

WINSTON LOW & PARTNERS

ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS

eLitigation

Winston Low Kuang Ting
LL.B. (Hons) S'pore

Consultant :
Stephen Tok Hoon Kwang
LL.B. (Hons) S'pore

111 North Bridge Road
#11-03 Peninsula Plaza
Singapore 179098

Tel: 6338 8722

Fax: 6339 9722

(Not for Service of Court Documents)

Email: winstlow@singnet.com.sg
(Unique Entity Number 53131030B)

24 9584 MA

REG / CS / PAY / FA

8 JAN 2021

YOUR REFERENCE : SKU 6934A
WHEN REPLYING, PLEASE
QUOTE OUR REFERENCE : WL.cp.160.20

7 January 2021

BY HAND

The Motor Claims Department
M/s MSIG Insurance (Singapore) Pte Ltd
16 Raffles Quay
#24-01 Hong Leong Building
Singapore 048581

CERTIFICATE OF POSTING

Mr Toh Kian Hock
Blk 980 Jurong West Street 93
#05-349
Singapore 640980

Dear Sirs,

ACCIDENT INVOLVING SGN 8801X AND SKU 6934A ALONG CLEMENTI AVENUE 2 ON 7 NOVEMBER 2020 AT ABOUT 1505 HOURS

We act for Mr Goh Keh Seng, the registered owner of motorcar no. SGN 8801X.

Our records show that you were the Insurers and the owner/driver of motorcar no. SKU 6934A respectively at the material time.

We are instructed by our client to claim damages against you in connection with a road traffic accident on 7 November 2020 at about 1505 hours along Clementi Avenue 2, involving our client's motorcar no. SGN 8801X with your Insured's motorcar no. SKU 6934A, driven by your Insured at the material time.

We are instructed that the accident was caused by your Insured's negligent driving and/or management of your Insured's motorcar no. SKU 6934A. As a result of the accident, our client's motorcar was damaged and our client had been put to loss and expense, particulars of which are as follows: -

...cont'd page 2/-

1. Cost of Repairs of motorcar (Inclusive of GST)	\$3,638.00
2. Loss of use for 5 days @ \$80.00 per day (Inclusive of 2 days Pre- Repair Inspection)	\$ 400.00
3. GIA Search/Report fees	\$ 29.00
4. LTA Search Fee	\$ 7.49
5. Survey Report Fee	\$ 593.00
6. Photocopying, postage, transport & other incidentals	\$ 50.00
7. Costs (at this stage)	\$ 700.00
	<u>\$5,417.49</u>

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

<u>S/No.</u>	<u>Date</u>	<u>Description of Documents</u>
1.	09.11.2020	Accident Statement of our client
2.	18.06.2020	Certificate of Insurance of our client's motorcar SGN 8801X
3.	09.11.2020	Accident Statement of your Insured
4.	25.11.2020	2 Tax Invoices from M/s GIARMC
5.	23.11.2020	Search result on your Insured's motorcar no. SKU 6934A from the Land Transport Authority
6.	17.12.2020	Invoice from Han Car Repairs
7.	10.12.2020	Vehicle Inspection Report of our client's motorcar no. SGN 8801X
8.	---	Photocopies/colour copies of seventy-three (73) photographs of our client's motorcar no. SGN 8801X

We had notified your Insurer, MSIG Insurance (Singapore) Pte Ltd of the accident on 23 November 2020 and the pre-repair inspection of our client's motorcar was carried out by your Insurers' surveyor 24 November 2020.

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, failing which 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 faithfully

encl.
cc client



CERTIFICATE OF INSURANCE

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Goh Keh Sheng (Wu Jisheng)
Period of Insurance : 21 Jul 2020 To 20 Jul 2021
Engine No. : 10JBHD3049789
Chassis No. : VF73ABHZTGJ643185

Vehicle No. : SGN8801X
Policy No. : 2100475618-04
Endorsement No. :
Issued Date : 18 Jun 2020

ABOUT THE COVER

Make/Model : CITROEN Grand C4 Picasso 1.6 Blue HDi eAT6
Engine Capacity/Tonnage : 1,560.00 CC Sum Insured : Market Value
Driver Restriction : NA Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : 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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") 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, pace-making, reliability 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 Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 160), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Goh Keh Sheng (Wu Jisheng) - \$600 (Own Damage), \$600 (Flood Cover)

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

1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65634501

2 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 162064 64708600

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6339 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

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. 160), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0904495207

CYCLE & CARRIAGE - JASERS

239 ALEXANDRA ROAD

SINGAPORE 159939

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

1003372726

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	09/11/2020 14:27
Date Of Accident	07/11/2020 15:05
Exact Location Of Accident	CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8801X
Insured/Policyholder	
Name Of Registered Owner	GOH KEH SENG
NRIC No	SXXXX502B
Email Address	JASEGOH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91180996
Alternative Phone No	HOME-68733235
Vehicle Particulars	
Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.6 BLUE HDI EAT6
Exact Purpose for which vehicle was being used at time of accident	LEISURE PERSONAL 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
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100475618
Cover Note Number	
Driver	
Name of Driver	GOH KEH SENG
NRIC No	SXXXX502B
Date Of Birth	07/07/1973
Occupation	INDOOR
Date Of Driving Pass	21/04/1994
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91180996
Fax Number	
Contact Number	HOME-68733235
EEmail Address	JASEGOH@YAHOO.COM

Address	10 DOVER RISE #06-11
Postcode	138680
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	AFTER 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	2
Was any body injured in the Accident?	NO
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: : TEE SOO SUN GENDER: : FEMALE

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

REFER TO ATTACHMENT

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	SKU6934A
Vehicle Make/Model/Colour	TOYOTA ALTIS/BEIGE
Details Of Properties	RIGHT PASSENGER DOOR
Vehicle Category	PRIVATE CAR
Name of Driver	TOH KIAN HOCK
NRIC/Passport Number	
Contact Number	94500569
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	RIGHT PASSENGER DOOR
No. Of Passenger (Including Driver)	

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 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 agent(s) (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:

