

# NATIONAL Assessment Centre Services

(Ref: Jan 05)

Date In	12/02/2019 09:48	Job description	Date & Time Completed	Done by
Ref No	NA/MSG19002489/K4	SAS e-filing		
Veh No	SLU 747B	E-mail (within 8hrs, AIC 2hrs)		
D O A	03/02/2019 18:15	i-Motor Claim Form		
OD	TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLB 1952T INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time Actions

NA1901166

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
4) FT : Follow-Through Survey \$120		
5) FT : Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-inspection \$75		
7) N1 : Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD*		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11) : TP (N'n INC) against INC \$20		
9) N12: Idac Mobile \$30		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	



## 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	12/02/2019 09:48
Date Of Accident	03/02/2019 18:15
Exact Location Of Accident	DRAYCOTT DRIVE BY STEVENS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU747B
Insured/Policyholder	
Name Of Registered Owner	RIGHT SERVICE PTE LTD
Co Reg No	201204421K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91508187
Alternative Phone No	OFFICE-91508187
Vehicle Particulars	
Manufacturer	BMW
Model	640I GRAN COUPE 4DR SR LED DSC NAV HUD
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 27448187 SMP
Cover Note Number	
Driver	
Name of Driver	YOONG KOK HIN
NRIC No	S0034262I
Date Of Birth	29/06/1952
Occupation	INDOOR
Date Of Driving Pass	20/10/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91508187
Fax Number	
Contact Number	OTHERS-91508187
E-Mail Address	NOEMAIL

Address	65A JALAN LOYANG BESAR
Postcode	509381
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190203/2108

#### 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	SLB1952T
Vehicle Make/Model/Colour	HONDA / VEZEL 1.5X CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH XUEMAN, PRISCILLA
NRIC/Passport Number	S9531037J
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



**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:

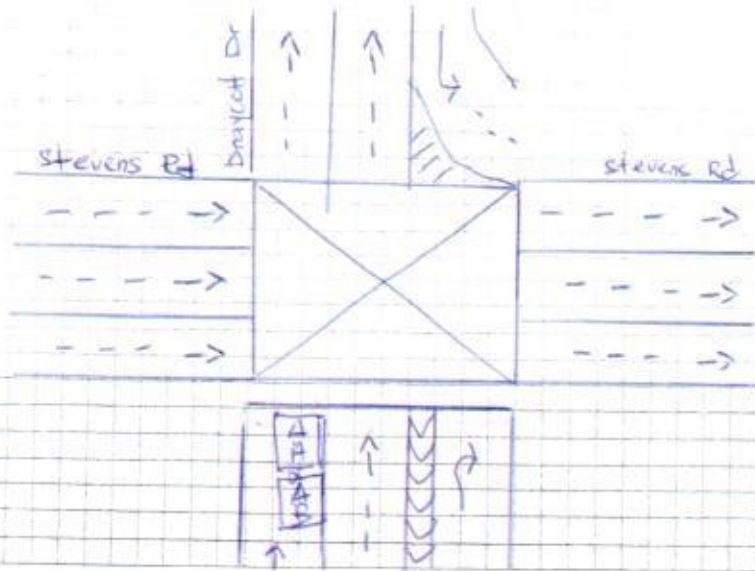
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

12/2/2019

# SKETCH PLAN

Veh A: SLV 747B

Veh B: SLB 1952T



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attach to police report NO: T/20190203/2108

on the above stated date and time, I, Veh A 'SLV 747B' was stationary at the Junction of Stevens Rd and Drycote Rd waiting for the traffic light to turn green when i felt an impact from my vehicle rear portion. I alighted to find out that Veh B 'SLB 1952T' have failed to stop in time and collided into my vehicle.

pls Refer to the Police Report - T/20190203/2108

## 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:

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

12/2/2019





**SINGAPORE  
POLICE FORCE**



T/20190203/2108

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

1 of 3

Report No. T/20190203/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/02/2019 21:33	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

