

ASS. REC. BY:

REF: CS3/ALG17024731 / Et d34 Special Instruction:

SURVEYOR

## ASSIGNMENT (Office)

From (Person): Chen Yoke Shi of ALG Date/Time: 10:31am @ 24/12/17

Estimated Cost: Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: FBD 9751 L Insured: SDJ 4522Jat Workshop m/s: Samfa Motor Tel: 6744 7753of 1, kaki Bkt Ave 6 # 02-13Policy No: 2100452439Claim No: 14684058895

Sum Insured:

Excess:

Make of Veh:  
(Client's Record)D.O.A. 8/11/2017CA / REV / REP. / REV 24 HRS <sup>'wp'</sup>

Anna - 8251 6460

H.O.D. Endorsement:

Date/Time: 5:24pm @ 29/12/17

Person Contacted:

jawa

Vehicle IN/OUT

Date/Time Action/Instruction (X) Estimate

FBD 9751 L - XSDJ 4522J - X

180118 Call Mr Jawa, owner not yet send in repair &amp; survey

08.02.2018 Call Mr Jawa, he say will check and revert

on 29/12/17 - Received email from ALG to conduct survey, called vehicle NT In.

as of 6/1/18 - NRP1 conducted and TP workshop proceed to repair without Independent survey Report  
6/1/18 - a chronology was send to ALG referring to this matter. 2019/1/12

Noted to be indicate in remark

→ COR subject to review upon additional photographs provided.

Submit lump sum \$7000 (red: 2109, 75%), 3 day:

29/3-File pass to typist

RECEIVED 29 MAR 2019

## Celine Fong (LKKAUTO)

---

**From:** Ng, Jeffreysaykiat <Jeffreysaykiat.Ng@aig.com>  
**Sent:** Monday, 25 March 2019 10:31 AM  
**To:** Hsiao Tong (LKKAUTO)  
**Cc:** assignments; SUR; Olivia Lau (LKKAUTO)  
**Subject:** RE: LKK Ref: FBD9751L // AIG Ref: #1468705889SG003#023# - Issue with re-inspection  
**Attachments:** repair bill.pdf; SDJ4522J (Ol's GIA).pdf; FBD9751L (TP's GIA).pdf

Dear Hsiao Tong,

TP solicitor has issued a writ of summon against our insured.

As TP motorcycle had been repaired without any survey, please advise if you can conduct a paper re-survey based on the available attached documents and let me have the report within (7) days.

Otherwise, please confirm that your firm/surveyor is prepared to affirm his/her AEICs based on the chronology event below should we have to litigate the matter.

Thank you.

Jeffrey Ng  
AIG  
Senior Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1916 | Fax +(65) 6835 7416

[Jeffreysaykiat.Ng@aig.com](mailto:Jeffreysaykiat.Ng@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)



AIG Asia Pacific won General Insurance Company of the Year at the 22nd Asia Insurance Industry Awards.  
[Click here to find out more.](#)

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**From:** Hsiao Tong (LKKAUTO) [<mailto:chewht@lkkauto.com>]  
**Sent:** Friday, July 06, 2018 3:45 PM  
**To:** Kang, Sam  
**Cc:** assignments; Olivia Lau (LKKAUTO)  
**Subject:** RE: LKK Ref: FBD9751L // AIG Ref: #1468705889SG003#023# - Issue with re-inspection

Hi Sam,

We refer to your below email.

The chronology of the case is as follow: -

08.11.2017	Date of accident.
29.12.2017	Rec'd assignment from AIG to conduct PRS. LKK contacts Mr Jawa who is the regular contact person for TP workshop. He informed us that bike was not in the workshop, and he would arrange survey once the bike in.
18.01.2018	LKK contacts Mr Jawa to follow up on survey appointment. He informs us bike had not yet been sent in for survey nor repair.
08.02.2018	LKK contacts Mr Jawa again. He said he would check and revert to us.
11.04.2018	LKK contacts Mr Jawa again. Again he said he would check and revert to us.
16.04.2018	LKK contacts Mr Jawa. He then refers us to Ms Anna. LKK speaks to Ms Anna, she informs us the bike had already been repaired and invoice submitted to AIG. She also confirms that no independent surveyor was appointed, nor did they take photos of the bike before they start repair. LKK updates AIG (Sam) accordingly.

Thank you.

