

Surveyor

REF: CSI / LAW19001066 / Evd3sr

Special Instructions:

UC: 43700-00

From (Person):

Heng Xinyi

of

Seah Ong

Date/Time:

15/01/2019

Estimated Cost:

Bill to:

Third Parties:

Claimant:

Surveyor:

KTD Automobile

Workshop:

Dynasty Motor

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No:

FBL 1299L

Insured:

PC 3446Y

at Workshop m/s

Dynasty Motor

Tel:

of

50 Bukit Batok St 23 #01-24

Policy No:

Claim No:

19-26052 PD-0

Sum Insured:

Excess:

Make of Veh:

D.O.A.

08-11-2018

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time:

Confirmed with

Final Fig

days (Red \$ / %; Original 5 days)

Date/Time:

18/1/19

Submit Final Fig

LS 2500

3 days (Red \$ 1200 / 32 %; Original days)

Date/Time

Action/Instruction

FBL 1299L - x

PC 3446Y - CC4 / ASM18010795 / (Vaux)

DoA: 08-11-2018

RECEIVED 10 JAN 2019

*[Signature]*  
18/1/2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/

Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date:

1) Date/Time

18/1- typist

File Pass to

2) Date/Time

File Return to

3) Date/Time

File Pass to

4) Date/Time

File Return to

5) Date/Time

File Pass to

6) Date/Time

File Return to

**Catherine Chong (LKK Auto)**

---

**From:** Xin Yi <xinyi@seahong.com.sg>  
**Sent:** Tuesday, 15 January, 2019 6:02 PM  
**To:** 'Admin-D (LKKAuto)'  
**Cc:** 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg  
**Subject:** FBL 1299L [Our file ref: 19.26052 PD-O]  
**Attachments:** TPPD Litigation LOD CHUA LYE HUAT.pdf; GIA REPORT OF FBL1299L (TP).PDF; GIA REPORT OF PC3446Y (INSD).PDF

Dear Catherine,

<b>CLAIMANT :</b>	<b>CHUA LYE HUAT</b>
<b>VEHICLE NUMBER :</b>	<b>FBL 1299L</b>
<b>ALLEGED ACCIDENT DATE :</b>	<b>08.11.18</b>
<b>AXA VEHICLE NUMBER :</b>	<b>PC 3446Y</b>

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. A copy is enclosed.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

Thanks & Best Regards

**Heng Xinyi**

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

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## Catherine Chong (LKK Auto)

---

**From:** Chee Kiong <cheekiong@seahong.com.sg>  
**Sent:** Thursday, 17 January, 2019 12:03 PM  
**To:** 'Xin Yi'; 'Admin-D (LKKAuto)'; 'assignments'  
**Cc:** samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg  
**Subject:** RE: SURVEY REPORT - FBL 1299L [Our file ref: 19.26052 PD-O]

Dear Catherine

The claimant is refusing to give RI. Please let us have your paper survey report urgently.

Thanks !

Yours  
Chee Kiong

---

**From:** Xin Yi <xinyi@seahong.com.sg>  
**Sent:** Wednesday, January 16, 2019 4:09 PM  
**To:** 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>; 'assignments' <assignments@lkkauto.com>  
**Cc:** 'Chee Kiong' <cheekiong@seahong.com.sg>; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg  
**Subject:** FBL 1299L [Our file ref: 19.26052 PD-O]

Dear Catherine,

<b>CLAIMANT :</b>	<b>CHUA LYE HUAT</b>
<b>VEHICLE NUMBER :</b>	<b>FBL 1299L</b>
<b>ALLEGED ACCIDENT DATE :</b>	<b>08.11.18</b>
<b>AXA VEHICLE NUMBER :</b>	<b>PC 3446Y</b>

We refer to the above and to the tele-conversation between our goodselves this afternoon.

As spoken, we clarified that AXA has appointed you to conduct RI on the Claimant's vehicle.