**Informant's Particulars**

Name of Informant: YOONG KOK HIN			Address: 65 JALAN LOYANG BESAR SINGAPORE 509381		
ID Type / ID No.: NRIC NO / S0034262I			Contact No.: Home/Office: Mobile: 91508187		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 29/06/1952	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: BUSINESSMAN			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2019 18:15	Type of Location:
Location: Along Road 1 DRAYCOTT DRIVE BY STEVENS ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB1952T	Car	HONDA	VEZEL 1.5X CVT			0
SLU747B	Car	BMW	640I GRAN COUPE 4DR SR LED DSC NAV HUD			1



**SINGAPORE  
POLICE FORCE**



1001190205/2108

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

2 of 3  
Report No: 1001190205/2108

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SOH XUEMAN, PRISCILLA	ID No.	S9531037J
Related Vehicle	SLB1952T (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
Driver			
Name	YONG KOK HIN	ID No.	S0034262I
Related Vehicle	5LU747B (Car)	Contact No.	91508187
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 stated date, time and location,  
I WAS ON THE RIGHT OF 2 LANES ALREADY STATIC BEHIND THE STOP LINE AS IT WAS A RED LIGHT. SUDDENLY I FELT AN IMPACT ON MY REAR AND WENT OUT FROM MY VEHICLE TO CHECK WHATS THE CAUSED OF IT. THE VEHICLE (SLB1952T) HAD COLLIDED ONTO MY REAR AND I WENT TO THE SAID DRIVER AND ASKED HIM WHAT HAPPENED. SHE SAID THAT AFTER MAKING THE TURN, SHE SAW THAT THE TRAFFIC LIGHT WAS ON EMBER AND SHE PRESSED ON THE ACCELERATION PEDAL TO TRY TO BEAT IT WHICH CAUSED TO HIT ONTO MY REAR WHILE I WAS ALREADY STATIC. THE AIRBAG ON HER VEHICLE WERE DEPLOYED DUE TO THE ACCIDENT. A POLICE CAR WHO WERE PASSING BY CAME AND ATTENDED TO US.





**SINGAPORE  
POLICE FORCE**



T/20190203/2108

3 of 3

Report No. T/20190203/2108

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

**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 /  
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No.: 65476213

Authentication Stamp

Signature Of Informant:

Date/Time:  
03/02/2019 21:33

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:

## LETTER OF DECLARATION

To:

Rico 60 Auto Services Pte. Ltd.  
8 Kaki Bukit Avenue 4, Premier @ Kaki Bukit  
#02-24, Singapore 415875

Dear Sir/Madam,

RE: Accident on 03/02/2019 along Rd 1 Draycott Dr / By Stevens Rd  
between vehicles nos. SLU 747B & SLB 1952T

I, Rico Service Pte Ltd, VEH NO: 201204421K,  
NRIC no.  
of \_\_\_\_\_

hereby confirmed that I was involved in the above said accident, and it was not a false or staged accident.

Whereby I am injured as a result from the accident, I confirmed that my injury is genuine and that I have not been advised by anyone to seek medical treatment for submitting a claim. I have been advised that if the above said accident is false or staged, I am committing a serious criminal offence.

I am only reporting the accident based on the best of my knowledge, in the light of the factual scenario and on my own accord.



Driver's Signature

Date





RICO 60 AUTO SERVICES PTE. LTD.

Co. & GST Reg. No.: 201807623M

8 Kaki Bukit Avenue 4, Premier @ Kaki Bukit, #02-24

Singapore 415875 | Email: enquiry@rico60.com

Tel: +65 6286 6060 | Fax: +65 6286 7060

## LETTER OF AUTHORISATION

Accident on 3/2/2019 along A2 1 Draycott Dr / By Stevens Rd  
involving vehicles nos. SLU747B & SLB 1952T

In consideration of **Rico 60 Auto Services Pte. Ltd., 8 Kaki Bukit Avenue 4, Premier @ Kaki Bukit, #02-24, Singapore 415875**, repairing my/our motor vehicle no. \_\_\_\_\_ at my/our request, I/We, \_\_\_\_\_ ("the claimant") of \_\_\_\_\_

(address) bearing NRIC no. \_\_\_\_\_ the owner of motor vehicle no. \_\_\_\_\_ hereby authorise them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc, to any of their appointed advocates to act of me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorised them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Rico 60 Auto Services Pte. Ltd.** I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith. In the event that my/our claim is unsuccessful, I/we undertake to pay to **Rico 60 Auto Services Pte. Ltd.** the cost of repairs of my/our vehicle. In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instruction to clear the said cheque on my/our behalf by presenting the same for payment directly into **Rico 60 Auto Services Pte. Ltd.** account. Upon clearance of the said cheque, I/we further authorise **Rico 60 Auto Services Pte. Ltd.** and/or their appointed law firm to utilise the monies to pay their charges without further reference to me. I confirm that the payment to **Rico 60 Auto Services Pte. Ltd.** shall amount to a good discharge of **Rico 60 Auto Services Pte. Ltd.** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year).



