



08th January 2021

Sompo Insurance Singapore Pte. Ltd.

Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SLH 8122 U (Our Ref) and FBK 1832 C (Your Ref)

Dated 22ND OCTOBER 2020, Time around 1835HRS

@ BKE TOWARDS KJE 600M BEFORE KJE EXIT

We represent our client ; SENSE CAR RENTAL PTE LTD to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SLH 8122 U and your insured's vehicle registration number: FBK 1832 C. Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against FBK 1832 C for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

Contact Person		
	Eric Lee	8269 9999
Email Address	teamautopl@gmail.com	
Survey Address	160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722	

Kindly cc a copy of this letter to your insured for his/her acknowledgement.



Authorized Signatory

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com

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	23/10/2020 11:16
Date Of Accident	22/10/2020 18:35
Exact Location Of Accident	BKE TOWARDS KJE 600M BEFORE KJE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8122U
Insured/Policyholder	
Name Of Registered Owner	SENSE CAR RENTAL PTE. LTD.
Co Reg No	2XXXXX585M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90214503

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5110541042-01
Cover Note Number	

Driver

Name of Driver	ARNOLD CHRISTOPHER CHUA YU WEE
NRIC No	SXXXX859A
Date Of Birth	21/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2014
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92374862
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	7 GAMBAS CRESCENT #05-03 ARK@GAMBAS SINGAPORE
Postcode	757087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : HUI LING GENDER: : FEMALE
Passenger 2	NAME: : DONNATHAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT AND ATTACHED; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT

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	FBK1832C
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO POLICE REPORT AND ATTACHED
Vehicle Category	MOTORCYCLE

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGB5182G
Vehicle Make/Model/Colour
Details Of Properties REFER TO POLICE REPORT AND ATTACHED
Vehicle Category PRIVATE CAR
Name of Driver MR SUNNY
NRIC/Passport Number
Contact Number 97466845
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMJ5049X
Vehicle Make/Model/Colour
Details Of Properties REFER TO POLICE REPORT AND ATTACHED
Vehicle Category PRIVATE CAR
Name of Driver MR.YEO
NRIC/Passport Number
Contact Number 96733334
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NA-MOTORCYCLIST
Approximate Age
Injuries Sustain REFER TO POLICE REPORT AND ATTACHED
Injured person in which vehicle? FBK1832C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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 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.

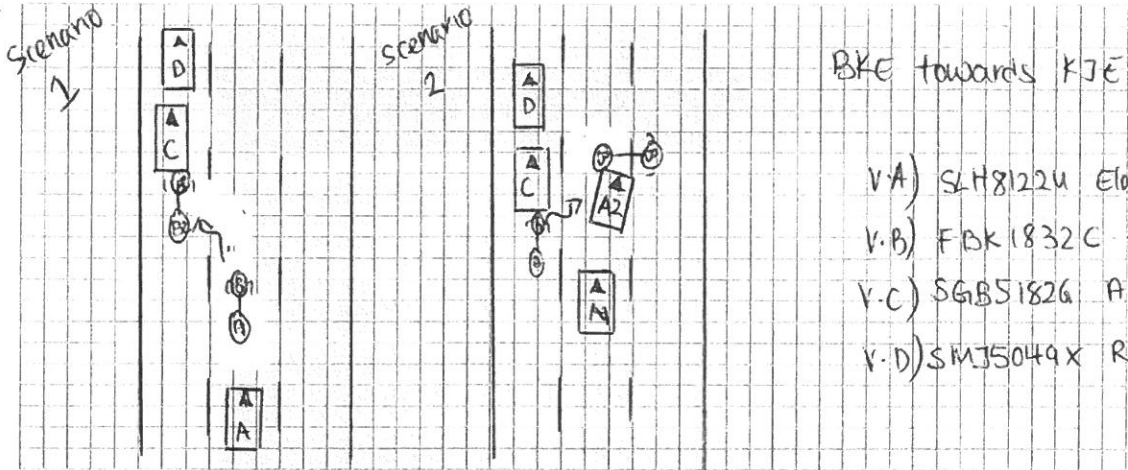


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

no. T/20201023/7000

no. J/20201022/0109

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.:



**SINGAPORE
POLICE FORCE**



T/20201023/7000

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

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Report No. T/20201023/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2020 00:53		Vide Report No.: J/20201022/0109		Station Diary No.:	
Informant's Particulars					
Name of Informant: ARNOLD CHRISTOPHER CHUA YU WEE			Address: 445 TAMPINES STREET 42 #09-04 SINGAPORE 520445		
ID Type / ID No.: NRIC NO / S9172859A			Contact No.: Home/Office: Mobile: 92374862		
Nationality: SINGAPORE CITIZEN			Email: ARNOLDCHUA23@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 21/11/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Financial/Investment adviser			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2020 18:35	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Overturned Motorcycle On Its Right Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
FBK1832C	Motorcycle			Black	Totally Damaged	0
SGB5182G	Car	TOYOTA	Altis	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201023/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20201023/7000

