



Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Singapore 408934
Paya Ubi Industrial Park
Tel: 6844 2475 Fax: 6844 2474
Email: claims@teamworkgarage.com
GST Register No: 201015366H

20th November 2019

Our reference: 1905-70

Your reference: SLE8075M

AIG Asia Pacific Insurance Pte Ltd

BY HAND

78 Shenton Way

#08-16

Singapore 079120

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant : KEITH LYE JIAN CHENG

Address : 185B WOODLANDS STREET 13 #28-675 S(732185)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **21/05/2019** along **JUNCTION BALESTIER ROAD AND PEGU ROAD** involving our client's vehicle registration number **FC2366U** and vehicle registrations number **SLE8075M** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. 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:-

Cost of Repair	:	\$ 749.00
Loss of Use (\$100 x 6 days)	:	\$ 600.00
LTA Search Fee	:	\$ 7.45
Purchase 3P GIA Report Fee	:	\$ 29.00
Total	:	\$ 1,385.45

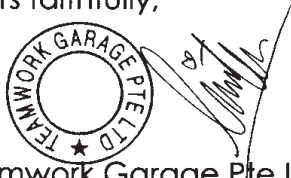
A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) LTA Search;
- e) Purchase 3P GIA Report Invoice;
- f) Letter Of Authorisation;
- g) Tax Invoice;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 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. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,

A handwritten signature in black ink is written over a circular stamp. The stamp contains the text 'TEAMWORK GARAGE PTE LTD' around the perimeter and a small star in the center.

Teamwork Garage Pte Ltd

Encl.

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	22/05/2019 17:10
Date Of Accident	21/05/2019 19:50
Exact Location Of Accident	JUNC BALESTIER RD & PEGU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FC2366U
Insured/Policyholder	
Name Of Registered Owner	LYE JIAN CHENG, KEITH
NRIC No	S9025510Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92312829
Alternative Phone No	OFFICE-92312829
Vehicle Particulars	
Manufacturer	VESPA
Model	PX15
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5093446260-01
Cover Note Number	
Driver	
Name of Driver	LYE JIAN CHENG, KEITH
NRIC No	S9025510Z
Date Of Birth	17/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	16/11/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92312829
Fax Number	
Contact Number	OFFICE-92312829
Email Address	NOEMAIL

Address	BLK 185B WOODLANDS STREET 13 #28-675
Postcode	732185
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 - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	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

REFER TO POLICE REPORT - T/20190522/7015.

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	SLE8075M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LYE JIAN CHENG, KEITH

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? FC2366U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorized 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders



Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

7/20/90 ELL 7015

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(If driver is not policy holder)
Date & time:

reporting centre personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190522/7015

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

1 of 3

Report No T/20190522/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2019 15:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LYE JIAN CHENG KEITH			Address: APT BLK 185B WOODLANDS STREET 13 #28-675 SINGAPORE 732185		
ID Type / ID No: NRIC NO / S9025510Z			Contact No.: Home/Office: Mobile: 92312829		
Nationality: SINGAPORE CITIZEN			Email: lyekeith@ymail.com		
Sex: Male	Age: 28	Date of Birth: 17/07/1990	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Fire-fighting and rescue officer			Driving Licence Information: Class: 2B		Date of Expiry: 16/11/2016

General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive No:	Date/Time of Accident: 21/05/2019 19:50	Type of Location:
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FC2366U	Motorcycle	VESPA	PX15	Gold		0
SLE8075M	Car	MERCEDES BENZ	CLA 180			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FC2366U	NTUC Income Insurance Co-Operative Limited	5093446260-01	15/08/2018	14/08/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190522/7015

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

2 of 3
Report No T/20190522/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LYE JIAN CHENG, KEITH	ID No	S9025510Z
Related Vehicle	FC2366U (Motorcycle)	Contact No	92312829
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 16/11/2016
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No	NIL
Related Vehicle	SLE8075M (Car)	Contact No	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

On the stated date, time and location:

I was traveling straight along Balestier Road.
Vehicle (SLE8075M) which is making a u-turn did not check that the road is clear before doing so and he collided onto my front portion of my vehicle which caused my bike to fall on his vehicle.

