

WITHOUT PREJUDICE**CERTIFICATE OF POSTING**

GOH SIOW MONG (WU SHAOMAO)
 12 ANG MO KIO CENTRAL 3
 #11-17
 SINGAPORE 567746
 OWNER OF SLN 8507L



(UEN No.: 53394571B)

58A Pagoda Street
 Singapore 059217

Tel: +65 (to be advised)
 E-mail: general@jklc.com.sg

PDX 8181 & E-MAIL

(claimsadmins@support@aig.com)

AIG ASIA PACIFIC INSURANCE PTE. LTD.
 78 SHENTON WAY
 #08-16
 SINGAPORE 079120
ATTN: MOTOR CLAIMS DEPARTMENT
YOUR REF: SLN 8507L



FROM JK LAW CHAMBERS
 PDX Box No. 8010

Writer / Secretary Contact
 Email: jeekin@jklc.com.sg /
 theresia@jklc.com.sg /
 prestina@jklc.com.sg



Date:
 24 August 2020

Our Ref:
 JK.jia.20.0384.SA.PDPI

Dear Sir,

**ACCIDENT ON 09 JULY 2020 INVOLVING SMC 7362P AND SLN 8507L, YP 6218U
 ALONG CLEMENTI AVENUE 3**

We act for Wu See Kiat. *TV*

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 09 July 2020 along Clementi Avenue 3 involving our client's motor vehicle registration no. SMC 7362P and motor vehicle registration no. SLN 8507L driven by you/your insured at the material time. *02*

We are instructed that the accident was caused by you/your insured's negligence in the driving and/or management of your/your insured 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:-

1) Cost of repairs	\$10,950.00
2) Loss of rental	\$ 1,440.00
3) Loss of use (02 days @ \$120.00/day) - PRI	\$ 240.00
4) Survey report	\$ 680.00
5) LTA search fee	\$ 14.98
6) GIA search and report fee	\$ 43.00
7) Costs	\$ 1,000.00
8) Facsimile, photocopying, printing, postage, transport, telephone charges and other incidental disbursements	\$ 150.00
	\$14,517.98

CONFIDENTIALITY CAUTION

This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address at our expenses. Thank you.

A copy each of the following supporting documents is enclosed for your consideration:-

- a) Our client's GIA report;
- b) GIA report of SLN 8507L;
- c) Police report of SLN 8507L;
- d) GIA report of YP 6218U;
- e) Police report of YP 6218U;
- f) Invoices being search and report fee for GIA report of SLN 8507L and YP 6218U;
- g) LTA search on vehicle no. SLN 8507L and YP 6218U;
- h) Rental invoice;
- i) Repair bill;
- j) Survey invoice;
- k) Survey report;
- l) Forty (40) copies of scanned coloured photographs showing damage to 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.

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter.

Should you fail to acknowledge receipt of this letter within 14 days, our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

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 Sincerely

JK Law

JK LAW CHAMBERS

Enc. (to AIG Asia Pacific Insurance Pte. Ltd.)

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MSME2650325: SME Motor Pte Ltd - Ksh Bnd
 ENTRY DATE & TIME: 11/07/2020 11:42
 SUBMITTED BY: Chir Pk Vng

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 for sale.

ACCIDENT STATEMENT

Date Of Report: 11/07/2020 11:42
 Date Of Accident: 09/07/2020 08:05
 Exact Location Of Accident: ALONG CLEMENTI AVE 3
 Country/State Of Loss: SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SMC7382P
 Insured/Policyholder:
 Name Of Registered Owner: WU SEE KIAT
 NRIC No: SXXXX939A
 Email Address: NOEMAIL
 Mobile Phone No: (LOCAL) +65-87886422
 Alternative Phone No: OFFICE-97886422

Vehicle Particulars

Manufacturer: BMW
 Model: X3
 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: PRIVATE CAR

Insurance Company

Name of Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage: COMPREHENSIVE
 Fleet Policy: NO
 Policy Number: 5110503640
 Cover Note Number:

Driver

Name of Driver: WU SEE KIAT
 NRIC No: SXXXX939A
 Date Of Birth: 17/10/1953
 Occupation: INDOOR
 Date Of Driving Pass: 14/09/1973
 Driving Experience: 46 YEARS AND 9 MONTHS
 Gender: MALE
 Mobile Number: (LOCAL) +65-87886422
 Fax Number:
 Contact Number: OFFICE-97886422
 Email Address: NOEMAIL

Address BLK 503 JELAPANG ROAD #09-366
 Postcode 670503
 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 RAINING
 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
 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

MY VEHICLE WAS STATIONARY. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE. WHEN I CAME DOWN, IT WAS A CAR CHAIN COLLISION.