[Signature]  
"The Claimant's" Signature

\_\_\_\_\_  
Rico 60 Auto Services Pte Ltd

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

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

NRIC No.: \_\_\_\_\_

## WARRANT TO ACT

Date: \_\_\_\_\_

To: M/s Chia S Arul LLC  
151 Chin Swee Road #03-09  
Manhattan House  
Singapore 169876

Re \_\_\_\_\_  
\_\_\_\_\_

1. I/We, \_\_\_\_\_ NRIC No. \_\_\_\_\_ do hereby appoint you, M/s Chia S Arul LLC, Advocates & Solicitors, to act for me/us in the above matter.
2. You may proceed to apply and pay fees, charges etc. on my/our behalf/belhalves to government and other authorities, organisations, bodies, companies or persons etc. and obtain, any information and/or document which in your discretion you deem necessary for the conduct of the above matter.
3. I/We authorise you to commence legal proceedings on my/our behalf/halves in the above matter or to file a defence or counterclaim or other pleadings or documents necessary for the conduct of the above matter, including making and defending interlocutory applications which in your discretion you deem necessary.
4. I/We agree to pay you fees for work done / solicitor and client costs in the above matter and expenses incurred. I/We agree that in the event you and I/we cannot agree on your fees then you shall present your bill(s) to Court for taxation for the purpose of determining the fees due to you.
5. I/We agree to pay for the Medical Report in the event the Medical Report Fee is more than \$400 which will be refunded by the 3<sup>rd</sup> Party's insurance company as part of the disbursements in my Personal Injury claim when the matter is settled.
6. I/We agree to abide by your advice and to take all steps as directed by you in the conduct of the above matter.
7. You are at liberty to discharge yourselves from acting for me/us in any of the following events:-
  - a) I/We do not deposit sufficient funds with you for the conduct of the above matter or I/we do not pay your fees within a reasonable time;
  - b) I/ We disagree with the advice given by you to me/us and you decide that in the circumstances you no longer can continue to act for me/us;
  - c) I /We cannot be contacted at the address or contact number(s) provided by me/us after you have made reasonable attempts;
  - d) If for any reason you are of the opinion that there is a conflict of interest or that there are circumstances which may result in you compromising legal professional standards and ethics if you continue to act for me/us.

Signature of Client(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

Tel (H): \_\_\_\_\_

Fax : \_\_\_\_\_

H/P: \_\_\_\_\_ Email: \_\_\_\_\_

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





## CLINICAL ABSTRACT APPLICATION

The Medical Director  
Singapore

Please furnish \_\_\_\_\_ with a  
\_\_\_\_\_ medical report on myself.

I was treated at the Hospital as in inpatient/outpatient during the period  
\_\_\_\_\_ to \_\_\_\_\_. My Admission/Casualty/ Outpatient No.  
was \_\_\_\_\_.

This information is desired in connection with Compensation Claims/Insurance  
Claims/Shipping Company or reports/Other (specify) \_\_\_\_\_.

Under receipt of an application from the party mentioned you may furnish a defiled  
medical report whether for use in connection with litigation or for other legitimate  
purposes stated by such applicant.