We will liaise with you upon receipt of the RI date from the Claimant's solicitors. Many thanks!

Thanks & Best Regards

**Heng Xinyi**  
(Secretary to Mr Tan Chee Kiong)  
Seah Ong & Partners LLP  
36 Robinson Road  
#12-03 City House  
Singapore 068877

Tel: 6536 5369  
Fax: 6536 5811

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**Daniel Poon & Co.**Advocates & Solicitors  
Commissioners for OathsDaniel Poon Choon Kow  
LL. B. (Hons), LL.M133 New Bridge Road  
#11-02 Chinatown Point  
Singapore 089413  
Tel: +65 6227-2469  
Fax: +65 6225-2579  
Email: law@dpco.com.sg  
(UEN: 53130838C)Our Ref: DP.sl.10752.18.DM  
Your Ref: -----  
Please quote our reference number when replying**60127267****3019585136 - -**

DATE: 20 DEC 2018

TRI-WINS TRANSPORT SERVICES PTE LTD  
808 FRENCH ROAD  
#06-159  
KITCHENER COMPLEX  
SINGAPORE 200808  
OWNER OF PC 3446Y**WITHOUT PREJUDICE**  
**CERTIFICATE OF POSTING**

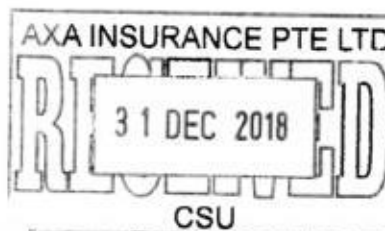
Dear Sir,

**CHUA LYE HUAT (OWNER OF FBL 1299L)**  
**BLK 115 HO CHING ROAD**  
**#13-104**  
**SINGAPORE 610115****ACCIDENT ON 08 NOVEMBER 2018 INVOLVING FBL 1299L AND PC 3446Y**  
**ALONG JURONG TOWN HALL ROAD**

We are instructed by the above named to claim damages (only material damage on our client's vehicle and without prejudice to our client's injuries, if any.) against you/your driver in connection with the above road traffic accident.

We are instructed that the accident was caused by you/your driver's negligent driving and/or management of you/your driver's vehicle no. **PC 3446Y**. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1.	Repair costs	\$ 3,700.00
2.	Loss of use (07 days @ \$60.00/day)	\$ 420.00
3.	Survey fee	\$ 388.00
4.	Cost at this stage	\$ 450.00
5.	GIA/ LTA/ROC/ police search fee &/reports	\$ 36.49
6.	Postages, transport and other incidentals	\$ 50.00
		<b>\$ 5,044.49</b>



... 2/-



**Daniel Poon & Co.**

Advocates & Solicitors  
Commissioners for Oaths

Daniel Poon Choon Kow  
LL. B. (Hons), LL.M

133 New Bridge Road  
#11-02 Chinatown Point  
Singapore 059413  
Tel: +65 6227-2469  
Fax: +65 6225-2579  
Email: law@dpco.com.sg  
(UEN: 53130838C)

Our Ref: DP.sl.10752.18.DM  
Your Ref: -----  
Please quote our reference number when replying

DATE: 20 DEC 2018

TRI-WINS TRANSPORT SERVICES PTE LTD  
808 FRENCH ROAD  
#06-159  
KITCHENER COMPLEX  
SINGAPORE 200808  
OWNER OF PC 3446Y

**WITHOUT PREJUDICE**  
**CERTIFICATE OF POSTING**

Dear Sir,

**CHUA LYE HUAT (OWNER OF FBL 1299L)**  
**BLK 115 HO CHING ROAD**  
**#13-104**  
**SINGAPORE 610115**  
**ACCIDENT ON 08 NOVEMBER 2018 INVOLVING FBL 1299L AND PC 3446Y**  
**ALONG JURONG TOWN HALL ROAD**

