



# SL LAW CHAMBERS

ADVOCATES & SOLICITORS, Notary Public & Commissioner For Oaths

Reg No. 53388805X

11 Keng Cheow Street #02-03 Singapore 059608

Tel : 6909 9356, Fax : 6909 6246, E-mail : prs@slaw.com.sg

B.S

SNM19D205057

Our ref : PDPI.190687/sp

Your ref : SKW9067Y

Date : 11 FEB 2020

### CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909

Attention: Motor Claims Department (SKW9067Y)

WITHOUT PREJUDICE  
BY HAND



### NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

75 Bras Basah Road  
Level 5 Income Centre  
Singapore 189557

Attention: Motor Claims Department (SGK3027M)

Dear Sir,

**CLAIMANT: LEONG KAR SOON – OWNER & DRIVER OF SMD5428S  
PROPERTY DAMAGE & PERSONAL INJURY CLAIM ARISING FROM ROAD TRAFFIC ACCIDENT INVOLVING  
MOTOR VEHICLES NO. SMD5428S, SKW9067Y AND SGK3027M ALONG BRICKLAND ROAD TOWARDS SUNGEI  
TENGAH ROAD ON 23 OCTOBER 2019 AT ABOUT 2000 HOURS**

We are instructed by **LEONG KAR SOON** to claim damages against your insured in connection with a road traffic accident on **23 OCTOBER 2019 ALONG BRICKLAND ROAD TOWARDS SUNGEI TENGAH ROAD** involving **SKW9067Y** driven by you / your insured's driver at the material time.

We are instructed that the accident was caused by your / your insured driver's negligence. As a result of the accident, our client suffered personal injuries of which particulars are set out in the report[s] annexed here to this letter.

Table of injuries: -

- 1. Whiplash injury (grade 1)

Our client has also been put to loss and expenses, particulars of which are as follows:

a)	General Damages	: S\$ 8,000.00
b)	Medical Expenses	: S\$ 63.00
c)	Transport Expenses (1 trip)	: S\$ 30.00
d)	Cost of Repair (Lump Sum)	: S\$ 7,000.00
e)	Loss of Use (\$80.00/day x 3 days (Incl. of 2 days PRI & Weekends))	: S\$ 240.00
f)	Loss of Rental (\$110.00/day x 9 days)	: S\$ 990.00
g)	Medical report fee	: S\$ 100.00
h)	Surveyor Report Fee	: S\$ 822.00
i)	GIA/TP search fee	: S\$ 43.98
j)	Public Trustee fee	: S\$ 225.00
k)	Color Photos (\$1.00/page x 16 pages)	: S\$ 16.00
l)	Incidentals	: S\$ 200.00
m)	Costs	: S\$ 3,000.00
	<b>Total</b>	<b>: S\$ 20,729.98</b>

A copy each of the following supporting documents is enclosed:

- (1) Medical Report dated 11 December 2019 from Clover Medical Clinic Pte Ltd;



# SL LAW CHAMBERS

ADVOCATES & SOLICITORS, Notary Public & Commissioner For Oaths

Reg No. 53388805X

11 Keng Cheow Street #02-03 Singapore 059608

Tel : 6909 9356, Fax : 6909 6246, E-mail : prs@sllaw.com.sg

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- (2) Medical report fee receipt;
  - (3) Medical receipts;
  - (4) Medical certificates;
  - (5) Our client's GIA/TP report;
  - (6) TP GIA & fees;
  - (7) Our client's Grab Earnings Statement;
  - (8) Final Repair Bill;
  - (9) Vehicle Rental Invoice;
  - (10) Surveyor Report;
  - (11) Color Photos; and
  - (12) LTA search

We have on 25 October 2019 notified CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD of the accident and a reply was received with an appointment fixed for pre-repair survey of our client's vehicle.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

In compliance with the pre-action protocol under the State Courts' Practice Direction 38, we propose using the medical practitioner who treated our client as a single joint expert.

Please note that you or your insurer should send to us an acknowledgement of receipt to us within 14 days of your receipt of this letter. Should you/your insurer fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer. Please also inform us, within 14 days of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical experts or whether you wish to propose other medical experts.