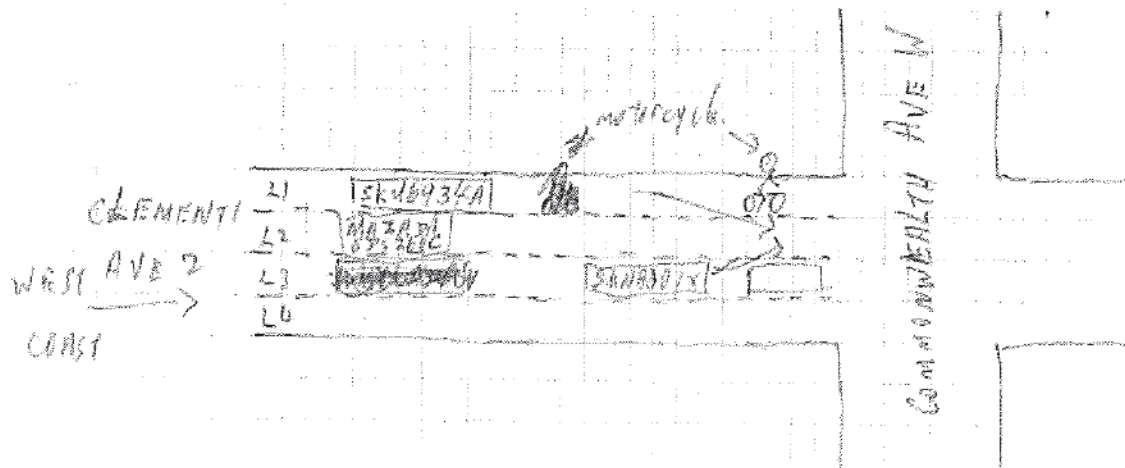
10:45AM
9/NOV/2020


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After the traffic turn green, had tried to filter my car SKN8801X from lane L3 to L2 with left signal light as car 1 was in the wrong lane. After ensuring MAZADA SPS266C in lane 2 are safe distance of a vehicle in left blind spot, start to filter to lane 2. When my car was in mid-way of filtering, SKU6934A had also filter in to lane 2 at a fast speed (from lane 1). From video footage, SKU6934A seems to be avoiding motorcycle in front of him at lane 1.

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.:

Accident Photo



Accident Photo



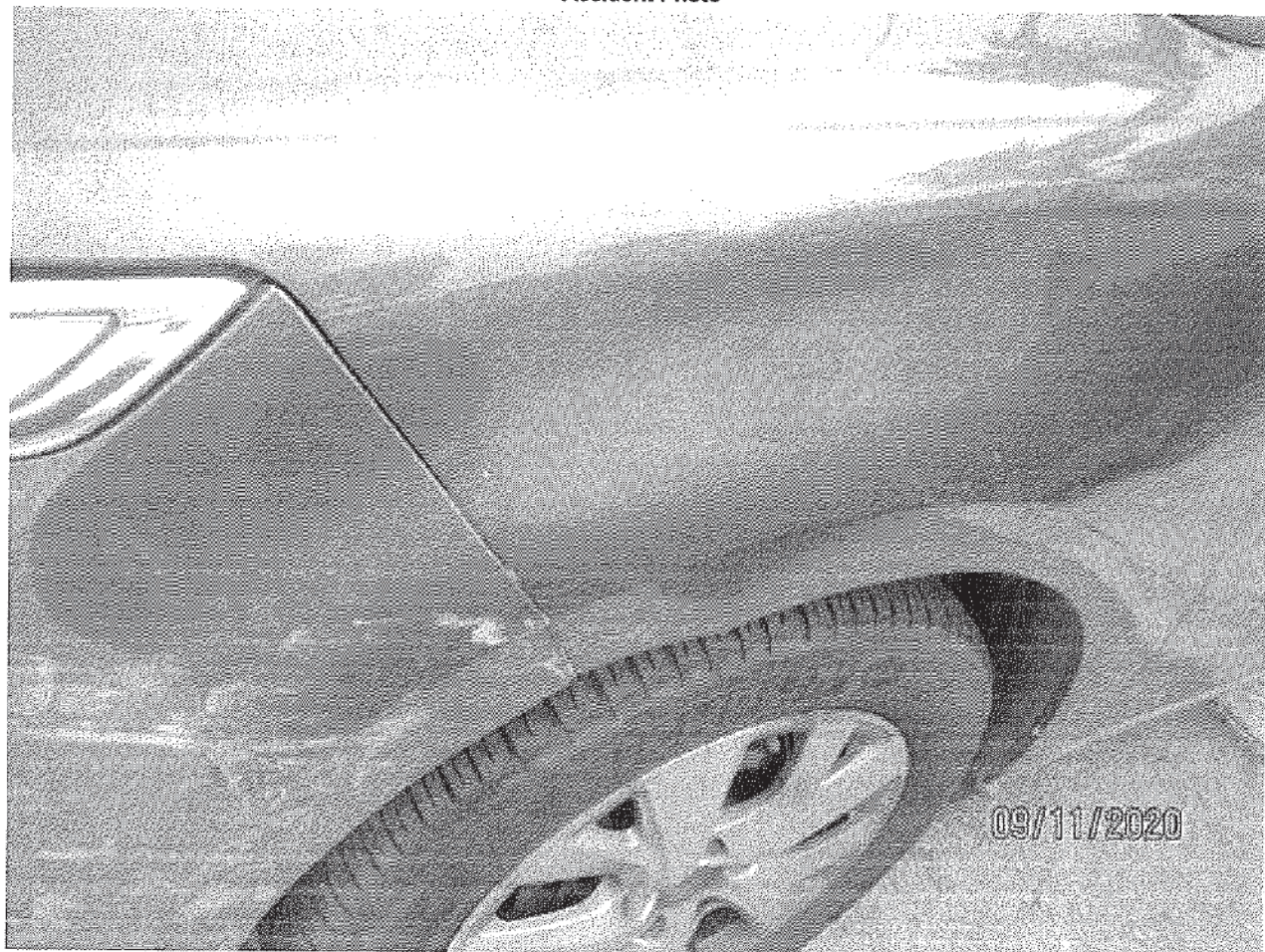
Accident Photo



Accident Photo



Accident Photo



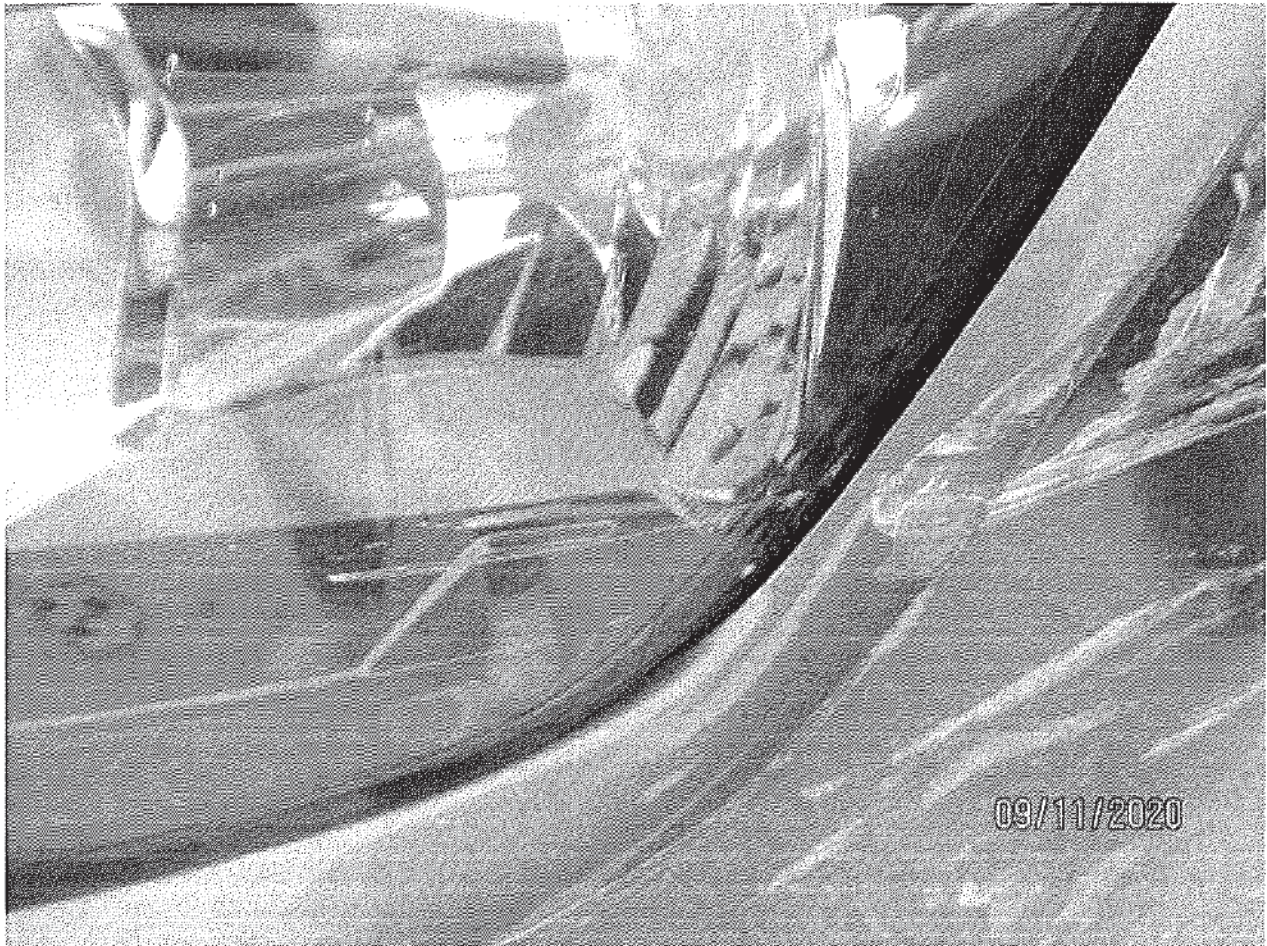
Accident Photo



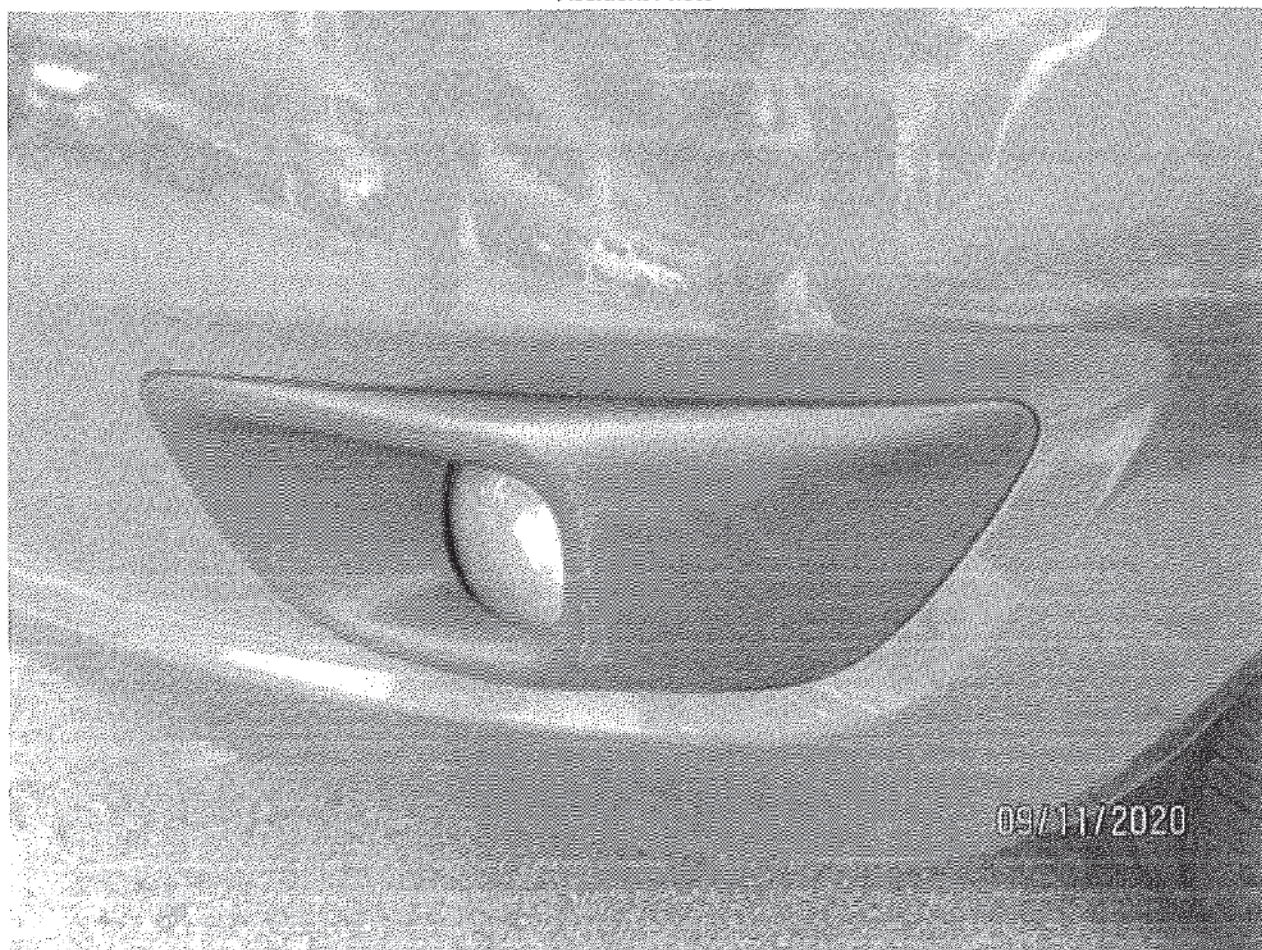
Accident Photo



Accident Photo



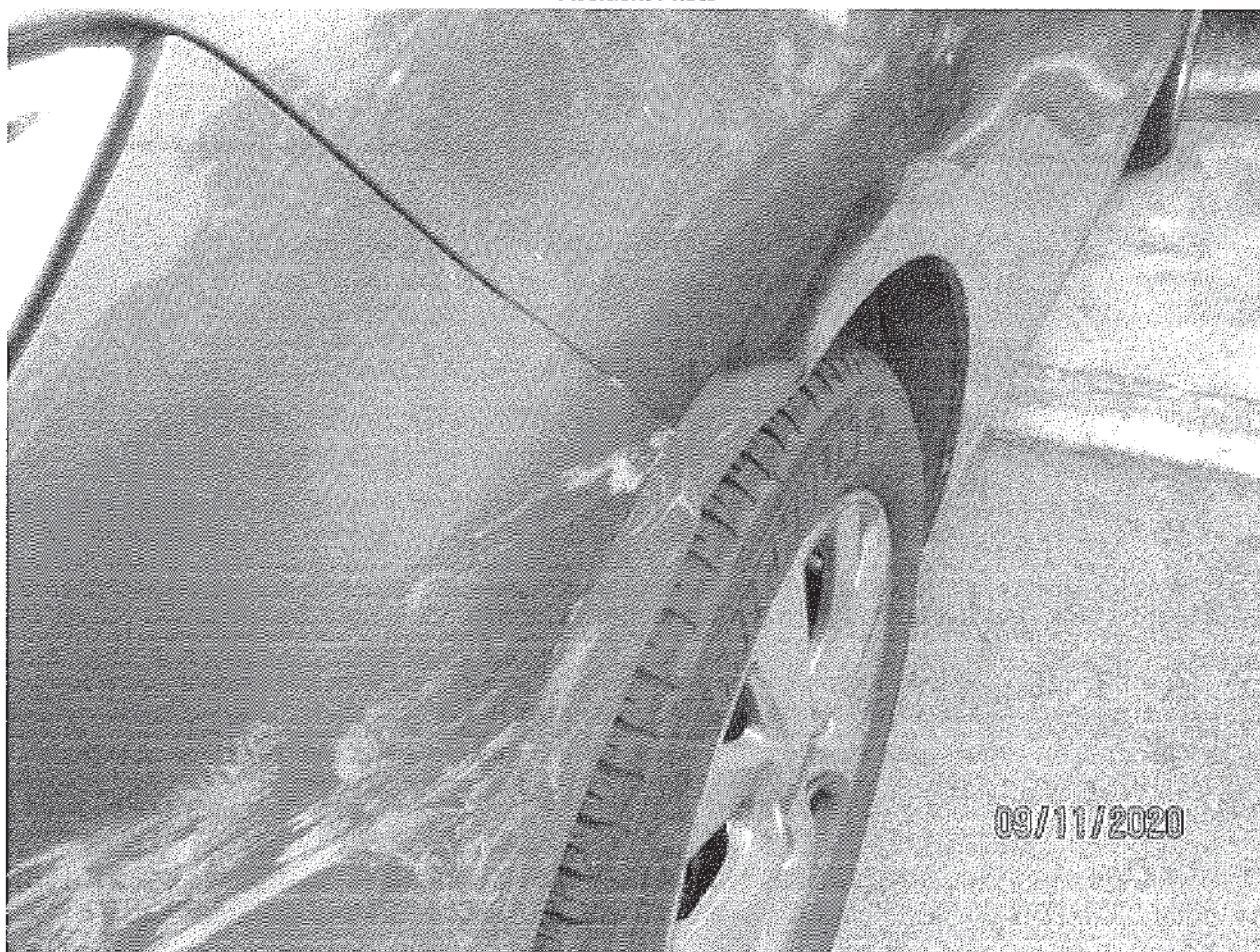
Accident Photo



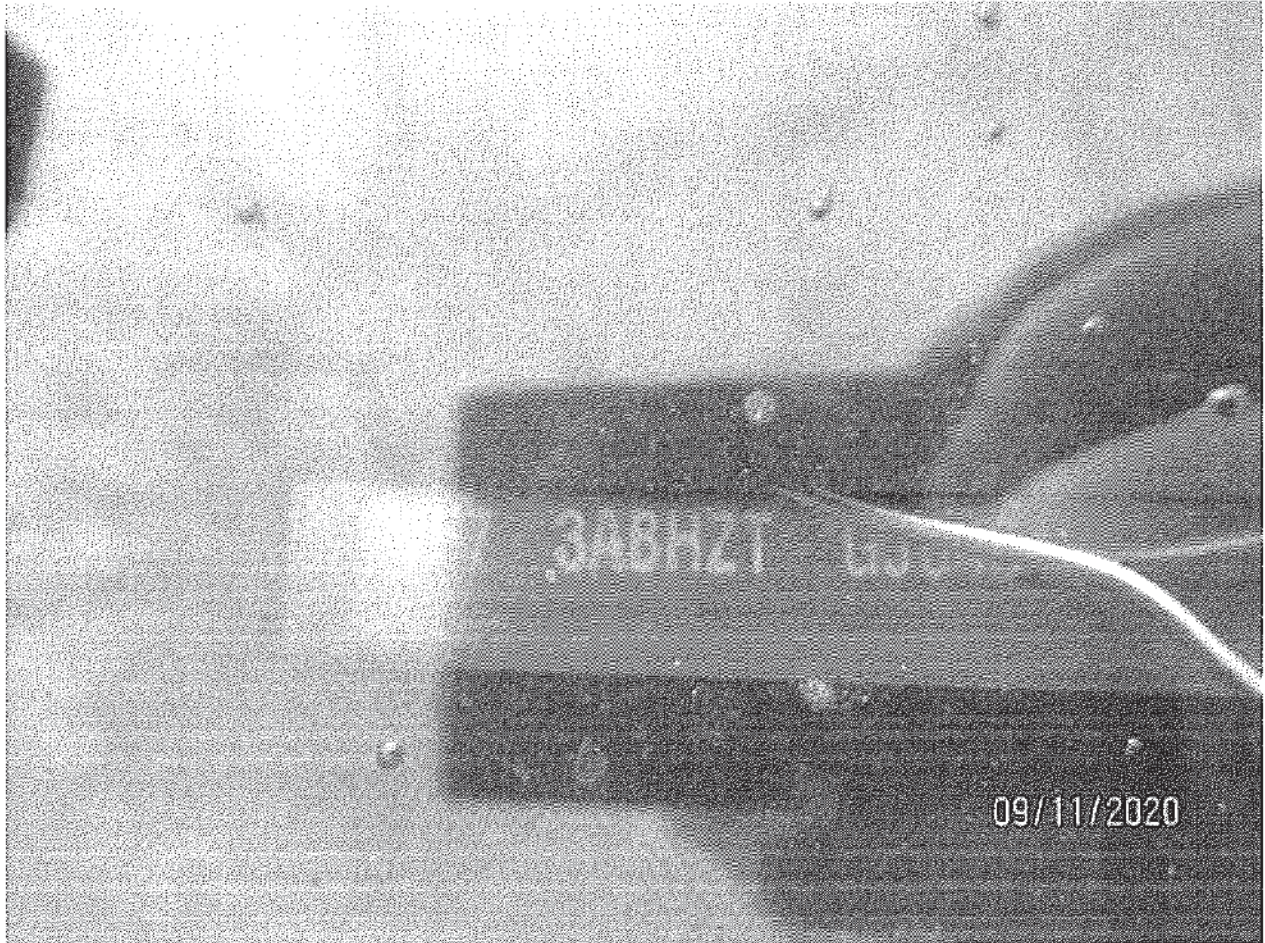
Accident Photo



Accident Photo



CHASSIS



ODOMETER



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
URL: 62240010.org / GST Reg. No.: M000012735

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 : MC 620098860 Vehicle Registration No: 3AN 8801 X
Name (as shown in NRIC) : Goh Keh Sheng NRIC/FIN/Passport No : _____
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9118 0996
Email Address : _____
Date of Accident : 07/11/2020 Time of Accident : 15.05
Place of Accident : Clementi Ave 2
Insurance Company : Alfa

(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:

Addendum On 'Name of Registered Owner' and 'Name of Driver'

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 11/11/2020

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	09/11/2020 15:12
Date Of Accident	07/11/2020 15:05
Exact Location Of Accident	COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6934A
Insured/Policyholder	
Name Of Registered Owner	TOH KIAN HOCK
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D 300217474 QMY
Cover Note Number	
Driver	
Name of Driver	TOH KIAN HOCK
NRIC No	S1828363H
Address	BLK 980 JURONG WEST ST 93 #05-349

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	3

Circumstances of Accident

REFER TO POLICE REPORT T/20201109/2034

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	SGN8801X
-----------------------------	----------

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name TOH KIAN HOCK

Injured person in which vehicle? SKU6934A

DETAILS OF INJURED PERSON 2

Name FOO MONG NEE

Injured person in which vehicle? SKU6934A

DETAILS OF INJURED PERSON 3

Name GERMAIN TOH

Injured person in which vehicle? SKU6934A

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 Officer.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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 claim 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, I 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 an 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 purposes 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 my 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) If 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 the third party (any individual or company) for one or more of the above purposes;
 - (d) my Personal Information will also be collected and used to compare claims history for the purpose of determining the terms and conditions and management in present and all future claims.
- I hereby consent to the collection, use, disclosure and/or processing of my Personal Information under (a) above which shall be shared with:
- (a) the insurers and/or any other third parties that assist in the settling of my claims including the mailing of correspondence, statements, invoices, reports or notices to me;
 - (b) the Monetary Authority of Singapore and government agencies as required and/or referred to in the above purposes;
 - (c) any other party with requirements under any regulatory or statutory requirement.

Signature of Policyholder

Date & Time

Insurer's Signature

(To be filled in by the policyholder)

Date & Time

Reporting Centre Person's Signature

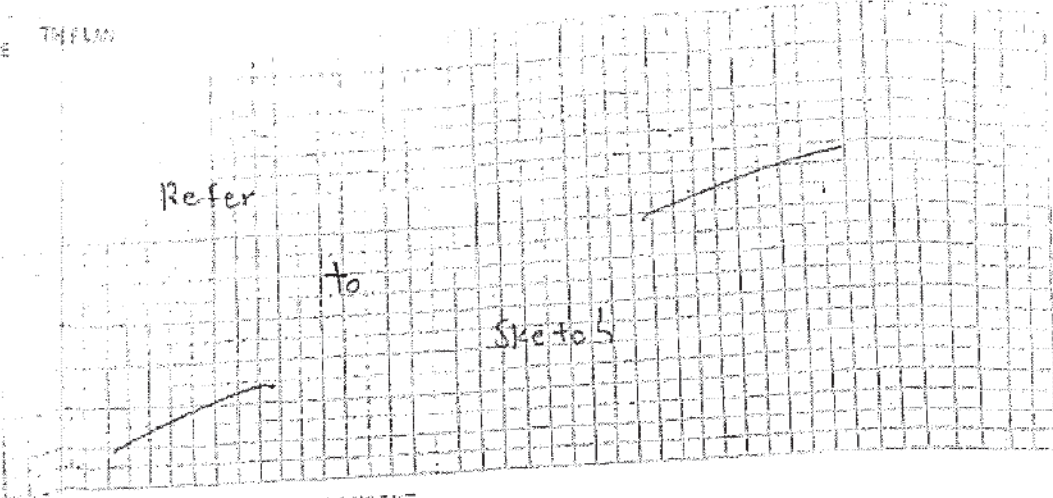
Name

UAT/DA/NO

Accident Sketch Plan

12

TH PLAN




DESCRIBE THE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T120201109 / 2034


[The remaining lines of the form are crossed out with a large diagonal line.]