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We are instructed that the accident was caused by you/your driver's negligent driving and/or management of you/your driver's vehicle no. **PC 3446Y**. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1.	Repair costs	\$ 3 700.00
2.	Loss of use (07 days @ \$60.00/day)	\$ 420.00
3.	Survey fee	\$ 388.00
4.	Cost at this stage	\$ 450.00
5.	GIA/ LTA/ROC/ police search fee &/reports	\$ 36.49
6.	Postages, transport and other incidentals	\$ 50.00
		<b><u>\$ 5,044.49</u></b>

Date:  
20 DEC 2019

A copy each of the following supporting document has been sent to your insurer:


- 1) Our client's GIA report; police report;
- 2) LTA search and invoice on vehicle number PC 3446Y;
- 3) Repair bill;
- 4) Survey report + invoice;
- 5) Twenty-eight (28) copies of scanned coloured photographs showing damage to our client's vehicle.
- 6) Accident video footage captured by our client's motorcycle;

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you should send us an acknowledgement of receipt of this letter **within 14 days** of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents **within 8 weeks** of your receipt of this letter.

Yours faithfully,



cc. Client (FBL 1299L)

cc. M/S AXA INSURANCE (S) PTE LTD  
8 SHENTON WAY  
#27-01  
AXA TOWER  
SINGAPORE 068811  
**ATTN: MOTOR CLAIMS DEPARTMENT**

**PDX 8176 (by hand)**



**Daniel Poon & Co.**

Advocates & Solicitors  
Commissioners for Oaths

133 New Bridge Road  
#11-02 Chinatown Point  
Singapore 059413  
Tel: +65 6227-2469  
Fax: +65 6225-2579  
Email: law@dpco.com.sg  
(UEN: 53130838C)

Daniel Poon Choon Kow  
LL. B. (Hons), LL.M

Our Ref: DP.sl.10752.18.DM  
Your Ref: -----  
Please quote our reference number when replying

DATE: 20 DEC 2018

TRI-WINS TRANSPORT SERVICES PTE LTD  
808 FRENCH ROAD  
#06-159  
KITCHENER COMPLEX  
SINGAPORE 200808  
OWNER OF PC 3446Y

**WITHOUT PREJUDICE**  
**CERTIFICATE OF POSTING**

Dear Sir,

**CHUA LYE HUAT (OWNER OF FBL 1299L)**  
**ACCIDENT ON 08 NOVEMBER 2018 INVOLVING FBL 1299L AND PC 3446Y**  
**ALONG JURONG TOWN HALL ROAD**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on the above accident.

Kindly let us have the driver's FULL NAME, NRIC & CURRENT ADDRESS, who was driving motor vehicle no. **PC 3446Y** at the material time **within seven (7) days** and state whether the said person was driving your vehicle as your servant and/or agent at the material time. If you fail to state the same, we shall assume that the said person was driving your vehicle as your servant and/or agent at the material time. In this event, we shall name you as the defendant in the writ of summon.

**TAKE NOTICE** that where a car is driven by a person other than the owner, there is a presumption at law that the driver of the car is the servant and/or agent of the owner. Thus, if you choose to ignore this letter and remain silent, the driver at the time of the accident may be taken as your servant and/or agent. In this event, you may be precluded from raising the defence that the driver of the car at the material time is not your servant and/or agent once Writ of Summon proceedings are commenced against you.