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SLH8122U	Car	HYUNDAI	Elantra	Silver	Slightly Damaged	2
SME8649X	Car	TOYOTA	Vios	Silver		0
SMJ5049X	Car	TOYOTA	Rav4	Red	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
SLH8122U	NTUC Income Insurance Co-Operative Limited	51150541042-01-000010	06/07/2020	05/07/2021	

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	UNKNOWN		ID No.	NIL	
Related Vehicle	FBK1832C (Motorcycle)		Contact No.	NIL	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	Serious	
Driver					
Name	SUNNY		ID No.	NIL	
Related Vehicle	SGB5182G (Car)		Contact No.	97466845	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	



**SINGAPORE
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T/20201023/7000

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CONTINUATION OF REPORT

Passenger			
Name	HUI LING	ID No.	S9433871I
Related Vehicle	SLH8122U (Car)	Contact No.	82825620
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ARNOLD CHRISTOPHER CHUA YU WEE	ID No.	S9172859A
Related Vehicle	SLH8122U (Car)	Contact No.	92374862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	DONNATHAN	ID No.	NIL
Related Vehicle	SLH8122U (Car)	Contact No.	91131364
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	YEO	ID No.	NIL
Related Vehicle	SMJ5049X (Car)	Contact No.	96733334
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20201023/7000

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Report No. T/20201023/7000

CONTINUATION OF REPORT

Brief Details.

This accident is referenced from J/20201022/0109.

On 22/10/2020 at about 1835hrs, I was driving my rented motor vehicle SLH8122U Hyundai Elantra (silver) on the second lane along BKE (about 600m away from KJE exit) when the accident took place. I wish to state that that my girlfriend was sitting in the front left passenger seat and a Grab Hitch passenger sitting at the left rear of the back seat when the accident took place. I recalled I was driving at about 63km/h. The traffic condition was slow moving due to rush hour. The weather was clear and the road was dry. It was a three lane straight road.

As I was driving at the above mentioned date, time and location, I witnessed a motorcycle FBK1832C filtering into the third lane when he lost control of his balance which resulted into a collision against the rear bumper of a silver Toyota Altis SGB5182G. The collision also sent the rider flying 360 degrees into the air before he landed on the road. The collision of the motorcycle with the Toyota Altis caused his motorcycle to land on its right side on the second lane where I was driving on. The location of where the motorcycle landed on was blocking my pathway where it was directly in front of my motor vehicle. I braked to swerve my motor vehicle to the right to avoid the motorcycle that was lying on its right side on the second lane but it could not be done as there were other road users on the first lane. Hence, this resulted in the collision between the front left side of my motor vehicle against the storage compartment of the said motorcycle which was lying on its right side blocking the second lane of the expressway. I wish to note that after exiting from my motor vehicle which was parked on the road shoulder (hazard lights on), the driver of the motor vehicle SMJ5049X, red Toyota Rav4 told me that as the motorcycle toppled on its right side, it also caused damages to his motor vehicle.

The rider was only injured at his left leg and I also noticed some abrasions on his face and his other limbs. He was still conscious and able to speak at that time. A doctor driving the motor vehicle SME8649X silver Toyota Vios who stopped at the road shoulder rendered aid and attended to the injured rider. However, I do not know who called for the ambulance and the Traffic Police. I also did not note down the rider's name or contact number. I also did not note down the details of the doctor who rendered assistance. Moments later, traffic police and ambulance QX1237A arrived at scene and conveyed the injured rider to Khoo Teck Puat Hospital.

My girlfriend and the hitch rider was not injured after my assessment and this also includes the driver of SGB5182G and SMJ5049X. The accident caused damages to my front left wheel fender and front bumper. I do not know the estimated cost of repairs. I am lodging this report as directed by the Traffic Police and also for insurance claiming purposes. A police case card was also given to me. My motor vehicle has a front in-car camera installed however, it could not record the whole incident due to a faulty memory card. In summary, this accident happened due to the rider of the motorcycle losing control while filtering left into the third lane and it collided onto the rear bumper of the silver Toyota Altis SGB5182G. I wish to state that my girlfriend, the Grab Hitch rider and I saw the rider of the motorcycle being thrown up into the air from a distance.

The details of all the involved parties to my knowledge:

- 1) Driver of SGB5182G: Mr Sunny, Hp. 9746 6845



**SINGAPORE
POLICE FORCE**



T/20201023/7000

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Tel No: 65470000

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Report No. T/20201023/7000

CONTINUATION OF REPORT

- 2) Driver of SMJ5049X: Mr Yeo, Hp. 9673 3334
- 3) My Girlfriend: Hui Ling, Hp. 8282 5620
- 4) My Hitch Passenger: Donnothan, Hp. 9113 1364



**SINGAPORE
POLICE FORCE**



T/20201023/7000

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Report No. T/20201023/7000

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247

Authentication Stamp
NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 23/10/2020 00:53
Classification Of Case: