

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@tanchincoe.com.sg

PDX Intercompany Exchange Pte L



010808611134

FROM TAN CHIN HOE & COMPANY
PDX Box No. 8723

Your Ref:

Our Ref: RT/460/2018/sn

4 December 2018

FAX NO: 68357416

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16
Singapore 079120

PROPERTY DAMAGE CLAIM

INJURY CLAIM

Attn: Claims Department

Dear Sirs

ACCIDENT INVOLVING FBK2125D AND SLD1909J ON 24 NOVEMBER 2018

1. We act for Mr Chia Yam Heng who was involved in an accident caused solely by the negligence of your insured, the driver of SLD1909J. Our client was injured as a result of the accident.
2. We will revert with our client's quantification shortly.
3. In the meantime, our client's motorcycle is at the premises of A S Phoon Pte Ltd at Blk 36 Toh Guan Road East #01-35 Singapore 608580. Please contact Mr Kee at 65150770 for an appointment to survey the motorcycle within 2 days, failing which A S Phoon Pte Ltd will proceed to carry out the repairs.
4. We also enclose a copy of each of our client's traffic police report and accident statement for your attention.

Yours faithfully

- cc
1. client
 2. Mr Tham Shuen-Loong
2 Jalan Taman
#06-12
Singapore 329023
 3. A S Phoon Pte Ltd
Fax No: 65150779

MNI18152804 / NTUC Income Insurance Co-operative Ltd - HQ
 ENTRY DATE & TIME: 26/11/2018 09:33
 SUBMITTED BY: Tang Chun Kiet

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 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 Report	26/11/2018 09:33
Date Of Accident	24/11/2018 10:00
Exact Location Of Accident	UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2125D
Insured/Policyholder	
Name Of Registered Owner	CHIA YAM HENG
NRIC No	S0492694C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93370922
Alternative Phone No	OTHERS-93370922
Vehicle Particulars	
Manufacturer	PGO
Model	I ME 150 WEL BIKE 3-WHEELER
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	5071523571-03
Cover Note Number	

Driver

Name of Driver	CHIA YAM HENG
NRIC No	S0492694C
Date Of Birth	12/10/1942
Occupation	INDOOR
Date Of Driving Pass	24/01/1963
Driving Experience	55 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93370922
Emergency Number	OTHERS-93370922
Home Address	NOEMAIL

Address BLK 45 #08-153
LORONG 5 TOA PAYOH

Postcode 310045

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 COLLISION - HEAD TO REAR

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? NO

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 TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,
POSTCODE: 319194 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

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? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

Details of Witness 1

Name SARWAN SINGH

Phone Number 98697974

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD1909J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MICHAELA SENG SU-FERN

NRIC/Passport Number S7826266D

Contact Number UNKNOWN

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHIA YAM HENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBK2125D

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 26-11-2018 09:28

Report No: MF _____

D.O.A: 24-11-2018

Time: 10:00 hrs

Vehicle No: FBK3125D

Reporting Type: _____

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.
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.

26-11-18 / 9:28

Policyholder's Signature / Date & Time

26-11-18 / 9:28

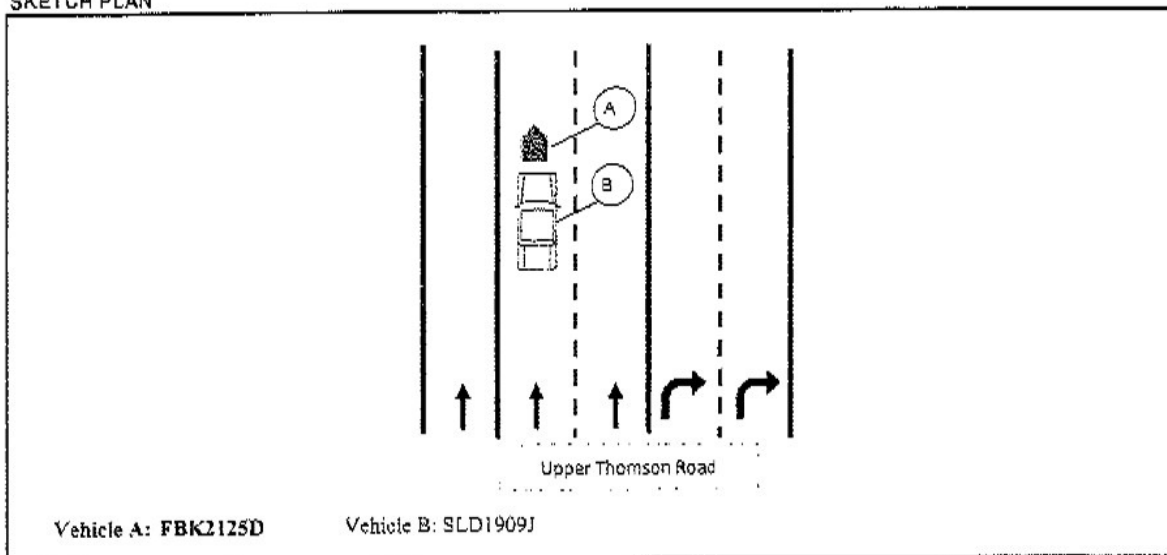
Driver's Signature (if driver is not the policyholder) / Date & Time