Yours faithfully,

M/S AXA INSURANCE (S) PTE LTD  
**ATTN: MOTOR CLAIMS DEPARTMENT**

**PDX 8176 (BY HAND)**



**Enquire Vehicle & Owner Information ( Vehicle No. PC3446Y As At 08 Nov 2018 / 18:30:00 )**

## Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: DP.10752.18.DM

## Current Owner Details

Owner ID Type: Company  
Owner ID: 200616034W  
Owner Name: TRI-WINS TRANSPORT SERVICES PTE LTD  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 808  
Registered Street Name: FRENCH ROAD  
Registered Unit No.: # 06 - 159  
Registered Building Name: KITCHENER COMPLEX  
Registered Postal Code: 200808

## Current Vehicle Details

Vehicle No.: PC3446Y  
Make Description/Model: TOYOTA / HIACE COMMUTER GL 3.0 A  
Insurance Company Name: AXA INSURANCE PTE LTD



## Enquire Transaction History

### Transaction History Details

Log Date/Time: 12 Nov 2018 / 11:35:28

Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	PC3446Y		
Transaction Type:	18.19 Enquire Veh Owner Info (Others) by Law Firm	Channel:	External Agency
User ID:	EDPOSAB0 - SITI AWIYAH BTE SENIAN	Business Transaction Reference No.:	20181112113528723122

As at Date of Search: 08 Nov 2018

As at Time: 18:30:00

Vehicle No.: PC3446Y

Search Reason: Insurance claim in relation to traffic accident

Date of Filing: -

Suit No.: -

Law Firm Case No.: DP.10752.18.DM

Information displayed is correct as at the log date and time.

Enquire Related Logs

OK

## 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	09/11/2018 14:36
Date Of Accident	08/11/2018 18:30
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1299L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA LYE HUAT
NRIC No	S6946844F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96444498
Alternative Phone No	OFFICE-96444498

### Vehicle Particulars

Manufacturer	KYMCO
Model	MOTOR
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104070167
Cover Note Number	

### Driver

Name of Driver	CHUA LYE HUAT
NRIC No	S6946844F
Date Of Birth	21/09/1969
Occupation	INDOOR
Date Of Driving Pass	10/07/1989
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96444498
Fax Number	
Contact Number	OFFICE-96444498
Email Address	NOEMAIL

Address	BLK 115 HO CHING RD #13-104
Postcode	
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	CLOUDY
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 [OTHER]	JURONG NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. POLICE REPORT NO. T/20181109/2075

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL PASSED TO W/SHOP FOR TP CLAIM
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC3446Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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 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.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

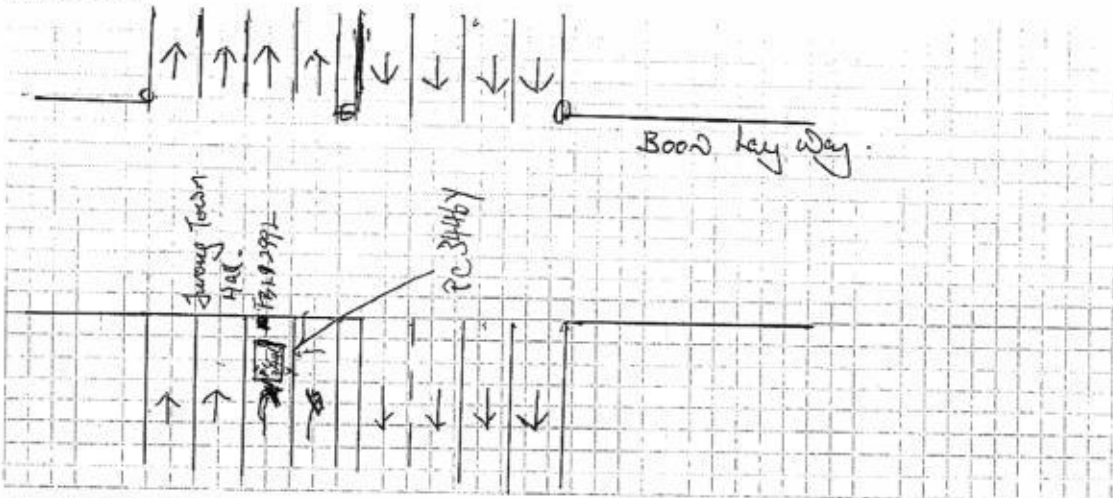
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

UDAC BUKIT DATOK (VAC)

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/11/2018 at around 1830hrs, I was riding FSX 1299L along Jurong Town Hall Road. I then stop at traffic light junction between Jurong Town Hall Road and Boon Lay Way as the traffic light at the moment was RED for turning right.

