404/2181

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 481051
Tel No: 1800-4499999

3 of 3

Report No. T/20180404/2181

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:

G /
Sgt 2 TAN XIN XUE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/04/2018 21:03

Officer In Charge Of Case:
TP / GIT /

Staff Sgt. MOHAMMAD ZULKARNIAN BIN
SAVINDRAN
SINGAPORE POLICE FORCE

Contact No.: 65476429

Authentication Stamp

NP103

SIGNATURE

Classification Of Case:

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 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 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	03/04/2018 14:35
Date Of Accident	03/04/2018 08:40
Exact Location Of Accident	T JUNCTION OF KAKI BUKIT AVE 1 AND JALAN DAMAI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7093U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	LIN KEE BENG
NRIC No	S1234230F
Address	449 04-211 CLEMENTI AVENUE 3

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR

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
Number of Passengers (Including Driver)	2

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

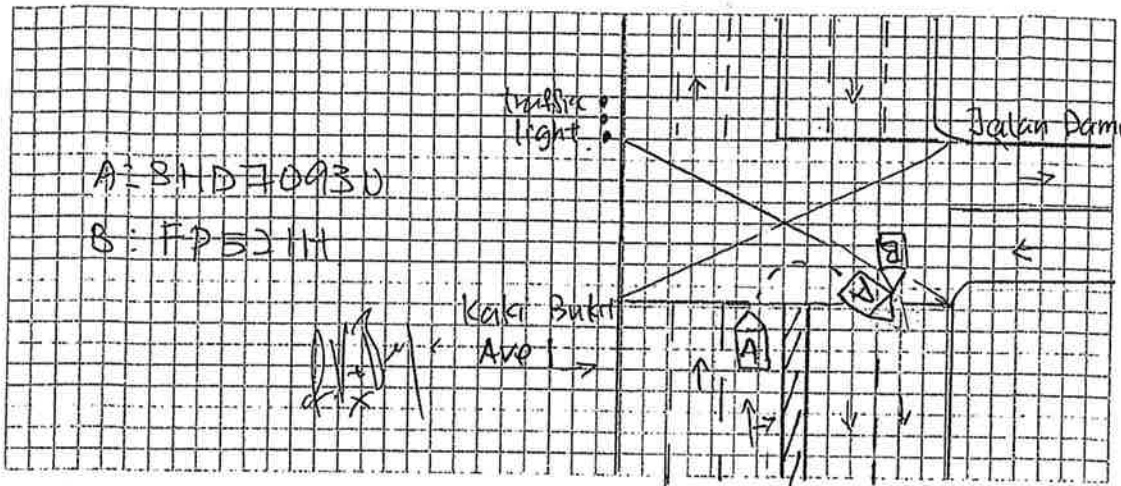
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FB521H
Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

DETAILS OF INJURED PERSON 1

Name RIDER
Injured person in which vehicle? FB521H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

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 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.

CO REG. NO. 199303821R
REPORT TRANSPORTATION FILE

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20180403/2024

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

1 of 3

Report No. T/20180403/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2018 11:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIN KEE BENG			Address: APT BLK 449 CLEMENTI AVE 3 SINGAPORE 120449		
ID Type / ID No.: NRIC NO / S1234230F			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 96258817		
Email:					
Sex: Male	Age: 61	Date of Birth: 15/01/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/04/2018 08:40	Type of Location: T-Junction
Location: Along Road 1 KAKI BUKIT AVENUE 1 NEAR MRT STATION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FP521H	Motorcycle	YAMAHA	RXZ	Blue	Seriously Damaged	0
SHD7093U	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20180403/2024

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

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Report No. T/20180403/2024

CONTINUATION OF REPORT

Driver			
Name	LIN KEE BENG	ID No.	S1234230F
Related Vehicle	NIL	Contact No.	96258817
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION
I WAS TRAVELLING ALONG KAKI BUKIT LANE. AS I WAS ABOUT TO DO A U-TURN, THE MOTOR RIDER PLATE NUMBER FP521H WAS TRAVELLING STRAIGHT IN A FAST PACE AND WAS UNFORTUNALTY UNABLE TO STOP IN TIME. IT RESULTED IN A HEAD TO REAR COLLISION. THE PASSERBY HELPED TO CALL THE AMBULANCE. HE WAS ADMITTED TO CHANGI HOSPITAL FOR TREATMENT.



**SINGAPORE
POLICE FORCE**

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Report No. T/20180403/2024

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 / NG JIN SHENG <i>NS</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2018 11:45
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMMAD ZULKARNIAN BIN SAMSUDIN Contact No.: 65476429	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE



**SINGAPORE
POLICE FORCE**

RECEIVED
15 MAY 2018

BY:

TRAFFIC POLICE
10 UBI AVE 3
SINGAPORE 408865
Tel : 65476244/43
Fax : 65474749

Your Ref: RT/159/2018/sn

Our Ref: TP/IP/21163/2018(TP109329/SR)

Date : 11/05/2018

TAN CHIN HOE & CO
24 RAFFLES PLACE #24-01
CLIFFORD CENTRE
SINGAPORE 048621

Dear Sir / Madam

ACCIDENT INVOLVING VEHICLE NOS: FP521H AND SHD7093U ON 03/04/2018

I refer to your application dated 11/04/2018. I wish to draw to your attention to the item(s) marked "X" hereunder:-

- ☐ Please be informed that Traffic Police will not investigating into the accident as it is a non-injury case which did not fall within the various categories of exception. You may wish to know that this is pursuant to the Non-injury Accident Reporting Scheme which was implemented on 1 May 1999.
- ☐ This case is still under investigation by IO _____. Tel no: _____.
- ☐ No action is being taken against anyone in this case. This does not preclude further prosecution should new evidence emerge later. Our findings do not affect insurance and civil claims.
- ☐ Action is being taken against the driver of vehicle no: _____ for Inconsiderate Driving.
- ☒ **The driver of vehicle no: SHD7093U has accepted the offer of composition on 06/05/2018 for Inconsiderate Driving.**
- ☐ The driver of vehicle no: _____ has been given a warning for Careless Driving, respectively.
- ☐ The driver of vehicle no: _____ has pleaded guilty in Court no: 24 on _____ for Inconsiderate Driving.
- ☒ **A copy of Police Report T/20180403/2024 and 2 copies of Vehicle Damage Report are attached as requested.**
- ☐ Please be informed that there is no record of this incident/accident in this case.
- ☐ There is no Police Report for vehicle no: _____.
- ☐ There is no Charge Sheet in this case.
- ☐ The Coroner's Inquiry was held on _____ in Court no: 22 C.I. No: _____.

Yours Faithfully


SITI ROHAYAH KASMANI
for HEAD INVESTIGATION
TRAFFIC POLICE

*Delete where inapplicable

A FORCE FOR THE NATION

NP 510