Attachments

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorder? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN85071
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver BOH SIOW MONG
 NRIC/Passport Number SXXXX942D
 Contact Number 97420275
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP6218U

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE C

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

WU SEE KIAT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMC7362P

Were seat belts worn?

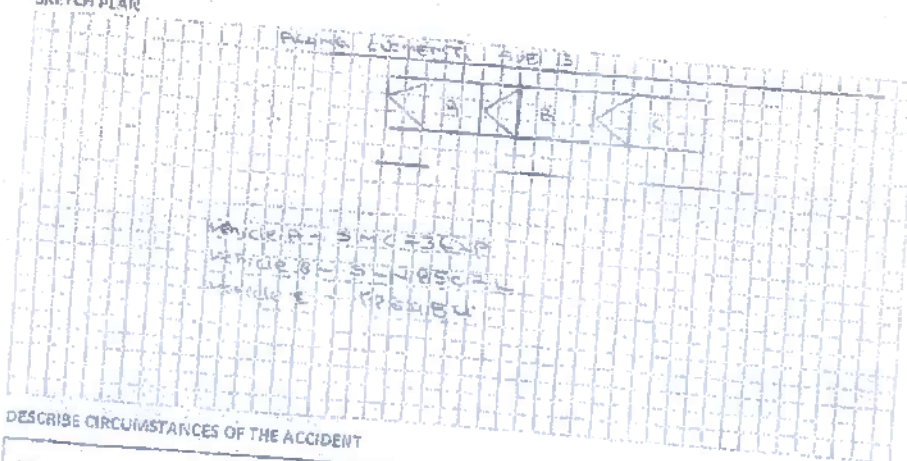
Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary. Suddenly I feel an impact on my vehicle. When I came down I was in a 3 car crash collision.

DECLARATION

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

Policyholder's Signature
Date & Time:

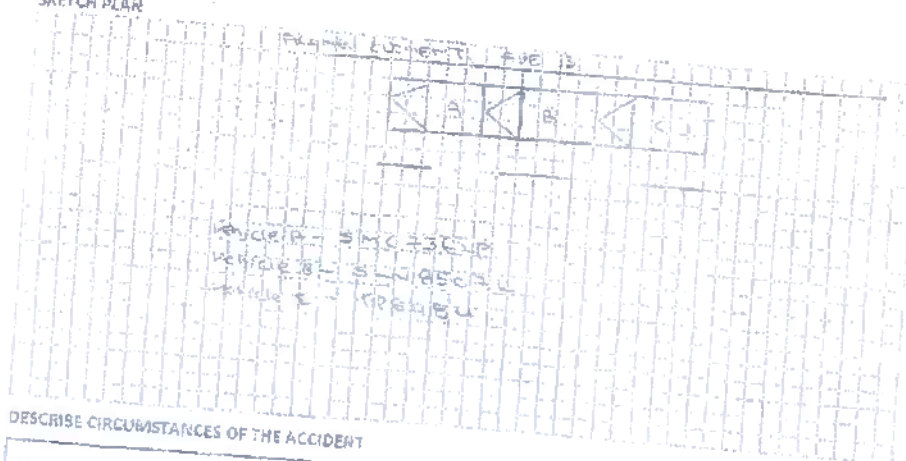
UNDAK, NAWASADUKU, 13

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

Reporting Centre Personnel's Signature
Name:
NAIC/PN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary. Suddenly I feel an impact on my vehicle. When I came down I was in a 3 car chain collision.

DECLARATION

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

Policyholder's Signature
Date & Time:

Vehicle 1: 1990 Ford

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

Reporting Centre Personnel's Signature
Name:
RUC/PL No.:

SINGAPORE ACCIDENT STATEMENT

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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 09/07/2020 09:40
Date Of Accident 09/07/2020 08:15
Exact Location Of Accident CLEMENTI AVE 3
Country/State of Loss SINGAPORE

ACCIDENT STATEMENT

Vehicle Registration Number SLN8507L
Insured/Policyholder
Name Of Registered Owner GOH SIOW MONG
Vehicle Particulars
Manufacturer MAZDA
Model 5-2.0 (A)
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 2100509474-03
Cover Note Number
Driver
Name of Driver GOH SIOW MONG
NRIC No S7615942D
Address 12 ANG MO KIO CENTRAL 3 #11-17

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? YES
Was any other material or property damaged? YES
Number of Passengers (Including Driver) 1

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP6218U

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMC7362P

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

GOH SIOW MONG

Injured person in which vehicle?

