

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)

Our Ref : TKSf/M492-ACC-43646.20/sf (mc)
Your Ref : SHA 3979 G
Date : 13 July 2020

Secretary in charge: Janice

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

To: **MS First Capital Insurance Ltd**
36 Robinson Road
#16-01 City House
Singapore 068877
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY EMAIL

Dear Sirs

RE: ACCIDENT INVOLVING SBD 908 L / SHA 3979 G ON 9/7/20 ALONG SERANGOON NORTH AVE 1 SLIP ROAD TO AMK AVE 3

We are instructed by **Poh Yew Chye** to notify you of a road traffic accident on **9/7/20** at about **16:50 hours** at **ALONG SERANGOON NORTH AVE 1 SLIP ROAD TO AMK AVE 3** involving our client's vehicle registration number **SBD 908 L** and vehicle registration number **SHA 3979 G** 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 **SBD 908 L** 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

MSUB20089840 / Su Brothers' Motor Workshop - AMK
ENTRY DATE & TIME: 13/07/2020 13:09
SUBMITTED BY: Su Kie Waa

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 13/07/2020 13:36

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 13/07/2020 13:09
Date Of Accident 09/07/2020 16:50
Exact Location Of Accident SERANGOON NORTH AVE 1 SLIP RD TO AMK AVE 3
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBD908L
Insured/Policyholder
Name Of Registered Owner POH YEW CHYE
NRIC No SXXXX980G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97333322
Alternative Phone No OFFICE-97333322
Vehicle Particulars
Manufacturer FORD
Model FOCUS-
Exact Purpose for which vehicle was being used at time of accident PTE USED
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 INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number
Cover Note Number
Driver
Name of Driver POH YEW CHYE
NRIC No SXXXX980G
Date Of Birth 19/11/1955
Occupation INDOOR
Date Of Driving Pass 27/12/1974
Driving Experience 45 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97333322
Fax Number
Contact Number
Email Address NOEMAIL

Address 15A JALAN SALANG
 Postcode 769549
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - DRIVER
 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: : ANG BEE GEOK
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] YISHUN SOUTH N.P.C
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT REPORT NO : T/20200710/2055

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: K.I.V.
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA3979G
 Vehicle Make/Model/Colour MERCEDES
 Details Of Properties SLIGHTLY DAMAGED
 Vehicle Category TAXI
 Name of Driver HOW KIAN NAM
 NRIC/Passport Number SXXXX891C
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	POH YEW CHYE
Approximate Age	65
Injuries Sustain	UPPER AND LOWER BACK
Injured person in which vehicle?	SBD908L
Were seat belts worn?	YES
Was this Injured conveyed to hospital by ambulance?	NO
Address	15A JALAN SALANG
Postcode	769549

DETAILS OF INJURED PERSON 2

Name	ANG BEE GEOK
Approximate Age	56
Injuries Sustain	UPPER AND LOWER BACK56
Injured person in which vehicle?	SBD908L
Were seat belts worn?	YES
Was this Injured conveyed to hospital by ambulance?	NO
Address	15A JALAN SALANG
Postcode	769549

Sketch Plan

SKETCH PLAN

REPORT TO POLICE

1. Please repeat accurately the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Claimant.
3. Information provided must be as accurate and reliable as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to terminate 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 statement 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 lodging of this report to the insurer, 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/are 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.

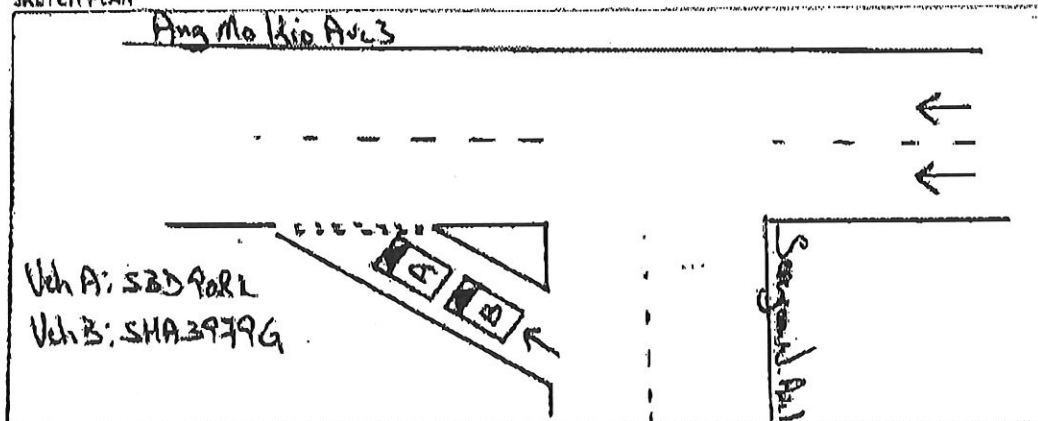
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name
NIC/PIN No