Best Regards,

**Hsiao Tong, Chew** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Kang, Sam [<mailto:Sam.Kang@aig.com>]

**Sent:** Friday, 4 May 2018 2:48 PM

**To:** assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>

**Cc:** Olivia Lau (LKKAuto) <[olivialau@lkkauto.com](mailto:olivialau@lkkauto.com)>

**Subject:** RE: LKK Ref: FBD9751L // AIG Ref: #1468705889SG003#023# - Issue with re-inspection

Dear Sirs

I refer to the above matter.

I have since been informed that there was no re-inspection carried out on the said motorcycle, and the Third Party workshop has since proceeded with the repair of the motorcycle without taking down any photograph for their own record nor did they appoint their independent surveyor to conduct any pre-repair survey.

Due to the fact stated above, I was unable to settle the claim with the Third Party law firm, M/s Hoh Law Corporation, and they will proceed with legal proceedings against our insured. We appended herewith our last email to M/s Hoh Law Corporation as well as their 2 days' notice, as attached, for your kind attention.

**From:** Kang, Sam  
**Sent:** Wednesday, April 18, 2018 12:16 PM  
**To:** 'zainal@hoh.com.sg'  
**Subject:** RE: AIG Ref: #1468705889SG003/004#023# // HL Ref: MH/ZA/20170040978PI/gl - [Claimant: Mohamed Abi]

Dear Mr. Zainal,

Further to my email below, LKK just returned my call and informed that there was no inspection of your client's client's workshop on record. I understand from LKK that their surveyor had contacted your client's workshop, the motorcycle was not available for pre-repair inspection. Subsequently, there was no news from your client's in the loop.

In view of the above, we are unable to agree to the amount submitted by your client for his property damage c

- (i) Copies of coloured photographs of your client's motorcycle **before and after** the repair done; and
- (ii) Any recommendation from the surveyor(s).

Also, I hereby withdraw my offer at \$8,500.00 while pending for your firm to revert with the requested docum

Thanks and we look forward to hear from you soon.

Regards,  
Sam Kang (Ms)  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120  
Tel +(65) 6419 1882 | Fax +(65) 6835 7416  
[sam.kang@aig.com](mailto:sam.kang@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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I will handle the legal proceedings at my end, but I demand a clarification on why there was such a breakdown in communication between your surveyor and the Third Party workshop. Kindly let me have the list of events took place, i.e. when was the first contact of the appointed surveyor with the Third Party workshop, and whether there was any follow up with the Third Party workshop when the Third Party's motorcycle was not available for inspection during the first contact etc, in chronological order so that I can append the same in our Defence against the Third Party property damage claim, if necessary.

I wish to hear from you soon. Thanks.

Regards,  
Sam Kang (Ms)  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120  
Tel +(65) 6419 1882 | Fax +(65) 6835 7416  
[sam.kang@aig.com](mailto:sam.kang@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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---

**From:** Hsiao Tong (LKKAuto) [<mailto:chewht@lkkauto.com>]  
**Sent:** Monday, April 16, 2018 11:41 AM  
**To:** Kang, Sam  
**Cc:** assignments; SUR  
**Subject:** RE: LKK Ref: FBD9751L // AIG Ref: #1468705889SG003#023# - Final Invoice from Sanfu Motor Pte Ltd

Hi Sam,

My colleague is looking into the matter and will get back to you soon.

By copy to Celine/ Catherine,

Kindly assist on urgent basis.

Best Regards,

**Hsiao Tong, Chew** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Kang, Sam [<mailto:Sam.Kang@aig.com>]  
**Sent:** Monday, 16 April 2018 11:16 AM  
**To:** Hsiao Tong (LKKAuto) <[chewht@lkkauto.com](mailto:chewht@lkkauto.com)>  
**Subject:** RE: LKK Ref: FBD9751L // AIG Ref: #1468705889SG003#023# - Final Invoice from Sanfu Motor Pte Ltd  
**Importance:** High

Dear Hsiao Tong,

Further to our email below, we are coming close to finalise the settlement sum with the Third Party law firm, kindly let us have your confirmation on the COR and number of days for LOU on urgent basis.

Thanks.