As the traffic light arrow turn green, I was about to proceed right towards Boon Lay Way. Suddenly PC 3446 Y knock onto my motor Bicar. As such cause me fall from my bike.

My Motorbike have install Rear & front Blackvue camera as such incident video had been record and Save.

## 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)  
Date & Time:

IDAC BUKIT RATOK (VAC)

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



**SINGAPORE  
POLICE FORCE**



T/20181109/2075

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

1 of 3

Report No. T/20181109/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/11/2018 13:48		Vide Report No.:		Station Diary No.: 11
<b>Informant's Particulars</b>				
Name of Informant: CHUA LYE HUAT		Address: APT BLK 115 HO CHING ROAD #13-104 SINGAPORE 610115		
ID Type / ID No.: NRIC NO / S6946844F		Contact No.: Home/Office: Mobile: 96444498		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 21/09/1969	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2018 18:30	Type of Location:
Location: Along Road 1 JURONG TOWN HALL ROAD BOON LAY WAY Cross Junction Between Jurong Town Hall road and Boon Lay Way				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBL1299L	Motorcycle	KYMCO	XCITING 400I ABS	White	Slightly Damaged	0
PC3446Y	Van				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBL1299L	NTUC Income Insurance Co-Operative Limited	5104070167	22/09/2018	06/06/2019



**SINGAPORE  
POLICE FORCE**



T/20181109/2075

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

2 of 3

Report No. T/20181109/2075

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	CHUA LYE HUAT	ID No.	S6946844F
Related Vehicle	FBL1299L (Motorcycle)	Contact No.	96444498
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ROSHAMIL BIN BUANG	ID No.	S1471604A
Related Vehicle	PC3446Y (Van)	Contact No.	90029732
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 08/11/2018 at about 1830hrs, I was riding V1) FBL1299L along Jurong Town hall Road. I then stop at traffic light of a cross junction between Jurong Town Hall Road and Boon Lay way as I was heading towards Chinese garden direction. As the traffic light arrow turns green, I was about to proceed towards boon lay way. Suddenly V2) PC3446Y knock onto V1's rear. I then fall down on my left onto the road. V2's driver quickly came down and assist me. We then exchange particulars with each other. V1 sustain damages on the motor cover set and motor body crack. V2 front bumper was damaged. No one was injured. No police or ambulance was as at scene. V2's driver and I will be making insurances claim.





**SINGAPORE  
POLICE FORCE**



T/20181109/2075

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 3

Report No. T/20181109/2075

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:

J /  
Sgt 3 CHAN GUAN XIONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/11/2018 13:48

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:



Signature :

**Singapore Police Force**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## 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	09/11/2018 15:36
Date Of Accident	08/11/2018 18:25
Exact Location Of Accident	JUNCTION OF JURONG TOWN HALL ROAD & BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3446Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRI-WINS TRANSPORT SERVICES PTE LTD
Co Reg No	200616034W
Email Address	JAZZ@TRIWINS.COM.SG
Mobile Phone No	(LOCAL) +65-96857014
Alternative Phone No	OFFICE-90029732

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
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	BUS

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN885920
Cover Note Number	

### Driver

Name of Driver	ROSHAMIL BIN BUANG
NRIC No	S1471604A
Date Of Birth	16/02/1961
Occupation	INDOOR
Date Of Driving Pass	20/01/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90029732
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 448 BRIGHT HILL DRIVE #10-133 SINGAPORE
Postcode	570448
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	FBL1299L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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 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.