 Alan Tang (S098825)
 Customer Care Executive
 Motor Service Centre

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Declaration

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

[Signature]
26-11-18 / 9:28
Policyholder's Signature / Date & Time

26-11-18 / 9:28
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

[Signature]
Witnessed by Reporting Centre Personnel

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181124/2123

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

1 of 4

Report No. T/20181124/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2018 21:25	Vide Report No.: E/20181124/0078	Station Diary No.: 150
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: CHIA YAM HENG	Address: APT BLK 45 LORONG 5 TOA PAYOH #08-153 SINGAPORE 310045		
ID Type / ID No.: NRIC NO / S0492694C	Contact No.: Home/Office: 63544728 Mobile: 93370922		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 76	Date of Birth: 12/10/1942	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: Retiree	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/11/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 UPPER THOMSON ROAD SEMBAWANG ROAD Before the junction of Jln Todak Lamp Post Number: 58				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBK2125D	Motorcycle	P.G.O.	ME 150 WEL BIKE 3- WHEELER	Red	Slightly Damaged	0
SLD1909J	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
-------------	-------------------	---------------	-----------	-------------

Police Report Pg. 2



**SINGAPORE
POLICE FORCE**



T/20181124/2123

2 of 4

Police Station Of Origin:

Toa Payoh N.P.C

Report No. T/20181124/2123

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194 CONTINUATION OF REPORT

Tel No: 1800-2519999

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBK2125D	NTUC Income Insurance Co-Operative Limited	5071523571-03	07/11/2018	06/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	CHIA YAM HENG		ID No.	S0492694C
Related Vehicle	FBK2125D (Motorcycle)		Contact No.	63544728
Hospital/Clinic	GLENEAGLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	24/11/2018		Date Discharge	24/11/2018
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	MICHAELA SENG SU-FERN		ID No.	S7826266D
Related Vehicle	SLD1909J (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL 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 mentioned date, time and place, I was riding on my motorbike (FBK2125D) on the second lane, from my side mirror I could see a red motorcar (SLD1909J) coming at a very fast speed. However, I did not expect the motorcar to hit me, which caused me to fell off my motorbike.

After knocking me down, the said motorcar did not come down from her motorcar and did not render any assistance to me, my grandson whom was at the bus stop, saw what happened and came to knock on the motorcar passenger window, but did not speak to each other at all. After which she drove off.

A passerby was walking and claimed that they saw the accident and said that he can be my witness.

Particular as follows:

Sarwan Singh

HP: 98697974

My grandson then called the police for assistance. After 15minutes, the police man came and spoke to

Police Report Pg. 3

**SINGAPORE
POLICE FORCE**

T/20181124/2123

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20181124/2123

CONTINUATION OF REPORT

me. Before the police arrived to the scene, the driver came back to the scene. I then told the police what happened. The said police man adviced me to do a check up at any hospital and if I get more than three days MC, I am required to do a police report.

I wish to state that my motorbike received the following damages:

- 1) The right side of my motorbike have scratches
- 2) The front bumper was broken
- 3) The right brake was damage
- 4) The front alignment was not aligned.

Police Report Pg. 4



**SINGAPORE
POLICE FORCE**



T/20181124/2123

4 of 4

Report No. T/20181124/2123

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 1 JASMINE TOH XUE ER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/11/2018 21:25

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIC

YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SN 168

SIGNATURE