Regards,  
Sam Kang (Ms)  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120  
Tel +(65) 6419 1882 | Fax +(65) 6835 7416  
[sam.kang@aig.com](mailto:sam.kang@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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**From:** Kang, Sam  
**Sent:** Wednesday, April 11, 2018 4:38 PM  
**To:** Hsiao Tong (LKKAuto)  
**Subject:** LKK Ref: FBD9751L // AIG Ref: #1468705889SG003#023# - Final Invoice from Sanfu Motor Pte Ltd  
**Importance:** High

Dear Hsiao Tong,

I refer to our telephone conversation moments ago.

As spoken, we have received the Letter of Demand from M/s Hoh Law Corporation on 06.02.2018 and we are unable to finalise our offer due to pending adjuster survey report.

**HOH LAW CORPORATION**

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**SPECIAL DAMAGES**

a) Medical expenses (& continuing)	S\$ 120.00
b) Pre-trial loss of earnings (7 days MC x \$116 per day)	S\$ 696.00
c) Mobile Phone Repair	S\$ 170.00
d) Repair bill of FBD 9751 L	S\$ 2,809.00
e) Transportation expenses (& continuing)	<u>S\$ 200.00</u>
Sub-total:	<u>S\$ 3,995.00</u>

<b>TOTAL GENERAL AND SPECIAL DAMAGES</b>	<b><u>S\$13,995.00</u></b>
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Due to an inadvertent oversight, the following have not been calculated towards our clients damages:

- 1) Loss of use: \$150.00 (5 Days x \$30)

As requested, please find attached herewith a copy of the Final Invoice from Sanfu Motor Pte Ltd for your perusal.

I look forward to hear from you on urgent basis.

Thanks.

Regards,  
Sam Kang (Ms)  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120  
Tel +(65) 6419 1882 | Fax +(65) 6835 7416

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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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	10/11/2017 15:55
Date Of Accident	08/11/2017 21:50
Exact Location Of Accident	TAMPINES AVE 1 & TAMPINES AVE 5
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD9751L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED ABDULLAH S/O MANSOOR HALLAJ
NRIC No	S8307358F
Email Address	ABDULLAH_MNSR@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91506420
Alternative Phone No	OFFICE-91506420

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK
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	5080203359-01
Cover Note Number	

#### Driver

Name of Driver	MOHAMED ABDULLAH S/O MANSOOR HALLAJ
NRIC No	S8307358F
Date Of Birth	20/03/1983
Occupation	INDOOR
Date Of Driving Pass	06/09/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91506420
Fax Number	
Contact Number	OFFICE-91506420
Email Address	ABDULLAH_MNSR@YAHOO.COM



Address	BLK 344 UBI AVE 1 #06-1101
Postcode	400344
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
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20171109/2050.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDJ4522J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	YEOW YEOW TECK
NRIC/Passport Number	
Contact Number	94579788
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name

Phone Number 84482533

Email Address

**DETAILS OF INJURED PERSON 1**

Name MOHAMED ABDULLAH S/O MANSOOR HALLAJ

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBD9751L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

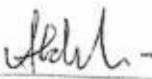
### SKETCH PLAN

#### 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 repeal 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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature  
Date & Time: 10/11/2017  
11:55 am.

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

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



**SINGAPORE  
POLICE FORCE**



T/20171109/2050

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20171109/2050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/11/2017 12:46	Vide Report No.: G/20171108/0240	Station Diary No.: 60
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: MOHAMED ABDULLAH S/O MANSOOR HALLAJ			Address: APT BLK 344 UBI AVENUE 1 #06-1101 SINGAPORE 400344		
ID Type / ID No.: NRIC NO / S8307358F			Contact No.: Home/Office: Mobile: 91506420		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 20/03/1983	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: UBEREATS			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/11/2017 21:50	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 1				
ALONG TAMPINES AVE 1 JUNCTION OF TAMPINES AVE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
FBD9751L	Motorcycle	YAMAHA	SPARK 135 SMT	Red	Seriously Damaged	0
SDJ4522J	Car	SUBARU	SUBARU XV 1.6I-S AWD CVT	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20171109/2050

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20171109/2050

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD9751L	NTUC Income Insurance Co-Operative Limited	5080203359-01	11/05/2017	10/05/2018

**Brief Details.**

On 8 November 2017 at about 2150hrs, I was riding a motorcycle (FBD9751L) along Tampines Ave 1 towards Simei approaching junction at Tampines Ave 5 before traffic light. At that moment, I was riding at a speed of 40km/h at the forth lane of the road. My motorcycle was hit from behind, subsequently I fell left back with the bike. I wish to state that I did not cause any jam brake or alarm to the vehicle behind me (SDJ4522J). Subsequently ambulance and TP officer came to scene. I was then conveyed to CGH by the ambulance. My motorcycle was then handed over to my brother-in-law who came to scene as I was conveyed to the hospital for medical attention. I also wish to state that there is a witness (HP:84482533) at scene, who informed me that he has a camera footage in his vehicle which recorded the scene..