DECLARATION

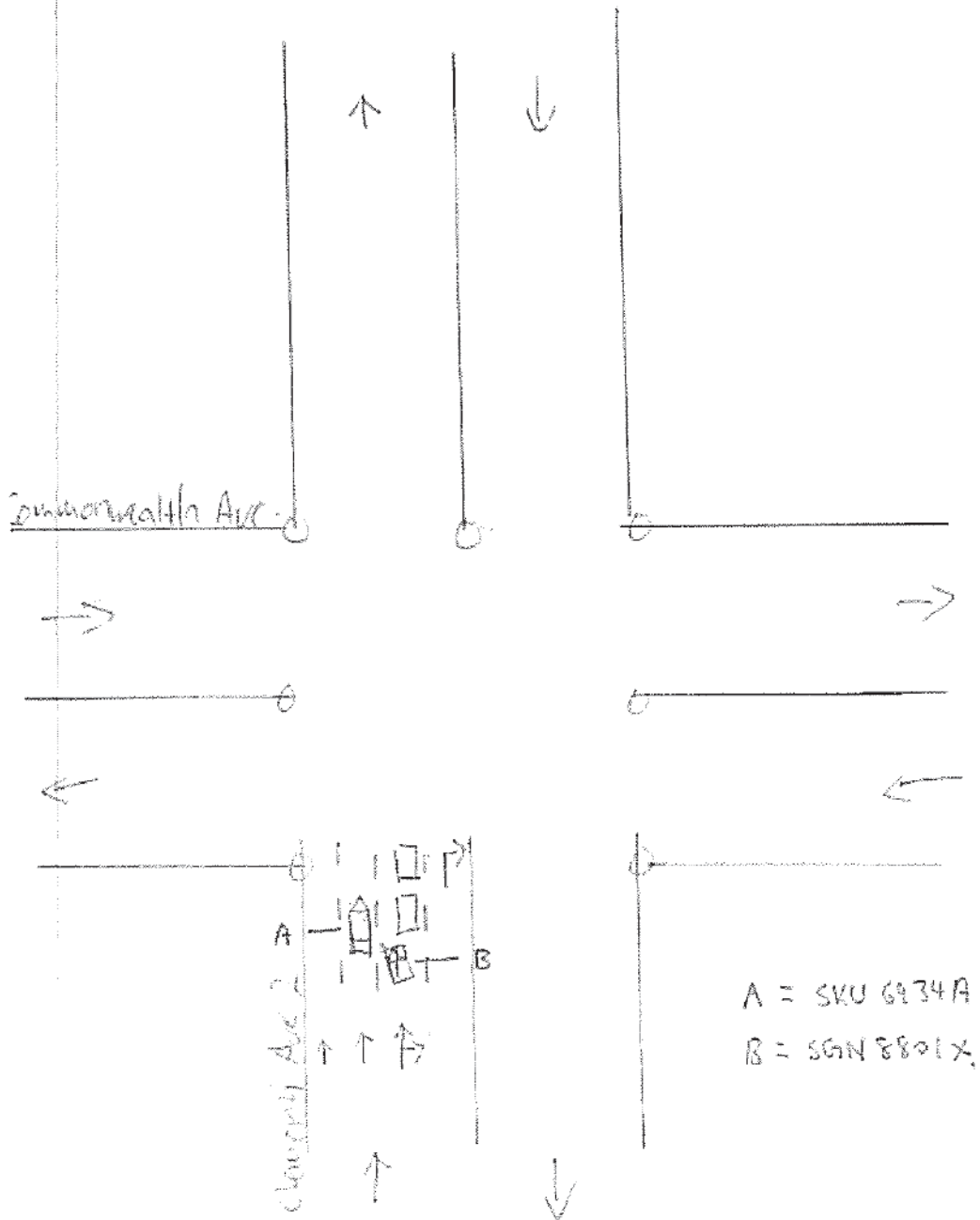
I declare that the foregoing is a true and correct statement of the facts.


 Driver's Signature
 Date & Time

Witness Signature
 (If driver is not the police officer)
 Date & Time


 Reporting Officer's Signature
 Date
 Time

Accident Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20201109/2034

1 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20201109/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2020 12:30	Vide Report No.:	Station Diary No.: 17
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TOH KIAN HOCK			Address: APT BLK 980 JURONG WEST STREET 93 #05-349 SINGAPORE 640980		
ID Type / ID No.: NRIC NO / S1828363H			Contact No.: Home/Office:		Mobile: 94500569
Nationality: SINGAPORE CITIZEN			Email: marktoh1@yahoo.com.sg		
Sex: Male	Age: 54	Date of Birth: 01/08/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident.	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2020 15:05	Type of Location: X-Junction
Location COMMONWEALTH AVENUE				
Weather Drizzling		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGN8801X	Car	CITROEN	GRAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R	Grey	Slightly Damaged	1
SKU6934A	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Beige	Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20201109/2034

2 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No. 1800-2448999

Report No. T/20201109/2034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKU6934A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300217474	07/12/2019	08/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GOH KEH SHENG		ID No.	S7323502B
Related Vehicle	SGN8801X (Car)		Contact No.	91180896
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	TOH KIAN HOCK		ID No.	S1828363H
Related Vehicle	SKU6934A (Car)		Contact No.	94500559
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/11/2020		Date Discharge	09/11/2020
No. of Days granted Medical Leave		03	Degree of Injury	Slight

Brief Details.

On 07/11/2020 at about 1505hrs, I was travelling on the junction of Clementi Ave 2 and Commonwealth Avenue. There were 4 lanes. The first lane was meant for right turning vehicles only and the second lane was for vehicles turning right or straight. My vehicle was on the third lane, while the other vehicle bearing registration number SGN8801X was on the second lane. When the traffic light turned green, the vehicles on the second lane in front of SGN8801X did not move forward. As such the driver of SGN8801X turned left into my lane and hit my rear right door. We then stopped along Clementi Ave 2 to exchange particulars. Nobody was injured at the point of time.