If you wish to have our client examined by your own medical expert, this should be stated in your acknowledgment of receipt. Please also advise within 14 days of the acknowledgment of receipt, where and when examination of our client is to take place so that we may arrange for our client to attend. Please note that we deem you/your insurer has no interest in conducting medical examination if the request is not made within the timeline stated above.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully

SL LAW CHAMBERS

Encl

TO OWNER OF SKW9067Y

ROSEMINI BINTE DIMYATI

9 Bukit Batok Central Link

#24-09

Singapore 658074

CERTIFICATE OF POSTING

(WITHOUT ENCLOSURES)

**Clover Medical Clinic Pte Ltd**  
21 Choa Chu Kang North 6  
#01-01 Yew Tee Point Singapore 689578  
Tel/Fax : 6509 4480

**CLOVER**   
Medical Clinic Pte Ltd

Your Ref: PDPI.190687/es

Our Ref: 29305/19

11<sup>th</sup> December 2019

S L Law Chambers  
11 Keng Cheow Street  
#02-03  
Singapore 059608

Dear Sir,

**MEDICAL REPORT**

**LEONG KAR SOON**

**S8187032b**

The abovementioned consulted myself on 24<sup>th</sup> October 2019.

He was involved in a road traffic accident which occurred the day before. He was the driver of a car which was hit from the back while stationary. Subsequently, he was flung forward. No head injuries sustained.

He complained of neck ache.

On examination, his vitals were stable. No neurological deficit was noted. There was good range of motion of the cervical and lumbar spine. Further examination was unremarkable.

Quebec Task Force Classification – Grade 1.

A diagnosis of whiplash injury was made.

NSAIDs (Celebrex) & Repail-N gel were prescribed and advice given to return for review (KIV X Rays) if no symptomatic improvement.

Thank you.

Best regards,

  
Dr Tan Shu Juan

**Clover Medical Clinic Pte Ltd**

21 Choa Chu Kang North 6

#01-01 Yew Tee Point Singapore 689578

Tel/Fax : 6509 4480

**CLOVER**   
Medical Clinic Pte Ltd

Your Ref: PDPL190687/es

Our Ref: 29305/19

11<sup>th</sup> December 2019

S L Law Chambers

11 Keng Cheow Street

#02-03

Singapore 059608

Dear Sir,

**MEDICAL REPORT**

**LEONG KAR SOON**

**S8187032B**

As requested, attached is the medical report of the abovementioned.

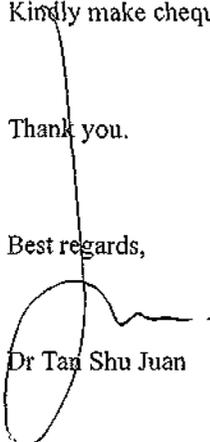
We would be glad to clarify, if there are further queries.

The total charge for the medical report amounts to S\$100.

Kindly make cheque payable to "Tan Shu Juan".

Thank you.

Best regards,

  
Dr Tan Shu Juan

# CLOVER +

Medical Clinic Pte Ltd

21 Choa Chu Kang North 6 #01-01 Yew Tee Point S(699578)  
Tel: 6509 4480

LEONG KAR SOON - S8187032B  
688A CHOA CHU KANG DRIVE #10-346  
SINGAPORE 681688

Invoice #209327  
Date 24/10/19  
Ref No 29305

## Invoice

Item	Qty	Unit Cost	Sub Total
CELECOXIB 200MG CAPSULE	10	\$1.50	\$15.00
REPARIL-GEL N	1	\$18.00	\$18.00
CONSULTATION	1	\$30.00	\$30.00
		Sub-Total:	\$63.00
		Total:	\$63.00

Visa	\$63.00	24 Oct 19
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**Outstanding Balance: 50.00**

GST and Co Reg No. 20081850BR

*This is a computer generated invoice. No signature is required.*

*In the interest of patient safety, we do not allow the exchange / return of dispensed medication*

Prices inclusive of GST @ 7% of \$4.12  
Total w/o GST is \$58.88

# First Data

CLOVER MEDICAL CLINIC PTE LTD  
21 CHON CHU KANG NORTH 6  
NO1-01 YEN TEE POINT  
SINGAPORE 689578

DATE: 24-10-19      TIME: 18:43:31  
DTH NUM: 000417      INV NUM: 000049  
MID : 000702053539458      TID : 72202585

**SALE**

Card Num: XXXX XXXX XXXX 3568 Chip

HRCF NUM: 184351011410      Card TYPE: A A  
APPR CODE: 957920      TRC NUM: 011410  
EXP DATE: 10/18  
IC: 250CA73259CB9F9D      AID: A0000000031010  
App Label: OUBC Visa Credit