Yours faithfully



**Sign  
Here**

\_\_\_\_\_  
Signature or Thumb Print of Patient

\_\_\_\_\_  
Name in Block Letters

Please cross out where not applicable

Address \_\_\_\_\_

For Official Use Only

I/C No. \_\_\_\_\_

Approval \_\_\_\_\_  
(Signature)

Witness \_\_\_\_\_

\_\_\_\_\_  
(Title)

Address \_\_\_\_\_

Report Issued \_\_\_\_\_  
(Date)

**CHIA S ARUL LLC**  
ADVOCATES & SOLICITORS  
UEN 201330709H

ARULCHELVAN S

DATE: \_\_\_\_\_

Dear Sir/Mdm,

**RE: ACCIDENT CLAIM**

1. Thank you for instructing us to act for you in the above matter.
  2. As we have discussed with you, you are aware that your case may take about 6 months to 24 months to be settled, depending on the following issues;
    - (1) Conclusion of police investigations, which may take 4 months to 24 months;
    - (2) Application of medical report may take 2 to 3 months, and in certain cases the release of medical report may take 12 months or more if you have not been fully recovered from you injuries.
    - (3) If Writ of Summons is filed (your case is commenced in Court), it may take about 8 months to 24 months, for the matter to be resolved.
    - (4) If the 3<sup>rd</sup> party's vehicle is a Malaysian vehicle, it may take between 12 months to 24 months to complete your case. In our experience, it has also taken much longer than the stipulated time, when we are dealing with a **foreign insurer**.
    - (5) If the 3<sup>rd</sup> party's insurer (driver of the other vehicle) decides to terminate/repudiate their insured's policy, it will take about 12 months to 24 months for your matter to be resolved. Your case will be filed in Court and due to legal procedures, it is inevitable that your case will be delayed.
  3. We assure you that our firm would at all times act in your best interest and we will take all steps to complete your case as soon as possible.
- **I have been notified of the above legal procedures and I agree to be patient and - cooperative with Chia S Arul LLC till my case comes to a conclusion.**
- **I have been told that should I have ANY inquiries regarding my INJURY CLAIM, I should liaise with Chia S Arul LLC, and NOT the workshop.**

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

NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_





CLAIM FOR PERSONAL INJURY COMPENSATION ARISING FROM A ROAD TRAFFIC ACCIDENT

We thank you for your instructions in the above matter.

We write to inform that recently there is an adverse publicity in the newspaper on claim for personal injury compensation as a result of a road traffic accident because some of the insurance claims were fraudulent, i.e. the claimant was not in the motor car at the material time of the accident.

As a result, the insurance companies have referred some of the suspicious insurance claims for personal injury to Police CID (Criminal Investigation Department) for further investigations. We understand some of the claimants could be soon charged in Court for cheating under Section 420 of the Penal Code, which carries a maximum imprisonment of 7 years because they were not in the motor car at the time of the accident.

We have a legal duty to warn you NOT to make a fraudulent or false insurance claim for personal injury compensation since you face guaranteed imprisonment up to 7 years if you do so.

We now give you the option to withdraw your insurance personal injury claim BEFORE your claim is submitted to the insurance company. You do not have to give us any reason for withdrawing your insurance claim.

We advise you as your solicitors to think carefully of the contents of this letter and the legal consequences of making false insurance claims.

Please sign a copy of this letter to acknowledge that you are aware of the criminal penalties of making fraudulent personal injury insurance claim.

Acknowledged by:



Name:

NRIC:

**D. PARTICULARS OF APPLICANT**

Name/Company: RICO 60 AUTO SERVICES PTE. LTD. Your Ref : \_\_\_\_\_  
Address: 5 Baki Bukit Avenue 4, Premier @ NRIC No : \_\_\_\_\_  
Baki Bukit, #02-24 Singapore 415815 Co Reg. No : 201807623M  
Tel / Mobile No: 6286 6060 Fax No : 6286 7060

**E. DETAILS OF TRAFFIC ACCIDENT**

Date/Time of Accident: \_\_\_\_\_  
Vehicle No. for requested Accident Report (Third Party): \_\_\_\_\_  
Place of Accident: \_\_\_\_\_

[Signature]  
Applicant's signature & Date

[Stamp: RICO 60 AUTO SERVICES PTE. LTD. REG NO. 201807623M] [Signature]  
Company's Stamp

**F. UNDERTAKING BY INDIVIDUAL INVOLVED/PROXY OR ATTACH WARRANT TO ACT**

I \_\_\_\_\_ NRIC No/Co Reg. No.: \_\_\_\_\_  
(Driver/Owner Name)

my vehicle registration No. \_\_\_\_\_ was involved in this accident.