After being discharged from CGH, I received 7 days of MC (8 Nov-14 Nov).

Particulars of third party:  
Yeow Yew Teck, HP: 94579788



SINGAPORE  
POLICE FORCE



T/20171109/2050

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20171109/2050

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 NUR JANNAH BINTE MOHAMED HUSNI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

09/11/2017 12:46

Classification Of Case:

Sketch Plan #6



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8307358F



Name

MOHAMED ABDULLAH S/O  
MANSOOR HALLAJ

முஹம்மது அப்துல்ஹாஜ்

Race

INDIAN

Date of birth

20-03-1963

Sex

M

Country of birth  
SINGAPORE

S8307358F



4346425

NRIC No. S8307358F



Date of issue

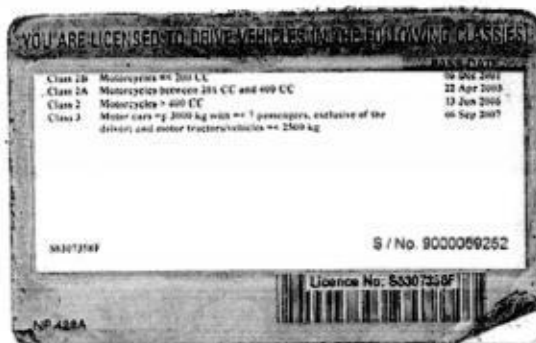
02-02-2009

APT BLK 344 UBI AVENUE 1 #06-1101  
SINGAPORE 400344

NRIC No. S8307358F

Date: 25/11/2011

No. 7007952



**THE SCHEDULE**

**Motorcycle Insurance Policy**

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5080203359-01  
The Policyholder : MOHAMED ABDULLAH S/O MANSOOR HALLAJ  
BLK 344 #06-1101  
UBI AVENUE 1  
SINGAPORE 400344

Period of Insurance : 11 May 2017 To 10 May 2018  
Sum Insured : Market Value of Insured Vehicle at Time of Loss  
Premium (inclusive GST) : S\$242.90

Interest Insured :  
Cover Type : Third Party, Fire & Theft  
Named Driver (1) : MOHAMED ABDULLAH S/O MANSOOR HALLAJ  
Named Driver (2) : MUHAMMAD S/O MANSOOR HALLAJ  
Make/Model : YAMAHA/SPARK  
Capacity : 135cc  
Registration Number : FBD9751L  
Chassis Number : SYP301636  
Excess (Section 1) : N/A  
Excess (Section 2) : N/A  
Hire Purchase Company : N/A  
Number of Seater : 2  
Registration Date : 14 Oct 2009  
Insure with COE : YES  
NCO Entitlement : 10%  
Loyalty Discount : 5%

**Memo A:** Vehicle Model: SPARK 135 SMT  
This policy is extended to include food delivery services.


**Endorsement Operative:** M2

Agency : TELESales-DIRECT MARKETING (00000601661)  
Date of Issue : 04 May 2017 11:43 hrs

**DUTY OF DISCLOSURE**

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

  
\_\_\_\_\_  
Chief Executive

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 ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	05/01/2018 12:38
Date Of Accident	08/11/2017 22:10
Exact Location Of Accident	ALONG TAMPINES AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ4522J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEOW YEW TECK
NRIC No	S2135203I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94579788
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	SUBARU
Model	XV-1.6 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100452439
Cover Note Number	

### Driver

Name of Driver	YEOW YEW TECK
NRIC No	S2135203I
Date Of Birth	25/06/1941
Occupation	INDOOR
Date Of Driving Pass	18/05/1967
Driving Experience	50 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94579788
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	1
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	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	FBD9751L (MOTORCYCLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	YES
If Yes, against whom?	YEOW YEW TECK

### Circumstances of Accident

REFER POLICE REPORT T/20171109/2001

### 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	FBD9751L
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	