TOTAL : SGD      63.00

**NO SIGNATURE REQUIRED**  
(Express Payment)

LEONG KAR SOON

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

--- CUSTOMER COPY ---  
REGIONAL\_F001S 1.5.5.A0

# CLOVER +

Medical Clinic Pte Ltd

21 Choa Chu Kang North 6 #01-01 Yew Tee Point S(689578)  
Tel. 6509 4400

Patient: LEONG KAR SOON  
NRIC: S8187032B  
ID: 29306

Date of Visit: 24 October 2019  
Date Created: 24 Oct 2019  
MC: #12364

## Medical Certificate

This is to certify that the abovementioned is Unfit for Duty from 24 October 2019 to 26 October 2019 for 3 days(s)

DR TAN SHUJUAN  
M.B., B.S. (London)  
MCR 12106A

DR TAN SHU JUAN  
Family Physician  
MBBS (London)  
GDFM (Singapore)

Note: This medical certificate is not valid for absence from court.



## 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	24/10/2019 16:56
Date Of Accident	23/10/2019 20:00
Exact Location Of Accident	BRICKLAND ROAD TOWARDS SUNGEI TENGAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5428S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG KAR SOON
NRIC No	S8187032B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83284936
Alternative Phone No	OTHERS-83284936
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	SHUTTLE
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	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1930441900
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEONG KAR SOON
NRIC No	S8187032B
Date Of Birth	04/10/1981
Occupation	INDOOR
Date Of Driving Pass	16/03/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83284936
Fax Number	
Contact Number	OTHERS-83284936
EMail Address	NOEMAIL

Address BLK 688A CHOA CHU KANG DRIVE  
#10-346

Postcode 681688

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 CHAIN COLLISION

Weather Conditions DRIZZLING

Road Surface WET

**Other information**

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 3

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) 4

Passenger 1  
NAME: : PASSENGER  
GENDER: : MALE

Passenger 2  
NAME: : PASSENGER  
GENDER: : FEMALE

Passenger 3  
NAME: : PASSENGER  
GENDER: : FEMALE

**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**

PLEASE REFER TO POLICE REPORT T/20191023/2200 AND T/20191026/7013

**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 SKW9067Y

Vehicle Make/Model/Colour BMW

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	DZULKANEAN BIN ALI
NRIC/Passport Number	S9343448Z
Contact Number	81273851
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SGK3027M
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	LEONG KAR SOON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMD5428S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

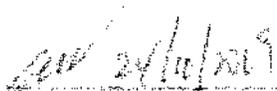
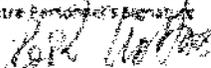
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to 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 lodging 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:

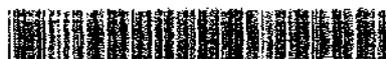
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/IN No: 



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181023/2200

Police Station Of Origin  
Choa Chu Kang N P C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659009

1 of 3

Report No: 1/20181023/2200

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 23/10/2019 22:39	Vide Report No	Station Diary No. 195
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Informant's Particulars			
Name of Informant: LEONG KAR SOON		Address: APT BLK 688A CHOA CHU KANG DRIVE #10-34G SINGAPORE 681658	
ID Type / ID No: NRIC NO / S8187032B		Contact No: Home/Office: Mobile 83284935	
Nationality: SINGAPORE CITIZEN		Email	
Sex: Male	Age: 38	Date of Birth: 04/10/1981	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B.3 Date of Expiry	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 BRICKLAND ROAD				
Towards Sungai Tengah Road				
Weather: Clear		Road Surface: Wet		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chained Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK3027M	Car				Seriously Damaged	0
SKW9067Y	Car				Slightly Damaged	0
SMD542BS	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black	Slightly Damaged	3

POLICE REPORT



SINGAPORE  
POLICE FORCE



1/20191023/2200

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No 1800-7659999

2 of 3  
Report No 1/20191023/2200

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SMD5428S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSN1930441900	24/08/2019	23/08/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	DZULKANEAN BIN ALI		ID No	S99434487
Related Vehicle	SKW9067Y (Car)		Contact No	81273851
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	LEONG KAR SOON		ID No	S81670326
Related Vehicle	SMD5428S (Car)		Contact No	63294936
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B 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 23/10/2019 about 2000hrs, I was driving along Brickland Road towards Sungei Tengah Road. As there was a traffic jam, my vehicle (SMD5428S) was in stationary. Out of a sudden, my vehicle was hit on the rear by another vehicle (SKW9067Y) at the back. I then alighted from my vehicle and realised that it is a chained collision, involving 3 vehicles with SGK3027M being the third vehicle. All the drivers then decided to go for insurance claim and no vehicles were towed away. No one was injured and particulars of all drivers were exchanged as well. Subsequently, all of us drove off.