Because of the collision, my car had a dent on the rear right door and the other car had scratches on its front right bumper. My car does not have in car camera. The other car had an in car camera and have captured the accident.

On 08/11/2020 morning, I felt slight discomfort on my back. I then went to Mount Alvernia Hospital to seek treatment on 09/11/2020 and was given 3 days MC.

Police Report



SINGAPORE
POLICE FORCE



T/20201109/2034

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

4 of 4

Report No. T/20201109/2034

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 65474385 stating the report number as reference

Signature Of Officer Recording The Report:

G /

Sgt 2 QUEK MAY MAY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No: 65476414

Authentication Stamp

NP165

Signature Of Informant

Date/Time:

09/11/2020 12:30

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



T/20201109/2034

3 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20201109/2034

CONTINUATION OF REPORT

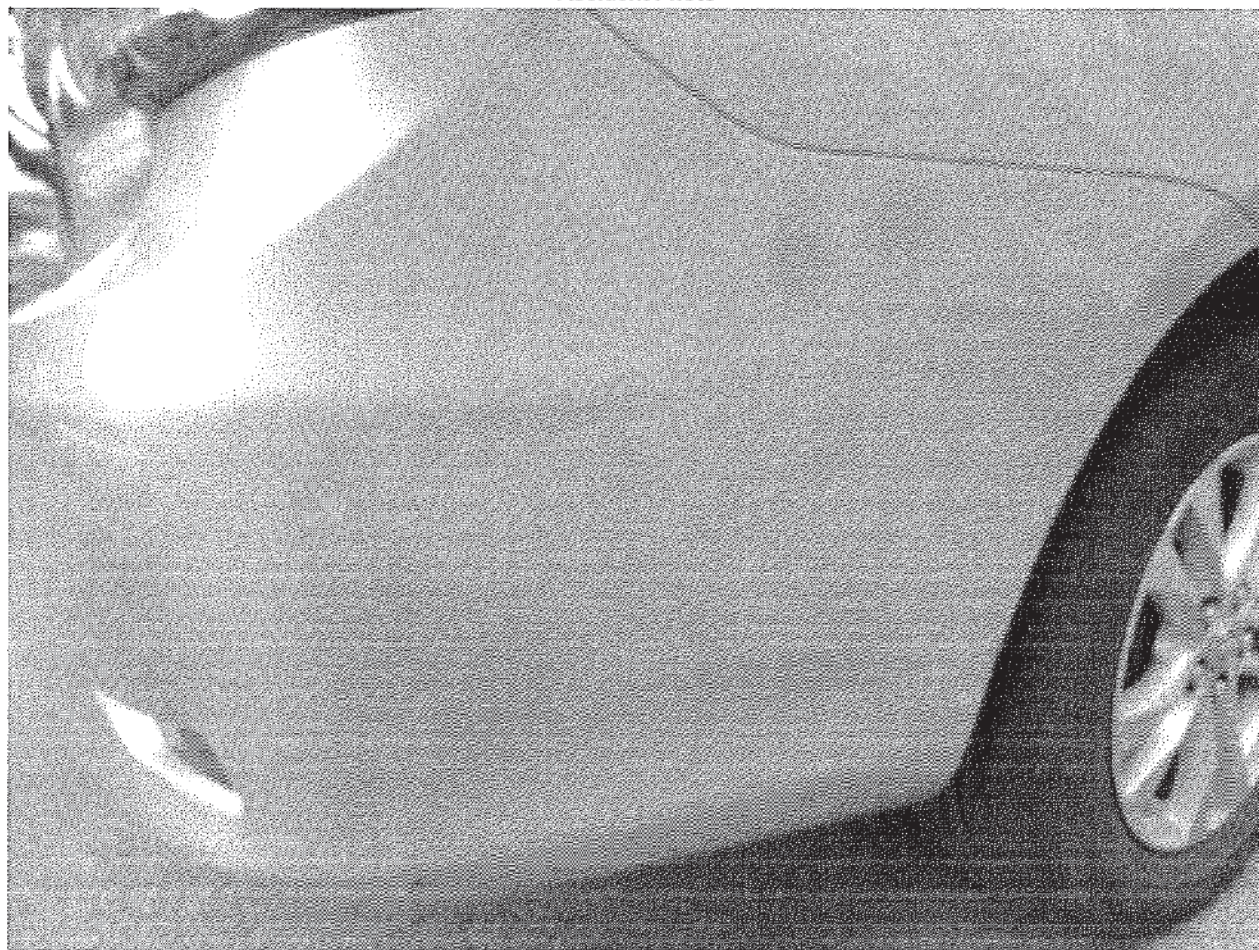
Accident Photo



Accident Photo



Accident Photo



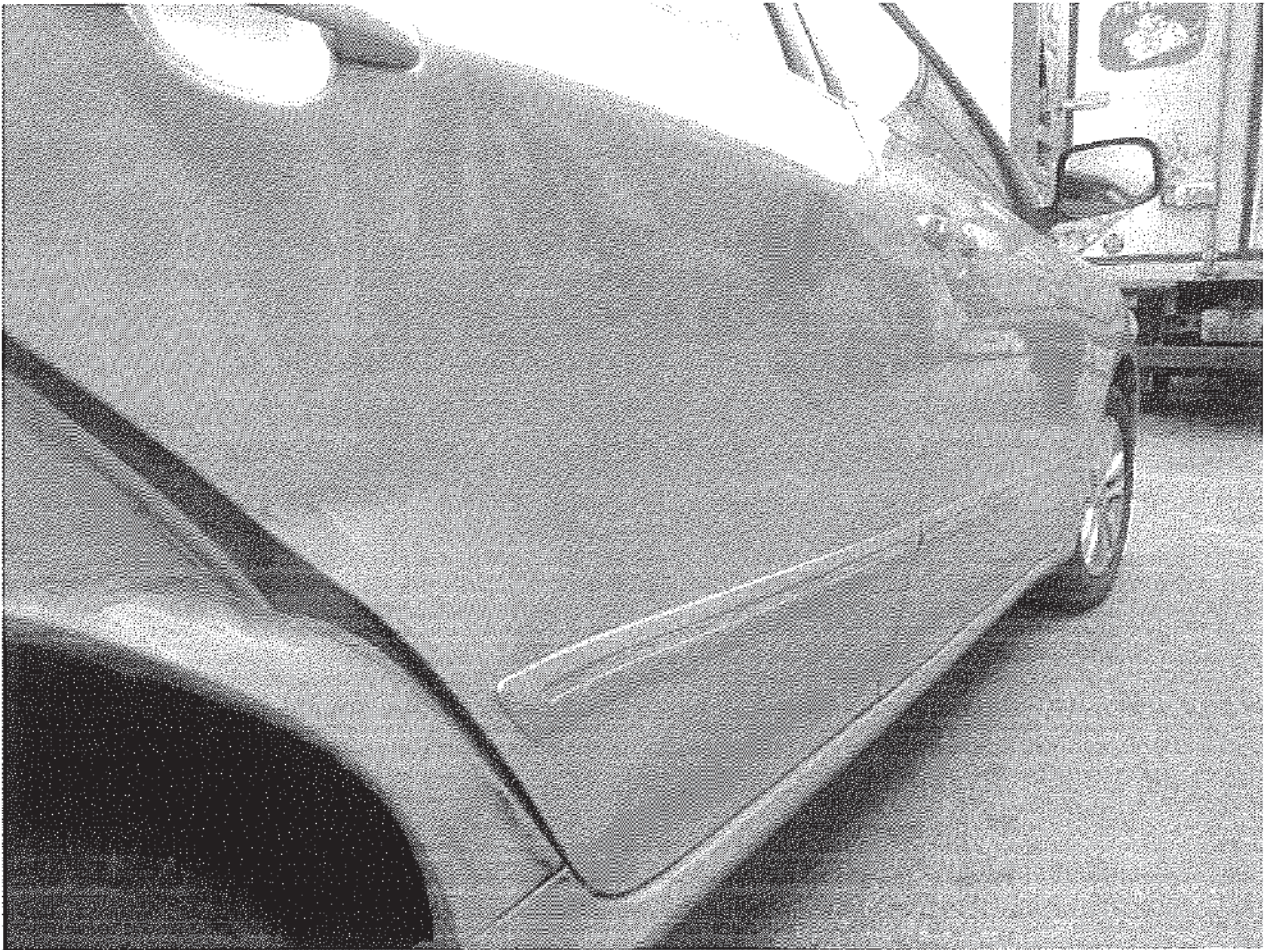
Accident Photo



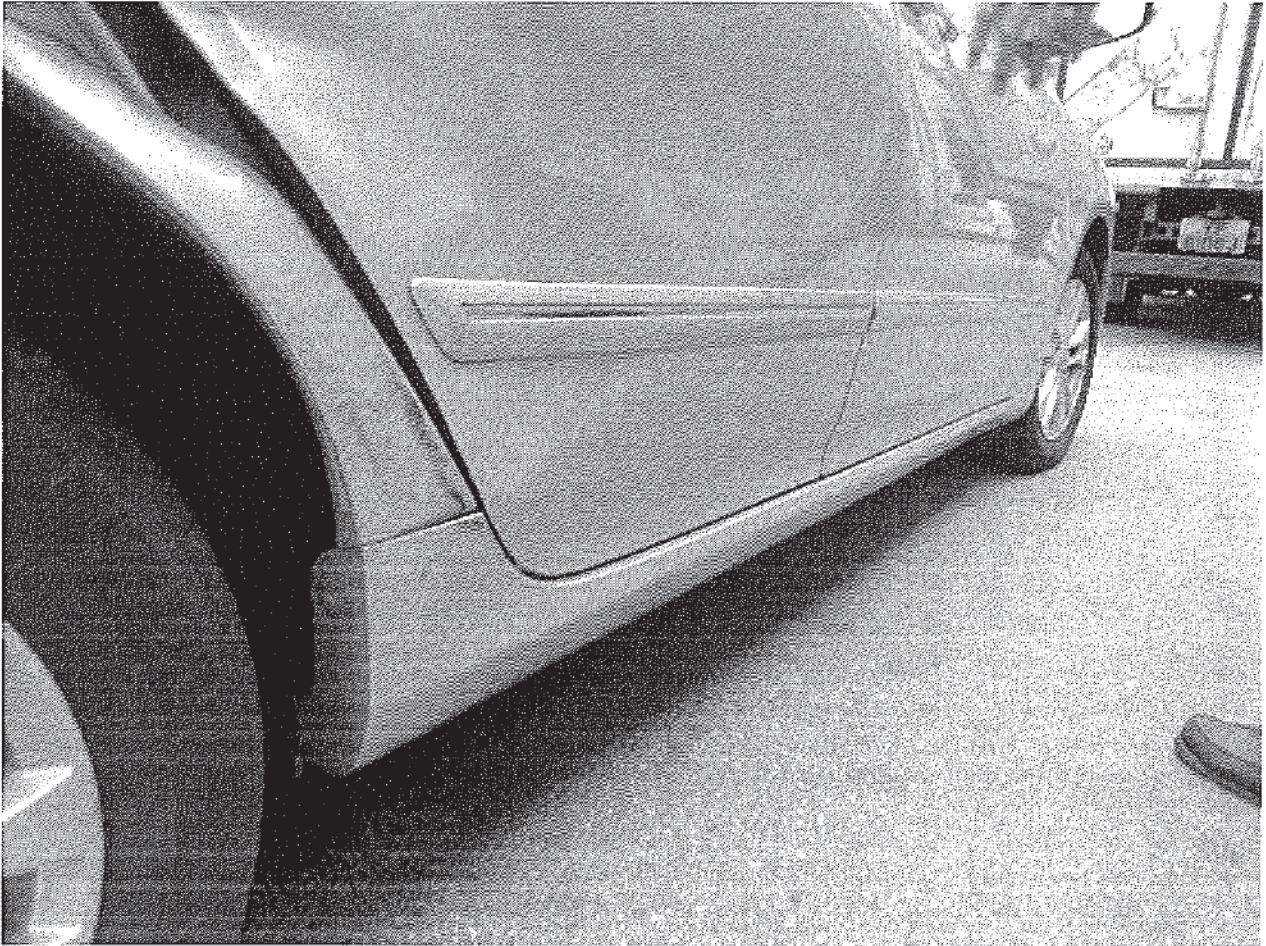
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