☐ wish to apply for the Non – Injury Accident Report and undertake to pay for the necessary fees.

☐ I hereby authorize \_\_\_\_\_ of NRIC No/Co Reg No. : \_\_\_\_\_  
to apply for the Non – Injury Accident Report on my behalf. I undertake to pay the necessary fees.

[Signature]  
Driver/Owner's Signature & Date

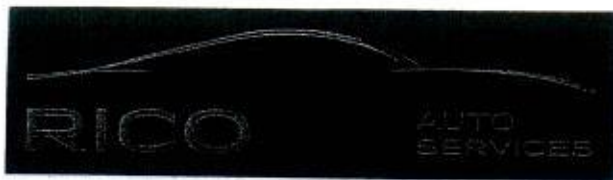
**G. UNDERTAKING BY LAW FIRMS/INSURANCE COMPANIES AND LOSS ADJUSTERS ONLY**

We act on behalf of \_\_\_\_\_ NRIC No/Co Reg. No. \_\_\_\_\_  
whose vehicle Reg. No. \_\_\_\_\_ was involved in this accident. We undertake to pay for all the necessary fees.

**FOR GIARMC OFFICIAL USE:**

Receipt No: \_\_\_\_\_ ☐ Cash ☐ Giro ☐ Cheque \_\_\_\_\_





RICO 60 AUTO SERVICES PTE. LTD.

Co. & GST Reg. No.: 201807623M

Kaki Bukit Avenue 4, Premier @ Kaki Bukit, #02-24

Singapore 415875 | Email: enquiry@rico60.com

Tel: +65 6286 6060 | Fax: +65 6286 7060

## SATISFACTION VOUCHER

I/We, \_\_\_\_\_

hereby confirmed that repairs to my/our vehicle no. \_\_\_\_\_

has/have been completed to my/our satisfaction and that I/we have collected my/our said vehicle  
on the stated date.

Date In:

Date Out:

Owner's Signature



\_\_\_\_\_

Date

Name:

NRIC No.:



Reg. No.: 53191952L

# KEC RECOVERY

190 Middle Road #10-08 Singapore 188979

Tel: 6285 1151 Fax: 6285 7261

Email: KECRECOVERY@gmail.com

24 HRS HOTLINE: 9875 1699

☒ CASH ☐ INVOICE

☐ WORK ORDER

No.: 30337

Date: 3/2/14

Messrs: \_\_\_\_\_ P.O.No: \_\_\_\_\_

Owner / Member's name: \_\_\_\_\_ NRIC/Membership No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Vehicle No: SLU747B Model: 宝马

From: D'raycott Dr To: 33 Ubi Ave 3 04-54

Via: \_\_\_\_\_ Tow Truck No: 7001

Cheque/Cash: \$120 Additional charges: \_\_\_\_\_ Tow Driver: Qi

Order By: \_\_\_\_\_ Workshop Contact No: \_\_\_\_\_

Remarks: \_\_\_\_\_

Time Received: \_\_\_\_\_ Time Arrived: \_\_\_\_\_ Time Left: \_\_\_\_\_ Time Completed: \_\_\_\_\_

## Additional Services:

- |                                                  |                                                   |                                           |                                               |                                                           |
|--------------------------------------------------|---------------------------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Accident Veh | <input checked="" type="checkbox"/> Breakdown Veh | <input type="checkbox"/> Battery          | <input type="checkbox"/> Escort / Standby     | <input type="checkbox"/> Multi Storey Car Park            |
| <input type="checkbox"/> King Dolly              | <input type="checkbox"/> Flat Bed                 | <input type="checkbox"/> With Body Kit    | <input type="checkbox"/> Door Opening Service | <input type="checkbox"/> Basement car Park                |
| <input type="checkbox"/> Crane up                | <input type="checkbox"/> Single Line Winch        | <input type="checkbox"/> Jumpstart        | <input type="checkbox"/> Tyre Replacement     | <input type="checkbox"/> Veh on Offshore Islands          |
| <input type="checkbox"/> With Load               | <input type="checkbox"/> With Canopy              | <input type="checkbox"/> With Freezer Box | <input type="checkbox"/> With Cargo Box       | <input type="checkbox"/> Collect Documents / Ignition Key |
| <input type="checkbox"/> To and Fro              | <input type="checkbox"/> Release Brakes           | <input type="checkbox"/> Dismantle Shaft  | <input type="checkbox"/> Transport Charged    | <input type="checkbox"/> Handling Import / Export Veh     |
| <input type="checkbox"/> Others                  | <input type="checkbox"/> Call cancelled           | <input type="checkbox"/> Sunday           | <input type="checkbox"/> Public Holiday       | <input type="checkbox"/> Midnight Charge                  |

