

张景祥大律師樓  
(律師兼公証及宣誓官)

# Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098  
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688

Email: KSTEOCO@singnet.com.sg

(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

PDX Intercompany Exchange Pte Ltd



010808762426

FROM TEO KENG SIANG LLC

PDX Box No. 8902

Our Ref : TKSF/M492-ACC-42326.19/sf (mc)  
Your Ref : SKP 218 A  
Date : 5 August 2019

Secretary in charge: Janice

Tel : 6333 4222 (ext 60)  
Fax : 6333 5676 / 6333 5688  
Email : janice.kee@ksteoptr.com

To: **AIG Asia Pacific Insurance Pte. Ltd**  
AIG Building  
78 Shenton Way  
#07-16 Singapore 079120  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE**  
**BY PDX# 8181 & FAX 6835 7416 ONLY**

Cc: **Chong Leigh Hsiang (Owner & Driver)**  
62 Greenleaf View  
Singapore 279301

**BY POST ONLY**

Dear Sirs

**RE: ACCIDENT INVOLVING SMG 8242 A / SKP 218 A ON 3/8/19 ALONG ECP TOWARDS FORT ROAD**

We are instructed by **Dong JinMei** to notify you of a road traffic accident on **3/8/19** at about **15:00 hours** at **ALONG ECP TOWARDS FORT ROAD** involving our client's vehicle registration number **SMG 8242 A** and vehicle registration number **SKP 218 A** driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle **SMG 8242 A** is now at the following workshop:-

**Massive Trading & Auto**  
Blk 5038 Ang Mo Kio Industrial Park 2  
#01-405  
Singapore 569541  
Contact: 9108 2728 Anthony

Yours faithfully,

**M/s Teo Keng Siang LLC**  
encs

**\*\*Survey was conducted by:-**

Name of Surveyor:

Date of Survey:

Time of Survey:

\_\_\_\_\_  
Signature

MSUB19102053 / Su Brothers' Motor Workshop - AMK  
ENTRY DATE & TIME: 06/08/2019 10:08  
SUBMITTED BY: Koh Siew Ling

## 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 willful 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 05/08/2019 10:05  
Date Of Accident 03/08/2019 15:00  
Exact Location Of Accident ECP TWDS CHANGI BEFORE FORT RD EXIT  
Country/State Of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG8242A  
~~Insured/Policyholder~~  
Name Of Registered Owner DONG JINMEI  
NRIC No S7461278D  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-96681665  
Alternative Phone No OTHERS-96681665  
~~Vehicle Particulars~~  
Manufacturer HONDA  
Model FIT  
Exact Purpose for which vehicle was being used at time of accident WORKING  
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 HIRE  
~~Insurance Company~~  
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5106687339  
Cover Note Number  
~~Driver~~  
Name of Driver WEN SI WEI  
NRIC No S2717124I  
Date Of Birth 17/10/1965  
Occupation OUTDOOR  
Date Of Driving Pass 13/11/2008  
Driving Experience 10 YEARS AND 8 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96681665  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address 90 EDGEDALE PLAINS  
#10-22  
Postcode 828685  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured SPOUSE  
Vehicle Registration Number of Driver's Own Vehicle -  
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? 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) 2  
Passenger 1 NAME: MARK TAN JEN WEI  
GENDER: MALE

**Details of Police Action**

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name HOGANG N.P.C  
Police Station Address ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,  
COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of Intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT.

**Attachment(s)**

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: KIV, SUBMIT BY CLAIMANT W/S  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKP218A  
Vehicle Make/Model/Colour VOLKSWAGON SHARAN  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHONG LEIGH HSIANG  
NRIC/Passport Number S7470054C

Contact Number 90408967

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name WEN SI WEI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMG8242A

Were seat belts worn?