SLN8507L

SKETCH PLAN


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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

Clementi Ave 3

321
Clementi
Mall

- (A) SLNR8507L
(B) YP6218 U
(C) SMC T362 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the above time and date.


I was travelling along Clement Ave 3. I stopped my vehicle as the grant vehicle stopped.


Vehicle B then came from behind and hit onto the rear of my vehicle. The impact caused my vehicle to move forward and hit onto the rear of vehicle C.

I had back and neck pain after the accident. I will go to the doctor after making this report.

DECLARATION

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


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.:



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Goh Siow Mong
 Period of Insurance : 19 May 2020 To 18 May 2021
 Engine No. : PE10468363
 Chassis No. : JM6CW1071H0125428

Vehicle No. : SLN8507L
 Policy No. : 2100509474-03
 Endorsement No. :
 Issued Date : 30 Apr 2020

ABOUT THE COVER

Make/Model : MAZDA 5 2.0 SKYACTIV

Engine Capacity/Tonnage : 1,998.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDRE) if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

Limitation as to use*

*Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, prize-winning, exhibition trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Life 1500cc - 1000cc Optional

*Limitations rendered inoperative by Section B of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 159), Section 15 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these coverings.

EXCESS

Section 1

The : \$0 (Own Damage) : \$500 (Theft) : \$0 (Flood Cover) : \$500

Section 2

Property Damage : \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Goh Siow Mong : \$500 (Own Damage), \$500 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Trans Emission Pte Ltd Add: 27A, Tanjong Pagar, Singapore 069642 65310590

For other Approved Reporting Centres/AIC Authorised Repairers, please contact our 24-hour accident emergency hotline at 6744321 (UTC). Alternatively, you may refer to AIG website www.aig.sg or AIG SG 16000 App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 159), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0503599180

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MIND COMPLEX
 SINGAPORE 069111

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
 6 Refillias Quay #18-00 Singapore 048589
 Tel (65) 6224 0080 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:30 - 17:00
 UEN S66590206 / GST Reg. No.: WA00017785

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MTL 420058063 Vehicle Registration No: SLN 8507L
 Name (as shown in NRIC): Goh Siow Mong NRIC/FIN/Passport No: S XXXX 142 D
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97420275
 Email Address: _____
 Date of Accident: 9/7/2020 Time of Accident: 0815
 Place of Accident: Clementi Ave 3
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attached Police report due to injury and
given 5 days m.c.

Policyholder / Driver's Signature
 Date:

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



**SINGAPORE
POLICE FORCE**



T/20200709/2089

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

1 of 4

Report No. T/20200709/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2020 18:21		Vide Report No.:		Station Diary No.: 15
Informant's Particulars				
Name of Informant: GOH SIOW MONG		Address: BLK 12 ANG MO KIO CENTRAL 3.#11-17 SINGAPORE 567746		
ID Type / ID No.: NRIC NO / S7615942D		Contact No.: Home/Office: Mobile: 97420275		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 44	Date of Birth: 24/05/1976	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: RESEARCHER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Tims of Accident: 09/07/2020 08:15	Type of Location:
Location: Along Road 1 CLEMENTI AVENUE 3 Along Clementi Avenue 3 near Blk 427 Clementi towards Clementi MRT				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
SLN8507L	Car	MAZDA	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT	Black		0
SMC7362P	Car					0
YP6218U	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20200709/2089

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

2 of 4

Report No. T/20200709/2089

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
SLN8507L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100509474-03	19/05/2020	18/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Name	GOH SIOW MONG	ID No.	S7615942D	
Related Vehicle	SLN8507L (Car)	Contact No.	97420275	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	09/07/2020	Date Discharge	09/07/2020	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	
Name	WU SEE-KIAT	ID No.	S0051939A	
Related Vehicle	SMC7362P (Car)	Contact No.	97886422	
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	
Name	BALASUBRAMANIAN KAMATCHIYIN SELVAN	ID No.	G3022295X	
Related Vehicle	YP6218U (Lorry)	Contact No.	65587777	
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/20200709/2089

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

3 of 4

Report No. T/20200709/2089

CONTINUATION OF REPORT

Brief Details.

On the 09/07/220 at about 0815hrs I was driving my car SLN8507L at along Clementi Avenue 3. I was driving at lane 1. The road was wet and it was drizzling. The traffic was light. I was driving near Blk 427 Clementi Avenue 3 towards Clementi MRT.