Policyholder's Signature  
Date & Time:

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

2.45pm  
9/11/18

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

Person

## Sketch Plan #2

### SKETCH PLAN

Boon Lay Way

**Vehicle**  
 A - PC3446 Y  
 B - FEL1299L

**Legend**  
  
 Vehicle      Motorcycle

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/11/2018, Around 6:25pm, my van was stopped at the traffic junction of Jurong Town Hall Road waiting for traffic light turn green towards Boon Lay Way. While the traffic light turn green, I start to move my van. out of sudden, a motorbike suddenly appear from my left and collided onto my van.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against your policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

**1** Date of accident: 8/11/18 Time: 1825 **2** Exact location of accident: Junction of Jung town hall road & Boon Lay highway

**3** Injuries even if slight: No ☒ Yes ☐

**4** Material damage: To vehicles other than vehicles A and B: No ☒ Yes ☐ To objects other than vehicles: No ☒ Yes ☐

**5** Witness' name, address and tel no. (to be undertaken if he/she is passenger in vehicle A or vehicle B): \_\_\_\_\_

**6** Vehicle Video Camera Available: No ☒ Yes ☐

**Registration No. (VEHICLE A)** PC 3446V

**7** Insured / policyholder (see insurance cert.): **A** Tri-Wins Transport Services Pte. Ltd.

Name: (capital letters) \_\_\_\_\_

Address: \_\_\_\_\_

NRIC / Passport no.: 200616034W

Tel no. (from Sam Sill Spn): \_\_\_\_\_

HP: 9685 7014 MR TAN

**8** Vehicle: Toyota Hiace

Make, type: \_\_\_\_\_

**9** Insurance company: AXA

Does the policy cover damage to vehicle A? No ☐ Yes ☒

Policy No.: CN885920

**10** Driver: Same as Owner

Name: Roshami Bin Buring

(capital letters) \_\_\_\_\_

NRIC / Passport no.: S1471604A

Class of licence: 3

HP: 9002 9732

Gender: Male ☒ Female ☐

## 12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- ☐ Then Collision
- ☐ Collided into Object
- ☐ Collided into Motorcyclist
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Cross Lane
- ☐ Collision - Cross Junction
- ☐ Collision - Head on Collision
- ☐ Collision - Head to Tail
- ☐ Collision - Major/Minor Rd
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - At Turn
- ☐ Drink taking / Drug influence
- ☐ Poor weather or lighting
- ☐ Road
- ☐ Hit and Run / Vandalism / Damaged whilst Parked
- ☐ Hit by Fallen Tree / Other Objects
- ☐ No Collision
- ☐ Joke hazard
- ☐ Other