Note: Vehicle is towed at owner's risk. The Company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

  
Tow Driver Signature

**24 HRS  
TOWING SERVICES**

\_\_\_\_\_  
Customer's Signature



# ACCIDENT STATEMENT

ACCIDENT DATE: 3 / 2 / 2019 (DD/MM/YYYY), TIME: 18 : 15 (HH:MM)

LOCATION: Along Rd 1 Draycott Drive / By Stevens Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU 747 B  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: B 2744B187 Sup  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: BMW 640i Gran Coupe 4DR SE LED ASC NAV 400  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) \_\_\_\_\_  
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Right Service Pte Ltd (MALE / FEMALE)  
 UEN NO: b) NRIC/FIN/PASSPORT: 20120421 K CONTACT: 9150 8187  
 c) ADDRESS: 33 Ubi Ave 3 # 04-54 Vertex S(408868)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\* No of passenger  
(including driver)  
(02)

- DRIVER  
 a) NAME: Young Kok Hin (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0034262 I CONTACT: 9150 8187  
 c) ADDRESS: 654 Jalan Loyang Besar S(509381)

\* d) DATE OF BIRTH: 29 / 06 / 1962 (DD/MM/YYYY)

- e) OCCUPATION: INDOOR / OUTDOOR  
 f) YEARS OF DRIVING EXPERIENCE: 20 Oct 1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS \_\_\_\_\_  
 b) ROAD SURFACE: DRY / WET / OTHERS \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) \_\_\_\_\_

7. a) REPORTED TO POLICE (YES / NO) \_\_\_\_\_

IF YES, PLEASE STATE WHICH POLICE STATION: TP 10 Ubi Ave 3 S(408865)

## 8. THIRD PARTY VEHICLE

\* No of passenger  
(including driver)  
(02)

- a) VEHICLE NUMBER: SLB 1952 T MODEL: W201 1.5X CVT  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

\* No of passenger  
(including driver)  
(    )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = ric060autoservices@gmail.com

fax = 6286 7060

Waiting for Police Report ?  
 2 page missing



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S00342621**

Name: **YOONG KOK HIN**

Birth Date: **29 Jun 1952**

Issue Date: **28 Dec 2007**

001556199F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S00342621**

Name: **YOONG KOK HIN**

翁 国 兴

Race: **CHINESE**

Date of birth: **29-06-1952**

Country/Place of birth: **SINGAPORE**

Sex: **M**





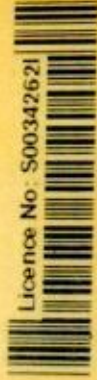
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 20 Oct 1978

NP 428A

Licence No. S0034262I



5943918



NRIC No. S0034262I



Date of Issue  
23-05-2018

Address

65A JALAN LOYANG BESAR  
SINGAPORE 509381



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

*For a more positive contact*  
**Sime Darby Insurance**  
**Brokers (Singapore) Pte. Ltd.**  
 Tel: 6222 2244  
 Mon to Fri (excluding PH)  
 (8.30 am - 5.45 pm)

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.4  
 Company Ownership

**SIME MOTOR PRIVATE**  
**Comprehensive**

Certificate No. B 27448187 SMP

Excess : SGD1,500

**1. Index Mark and Registration Number of Vehicle**

SLU747B

**2. Name of Policyholder**

RIGHT SERVICE PTE.LTD.

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

07/12/2018

**4. Date of Expiry of Insurance**

06/12/2019

**5. Persons or Classes of Persons entitled to drive\***

Yong Kok Hin

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6. Limitations as to use\***

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.**

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

**MSIG Insurance (Singapore) Pte. Ltd.**  
 Approved Insurers

for Chief Executive Officer