There is CCTV installed in my vehicle, both front and back.

POLICE REPORT



SINGAPORE  
POLICE FORCE



170191023/2200

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 680286  
Tel No: 1800-7659999

3 of 3  
Report No: T/20191023/2200

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 J / SGT 2  	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 23/10/2019 22:39
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case

Authentication Stamp  
NR168



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191026/7013

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

2 of 4  
Report No T/20191026/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG KAR SOON	ID No.	S8187032B
Related Vehicle	SMD5428S (Car)	Contact No.	83284936
Hospital/Clinic	CLOVER MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/10/2019	Date Discharge	24/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMD5428S (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
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMD5428S (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

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191026/7013

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

3 of 4  
Report No. T/20191026/7013

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMD5428S (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	DZULANEAN BIN ALI	ID No.	S93434482
Related Vehicle	NIL	Contact No.	81273851
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 23/10/2019 at about 2000hrs, I was driving along Brickland road towards sungel tengah road. I stopped my vehicle and was hit by another vehicle from the rear. I get out of my vehicle and realised it was a chain collision and involving 2 other vehicles. I was the first vehicle at the front during the accident. I had 3 other passengers in my vehicle. No government property damage. No police nor ambulance were at scene. After the accident, I went to lodge a traffic accident report, reference report number: T/20191023/2200. After lodging the report, I felt that my shoulder was in pain hence I went to see a doctor at yaw tee point and was given 3 days MC hence I am lodging another report with the MC given by the doctor.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191026/7013

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

4 of 4  
Report No: T/20191026/7013

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: 26/10/2019 16:08
Officer In Charge Of Case: TP / TP1B / ANG YI TING, STEPHANIE Contact No : 65476414	Classification Of Case:
Authentication Stamp NOTES	

## 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	24/10/2019 11:43
Date Of Accident	23/10/2019 20:15
Exact Location Of Accident	KJE BEFORE EXIT TO BRICKLAND RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9067Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSEMINI BINTE DIMYATI
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	318I
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3073681900
Cover Note Number	
<b>Driver</b>	
Name of Driver	DZULKANEAN BIN ALI
NRIC No	S9343448Z
Address	BLK 621 BUKIT BATOK CENTRAL #06-518

### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING

### Other information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

### Circumstances of Accident

REFER TO ATTACH.

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK3027M
Vehicle Make/Model/Colour	HYUNDAI GETZ
Name of Driver	TAN KWEE KIONG
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SMD5428S
Vehicle Make/Model/Colour	HONDA SHUTTLE BLACK
Name of Driver	LEONG KAR SOON
Insurance Company Name	

Sketch Plan Pg. 1

SKETCH PLAN

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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: 14/10/19  
11:30 am

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

Reporting Centre Personnel's Signature  
Name: Performance Motors Limited  
NRIC/FIN No.: 303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

SKETCH PLAN



A - SKW 9067Y  
B - SGK 3027M  
C - SMD 5428S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling home from Kranji Camp 3 and on the KSE expressway, I got hit from the back. It was towards KSE exit Brickland Rd. Car B hit me, and as a result, it propelled my car to Car C.

DECLARATION

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

Policyholder's Signature

Date & Time: 24/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Performance Motors Limited

NRIC/FIN No.: 303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941



**GENERAL  
INSURANCE  
ASSOCIATION**

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-19-176771

Date of Request: 25/10/2019

Your Ref No: PDPI.190687/LP

S L LAW CHAMBERS  
91 Rowell Road  
Singapore 208019

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 23/10/2019

Place of Accident: BRICKLAND RD TWD SUNGEI TENGAH

Accident Vehicle No: SMD5428S

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



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-19-176853  
 Date of Request: 26/10/2019

Your Ref No: PDPI.190687/LP

 S L LAW CHAMBERS  
 91 Rowell Road  
 Singapore 208019

Dear Sir/Madam,

 Date of Accident: 23/10/2019  
 Vehicle No: SMD5428S  
 Place of Accident: BRICKLAND ROAD TOWARDS SUNGEI TENGAH ROAD  
 Involved Vehicle No: SKW9067Y

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\$)
SKW9067Y	BRICKLAND ROAD TOWARDS SUNGEI TENGAH ROAD	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:

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