After the incident, I felt discomfort back and leg and was given 3 days of medical certificate.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190522/7015

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

3 of 3

Report No: T/20190522/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required

Signature Of Interpreter:
Not applicable

Date/Time:
22/05/2019 15:56

Officer In Charge Of Case
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No: 65476404

Classification Of Case

Authentication Stamp
NP16A

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 5510Z

Vehicle Details

Vehicle No.: FC2366U
Vehicle to be Exported: No
Intended Deregistration Date: 22 May 2019
Vehicle Make: VESPA
Vehicle Model: PX15
Primary Colour: Gold
Manufacturing Year: 1983
Engine No.: 477764
Chassis No.: 476995
Maximum Power Output: -
Open Market Value: \$0.00
Original Registration Date: 14 Jan 1984
First Registration Date: 14 Jan 1984
Transfer Count: 10
Actual ARF Paid: \$0.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 Oct 2022
COE Category: D - Motorcycle
COE Period(Years): 10
PQP Paid: \$1,895.00
COE Rebate Amount: \$791.00
Total Rebate Amount: \$791.00

Message

Please note that the National Environment Agency (NEA) is offering an incentive for the owner of this motorcycle to deregister the motorcycle on or before 5 April 2023.

This motorcycle is currently eligible for an incentive of \$3,500 from NEA. If the COE is renewed from now till its deregistration on or before 5 April 2023, the incentive will be reduced to \$2,000. The last registered owner of this motorcycle will receive the incentive from NEA.

This motorcycle will no longer be allowed for use on Singapore's roads after 30 June 2028.

For more information, please visit <http://www.nea.gov.sg/mtcincentive> or contact NEA at 1800-2255-632.

The information contained herein is correct as at 22 May 2019

OK

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 22 May 2019 / 17:09:25

Receipt Date/Time : 22 May 2019 / 17:09:25

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190522-003034

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SJM3950B

As at 20 May 2019/06:00:00

Insurance Co: NTUC INCOME INS CO-OP LTD

1 Insurance Enquiry - SJM3950B
Enquiry Fee
20190522170819713481

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Result of Insurance Enquiry - SLX5064P

As at 21 May 2019/18:05:00

Insurance Co: AVIVA LTD

2 Insurance Enquiry - SLX5064P
Enquiry Fee
20190522170819746886

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Result of Insurance Enquiry - SJZ601K

As at 20 May 2019/15:20:00

Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD

3 Insurance Enquiry - SJZ601K
Enquiry Fee
20190522170819778636

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Result of Insurance Enquiry - SLE8075M

As at 21 May 2019/19:50:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

4 Insurance Enquiry - SLE8075M
Enquiry Fee
20190522170819806955

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
------	------	------

Total Before Rounding

28.00	1.96	29.96
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Rounding Difference

0.01

Total Amount Payable

29.95

Paid By

xxxxxxxxxxxx4633 Credit Card:
Visa/MasterCard

29.95

Total

29.95

Cash Change

0.00

Tendered Amount

29.95

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

TAX INVOICE

Our Ref No: GR-19-114657
Date of Request: 16/07/2019

Your Ref No: WALK IN SEAH

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Dear Sir/Madam,

Date of Accident: 21/05/2019
Vehicle No: FC2366U
Place of Accident: JUNC BALESTIER RD & PEGU RD
Involving Vehicle No: SLE8075M

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLE8075M	JUNC BALESTIER RD & PEGU RD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-081194
Date of Request: 23/05/2019

Your Ref No: WALK IN SEAH

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Dear Sir/Madam,

Your Vehicle No: FC2366U
Date of Accident: 21/05/2019
Place of Accident: BALESTIER RD AND PEGU RD
Involving Vehicle No: SLE8075M (NO REPORT) VALID TILL 24-3/6

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

LETTER OF AUTHORIZATION

To ALG and teamwork garage pte Ltd (Third party insurance & Workshop)
Claimant Lye Jian cheng Keith

Dear Sirs,

I/We, Lye Jian cheng Keith owner of vehicle no. FL2366U
hereby authorize my/our repairer, Teamwork garage pte Ltd

act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or loss of use ("claim") for my/our vehicle no. FL2366U that was damage pursuant to the accident which occurred at/along Junction of Balestier road and Regu road
involving vehicle nos. SLE 8075M

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors Teamwork garage pte Ltd. I/We hereby authorize you to forward and release all compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors Teamwork garage pte Ltd pertaining to above said accident whom I/we authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Thank you.

Dated this 22 day of 05 (month) 20 19 (year)

Signature of owner vehicle (claimant): [Signature]

Name of owner of vehicle (claimant): Lye Jian cheng Keith

NRIC Number (claimant): S9025562

CUSTOMER'S SIGNATURE