Was this Injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

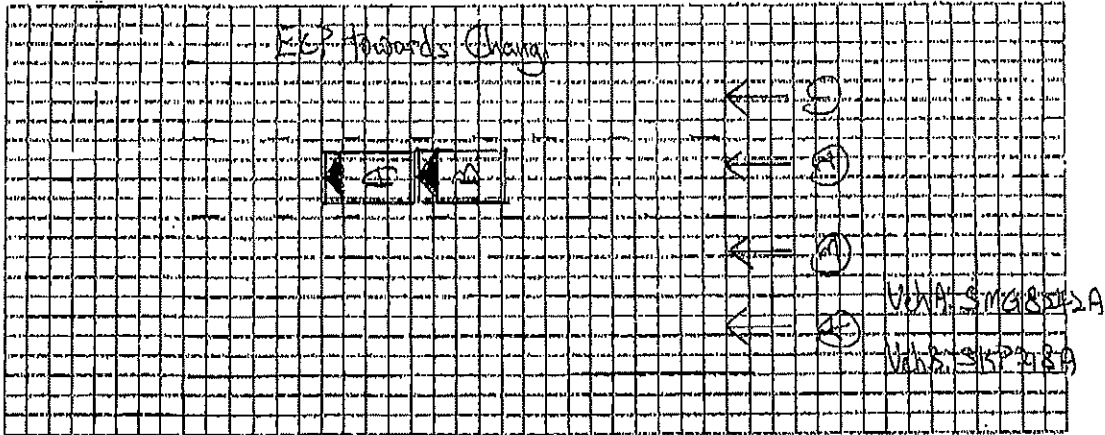
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As refer to Police Report.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Signature of Reporting Centre Personnel

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

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



**SINGAPORE  
POLICE FORCE**



T/20190804/2026

1 of 4

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20190804/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/08/2019 11:20	Vide Report No.:	Station Diary No.: 45
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**Informant's Particulars**

Name of Informant: WEN SI WEI		Address: 90 EDGEDALE PLAINS #16-22 SINGAPORE 828685	
ID Type / ID No.: NRIC NO / S2717124I		Contact No.: Home/Office:	Mobile: 96681665
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 17/10/1965	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY Along ECP towards Fort Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SKP218A	Car	VOLKSWAGO N	SHARAN 2.0 TSI AT 7N14H3	Blue		0
SMG8242A	Car	HONDA	FIT HYBRID 1.5F AUTO	Black		1

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20190804/2026

2 of 4

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

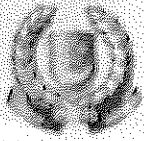
Report No. T/20190804/2026

**CONTINUATION OF REPORT**

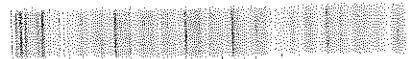
<b>Driver</b>			
Name	CHONG LEIGH HSIANG	ID No.	S7470054C
Related Vehicle	SKP218A (Car)	Contact No.	90408967
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	WEN SI WEI	ID No.	S2717124I
Related Vehicle	SMG8242A (Car)	Contact No.	96681665
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	04/08/2019	Date Discharge	04/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Passenger</b>			
Name	MARK TAN JEN WEI	ID No.	S9713238J
Related Vehicle	SMG8242A (Car)	Contact No.	90470220
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 03/08/2019 at about 1500hrs, I was driving my Grabcar(Registration No. SMG8242A) along ECP towards Fort Road on 2nd lane of the 4lanes road when my car was near stationary due to traffic when suddenly, another car(Registration No. SKP218A) collided onto my car's rear which my car surge forward to the 1st lane. My passenger and I suffered great impact on our back and neck area. We then alighted from our car to inspect the damages, take photos, agree on Insurance Claims and left the scene. There is dent damages to my car's rear. There is dash camera in my car however it is facing front. I later went to Pow Family Clinic & Surgery and has 5days of MC, therefore lodging this Traffic Accident report.



SINGAPORE  
POLICE FORCE



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1 21 1

Police Station (1) (2) (3)

Hongkong (1) (2) (3)

80 Hongkong Avenue @ SINGAPORE 88572

Tel No. 1000 444444

1000 444444

1000 444444



**SINGAPORE  
POLICE FORCE**



T/20190804/2026

Police Station Of Origin:  
Hougang N P C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

4 of 4

Report No: T/20190804/2026

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:

F /

Sgt 2 BOH YONG SENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No: 65476219

Signature Of Informant:

Date/Time:

04/08/2019 11:20

Classification Of Case:

Authentication Stamp

NP168