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the Police Report

☐ Claim OD/TP at Su Brothers ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

傅和財

Policyholder's Signature

Date & Time:

傅和財

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

Date & Time:


**SINGAPORE
POLICE FORCE**


T/20200710/2055

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20200710/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2020 19:26		Vide Report No.:		Station Diary No.: 106
Informant's Particulars				
Name of Informant: POH YEW CHYE		Address: 15A JALAN SALANG SINGAPORE 769549		
ID Type / ID No.: NRIC NO / S1131980G		Contact No.: Home/Office: Mobile: 97333322		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 19/11/1955	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Renovation		Driving Licence Information: Class: 2B,3,4		Date of Expiry:

Details of Road and Traffic Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2020 16:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SERANGOON NORTH AVENUE 1 ANG MO KIO AVENUE 3 Zebra Crossing				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicles against Stationary Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Persons
SBD908L	Car	FORD	FOCUS TITANIUM 1.0 GTDI 5DR	Silver	Slightly Damaged	1
SHA3979G	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20200710/2055

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20200710/2055

CONTINUATION OF REPORT

Vehicle Reg	Insurance Company	Insurance No	Effective Date	Expiry Date
SBD908L	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0006211	23/11/2019	22/11/2020

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

Name	Ang Bee Geok	ID No.	S1721297D
Related Vehicle	SBD908L (Car)	Contact No.	98299682
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	03	Degree of Injury	Slight

Name	POH YEW CHYE	ID No.	S1131980G
Related Vehicle	SBD908L (Car)	Contact No.	97333322
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Name	Low Klan Nam	ID No.	S1640891C
Related Vehicle	SHA3979G (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

**SINGAPORE
POLICE FORCE**

T/20200710/2055

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20200710/2055

CONTINUATION OF REPORT**Brief Details.**

On 09/07/2020 at about 1650hrs, I was driving in Ford four wheeler (SBD908L) along Serangoon North Avenue 1 towards Ang Mo Kio Avenue 3. At the junction of Serangoon North Avenue 1 and Ang Mo Kio Avenue 3, I turned left at the zebra crossing. After driving about 3 metres past the zebra crossing, I stopped to look out for incoming cars from Ang Mo Kio Avenue 3 road.

Shortly after, I felt a large impact from the back of my car, hence, it caused my head to hit the door while my wife namely Ang Bee Geok bearing NRIC S1721297D, HP: 98299682, dob: 31/08/1965, who was a passenger, experience whiplash which resulted in a painful sensation in her neck and lower back. Subsequently, I alighted and observed a cab had collided into the rear bumper of my car.

Subsequently, me and the drivers took pictures and exchanged particulars. I am unsure if the other driver and his passenger was injured.

The driver's details are as follows: Low Klan Nam bearing NRIC S1640891C, date of birth 21/08/1964 residing at Blk 107 Bedok Reservoir Rd, #09-334, Singapore 470107. However, I did not ask for his contact number. The driver was driving a private hire four wheeler with plate number SHA3979G of unknown taxi company.

I wish to inform that I have an in car rear video camera that captured the incident. The recording showed the abovementioned vehicle colliding into the rear bumper of my car. It showed the vehicle that was about 3-4 metres behind continue moving after I had stopped my car, which resulted in the collision.

I also wish to inform that no police or ambulance attended to us during the incident.

On 10/07/2020 at about 1700hrs, me and my wife went to do a check up at Intermedical 24 hrs clinic at 525 Ang Mo Kio Avenue 10 #01-2407 Singapore 560525 as we still felt pain in our upper and lower backs due to the incident. I received a 4 days MC while my wife received a 3 days MC

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POLICE FORCE**

T/20200710/2055

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32 Yishun Street 81 SINGAPORE 768456
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Report No. T/20200710/2055

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:
L /
Sgt 2 MUHAMMAD NAFIS BIN ISKANDAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/07/2020 19:26

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP166