As I was driving, the car in-front of me SMC7362P slowed down as it was about to make a U-turn. Thus I also slowed down and came to stop. Right after I stopped, suddenly I felt something hit my car from the rear. My car moved forward and collided with the front car. I was shocked and dazed and sat there for a few minute. I felt pain in my neck but I was able to move. I came out to check what happened and realized the lorry at rear YP6218U had collided with my car.

I looked at the driver and he just pointed at the road. We then exchanged particulars and left the scene. Due to the accident, my car's boot is badly damaged and the rear window was also totally broke. Later the day, I started feeling more pain on my neck and my back. Thus I went to Mount Alvernia Hospital to consult doctor and I was given 5 days of MC with medications.



**SINGAPORE
POLICE FORCE**



T720200709/2089

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

4 of 4

Report No. T720200709/2089

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sr Staff Sgt RAHUMATHULLA AZIMAL ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2020 18:21
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	

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ACCIDENT STATEMENT

Date Of Report 09/07/2020 16:12
Date Of Accident 09/07/2020 08:15
Exact Location Of Accident CLEMENTI 445 OPPOSITE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP6218U
Insured/Policyholder
Name Of Registered Owner FAST FROZEN FOOD
Vehicle Particulars
Manufacturer HINO
Model XZU710R-HKFMS3
Vehicle Category COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5117537984
Cover Note Number

Driver

Name of Driver BALASUBRAMANIAN KAMATCHIYIN SELVAN
Passport No/FIN G3022295X
Address BLK 669D JURONG WEST ST 64
#02-56

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

I WAS DRIVING ALONG THE CLEMENTI 445 OPPOSITE. SUDDENLY ON THE U TURN ROAD VEHICLE C MAKE A SUDDEN U TURN THEN THE VEHICLE B MAKE AN EMERGENCY BRAKE. AFTER VEHICLE B MAKE AN EMERGENCY BRAKE, I UNABLE STOP MY VEHICLE ON TIME THEN HIT INTO VEHICLE B. AT THAT TIME RAINING HEAVILY.

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	SLN8507L
Vehicle Make/Model/Colour	MAZDA 5
Name of Driver	
Insurance Company Name	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC7362P
Vehicle Make/Model/Colour	BMW X3
Name of Driver	
Insurance Company Name	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This report correctly the details of the accident to the police.
2. This form must be completed by the Policyholder and/or Authorised Driver.
3. Information provided must be truthful and accurate. False information may allow insurance companies to repudiate policy liability.
4. The issuing and acceptance of this form by insurance companies is not an admission of liability by the policyholder or 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 Association of Singapore (GIA) for archiving and that the report will for a free or made available to interested parties.
7. By the lodging of this report to the insurers, you are not to the processing of the report to the insurers.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I, the insured, my workshop and the General Insurance Association of Singapore ("GIA"), may/are permitted to disclose and/or process my personal data/personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose the same to the insurer(s) involved in the accident (collectively referred to as the "Insurers"), the insurers' representative agent/authorities, at the time of the accident.
 - (b) processing, handling and/or dealing with my claims including the settlement of the claims and investigations relating to the claims.
 - (c) investigating the accident and/or my claims.
 - (d) carrying out and/or dealing with my instructions relating to my claims, including the settlement of the claims.
 - (e) administering my claims including the making of payments to me or to the beneficiary of my claims (including the external cover of envelopes/mail packages) and
 - (f) complying with applicable law in administering my claims.
 - (g) I, the insured(s) who have insured vehicle(s) involved in the accident, the insurers and/or law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes.
 - (h) my Personal Information may/can be disclosed by the insurers and/or law firms to third parties outside of Singapore, for one or more of the above purposes.
 - (i) my Personal Information may also be collected and processed for investigation and management in present and all future claims.
 - (j) the information so collected under (d) above may be used / disclosed to all insurers, broker and/or other third parties for regulatory, law enforcement and government purposes.
 - (k) for complying with requirements under any applicable laws or court orders.



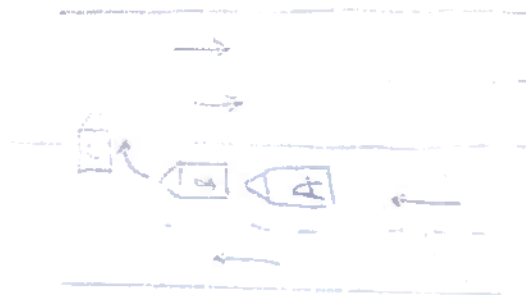
Policyholder's Signature
Date & Time

Driver's Signature
Date & Time

Insurer's Signature
Date & Time
Cheng Jee Sing
3/10/17

Sketch Plan #2

SKETCH PLAN



A = YFG218U
B = SLN8507L
C = SLN7362P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the clearance, was opposite. Suddenly, on the U-turn road vehicle C made a sudden U-turn across the vehicle B made an emergency move. After vehicle C made an emergency move, I unable stop my vehicle as time then hit into vehicle B. At that time no any harm.