← State TOTAL number of boxes marked with a cross →

## 13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

**Registration No. (VEHICLE B)** FBL1299L

**7** Insured / policyholder (see insurance cert.): **B**

Name: \_\_\_\_\_

(capital letters) \_\_\_\_\_

Address: \_\_\_\_\_

NRIC / Passport no.: \_\_\_\_\_

Tel no. (from Sam Sill Spn): \_\_\_\_\_

HP: \_\_\_\_\_

**8** Vehicle: \_\_\_\_\_

Make, type: \_\_\_\_\_

**9** Insurance company: \_\_\_\_\_

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available): \_\_\_\_\_

**10** Driver (See driving licence) (if different from insured B above):

Name: \_\_\_\_\_

(capital letters) \_\_\_\_\_

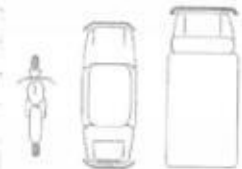
NRIC / Passport no.: \_\_\_\_\_

Class of licence: \_\_\_\_\_

HP: \_\_\_\_\_

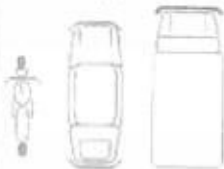
Gender: Male ☐ Female ☐

**10** Indicate the point of initial impact with an arrow (→)



**11** Visible damage to vehicle B

**10** Indicate the point of initial impact with an arrow (→)



**11** Visible damage to vehicle A

**14** My remarks

**15** Signatures of drivers

**14** My remarks

A

B

In the event of repairs or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy

For insured's individual statement (Part II) see overleaf →

## Individual Statement

<b>INDIVIDUAL STATEMENT (Part II)</b> <small style="float: right;">Own Workshop Email / Fax (if any)</small>																	
<b>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</b>																	
<b>Insured</b>  Of which vehicle are you the owner? <input checked="" type="checkbox"/> A  <input type="checkbox"/> B	1 Occupation (if more than one, state all)		Email: <u>jazzkittiwins.com.sg</u>														
	2 Vehicle registration no. <u>CC</u>		If commercial vehicle, state permissible carrying capacity														
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, state relationship of driver with owner <u>EMPLOYEE</u>		State the vehicle number and name of insurer of driver's own vehicle (where applicable)												
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify																
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____																
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																
<b>Driver or person in charge of vehicle at the time of accident (including insured)</b>	7 Date of birth <u>6/2/61</u>		Occupation <u>Indoor</u> <u>Outdoor</u>		Date of license pass <u>20/1/82</u>												
					Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
					Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability																
9 Full details of all driving convictions including pending prosecutions in the last 36 months																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 40%;">Offence</th> <th style="width: 40%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						Date	Offence	Penalty									
Date	Offence	Penalty															
<b>Injured persons</b>	10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle												
					Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>												
					Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>												
					Yes <input type="checkbox"/> No <input type="checkbox"/>												
					Yes <input type="checkbox"/> No <input type="checkbox"/>												
<b>Damage to property &amp; vehicles (other than vehicles A and B)</b>	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage												
					Insurer's name and address (if known)												
<b>Police action</b>	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____																
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____																
<b>Accident details</b>	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____																
	15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____																
	16 Speed of vehicles: A _____ km/hr B _____ km/hr																
	17 What warnings were given by driver or other party? _____																
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>																
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____																
	20 If your vehicle is commercial, state weight of load carried at time of accident _____																
<b>Declaration</b>	21 State how accident happened, width of roads, speed limits, etc (Refer to attached): _____																
	22 State number of Passengers (including Driver) <u>0</u>																
I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____																	

## AXA INSURANCE PTE LTD

8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6338 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M



Original

Agent Code: 03936

Policy No. (if any): P1916712

Renewal

SmartDrive Quote Ref:

**MOTOR COVER NOTE**No. **CN885920**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	TRI-WINS TRANSPORT SERVICES PTE. LTD.
INSURED BUSINESS REGISTRATION NO.	200616034W
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA HIACE COMMUTER GL 3.0 A
VEHICLE REGISTRATION NO.	PC3446Y
YEAR OF MANUFACTURE	2014
ENGINE NO.	1KD2486235
CHASSIS NO.	KDH2230022856
SEATING CAPACITY	13
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MAYBANK
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 10/04/2018 TO: 09/04/2019
EXCESS (\$)	S\$2,000 SECTION I, S\$1,500 SECTION II & S\$200 WINDSCREEN
AXA PREMIUM WORKSHOP?	NO


I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

**VIRTUAL INSURANCE AGENCIES PTE LTD**

192 Waterloo Street #02-02  
 Skyline Building, Singapore 187966  
 Tel: (65) 63380083 Fax: (65) 63380048

**AXA INSURANCE PTE LTD**

Issued by VIRTUAL INSURANCE on 04/04/2018 10:04am  
 AGENCIES PL

  
 Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST). If the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - Cover note issued and cancelled before inception.
  - Retaining the old registration number for a new vehicle insuring with AXA.

**PREMIUM WARRANTY**For Individual Customers

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers

Please note that where the period of cover is for more than 90 days the premium in full should be paid within 90 days on inception / renewal / endorsement. For all other cases the premium in full should be paid before inception.

MTRC/NOTE/01/03