DECLARATION



10-20

Investigator's Signature
Investigator's Name
Investigator's Title

Reporting Traffic Personnel's Signature
Name
Rank
Date



SCENE PHOTO

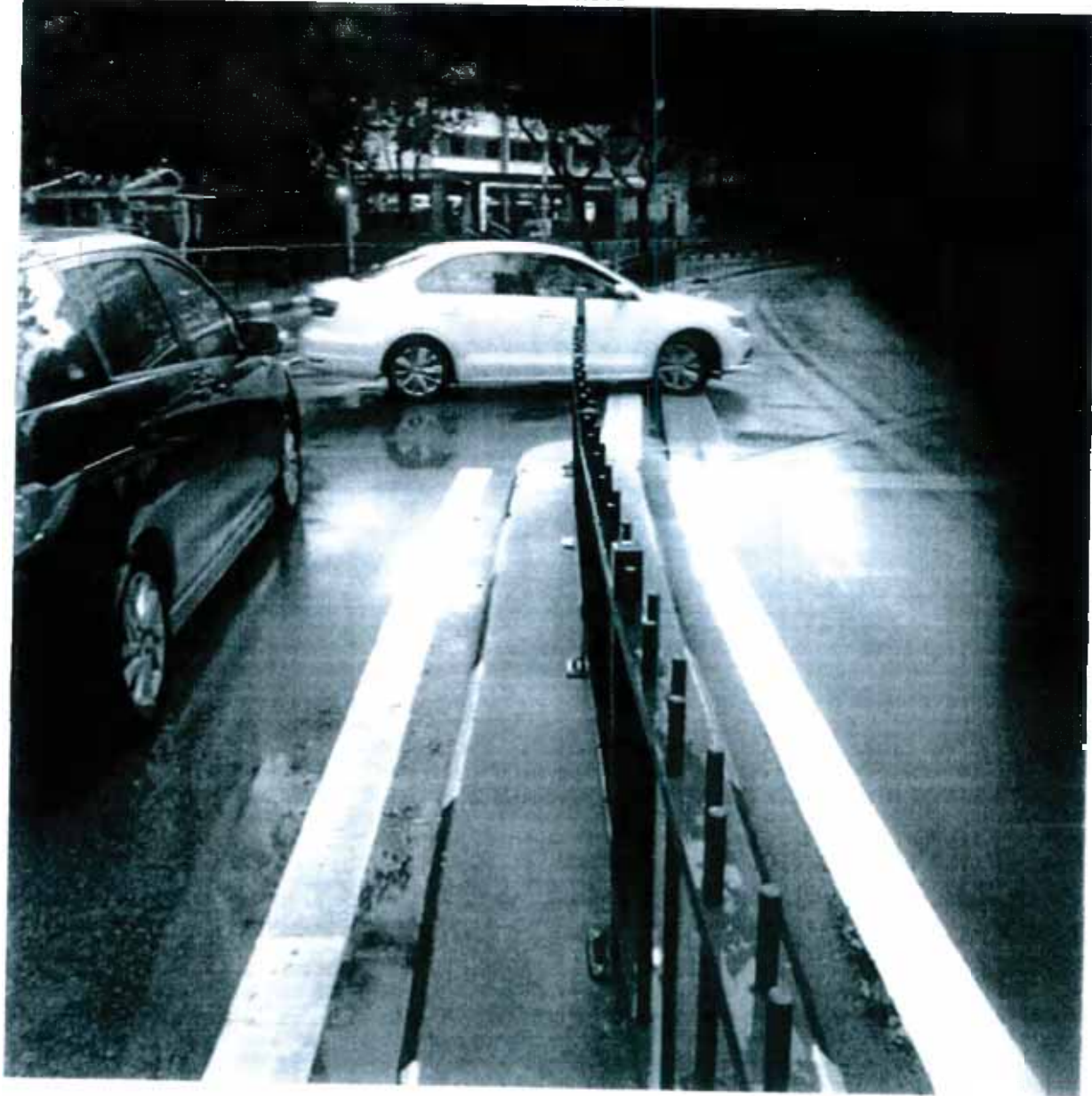
SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



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