

# Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098  
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688  
Email: KSTEOCO@singnet.com.sg  
(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKS/U407-ACC-44574.21/sl (mc)  
Your Ref : SJS 6101 J  
Date : 8 March 2021

**Secretary in charge: Shirley**

Tel : 6333 4222 (ext 59)  
Fax : 6333 5676 / 6333 5688  
Email : [shirley.loh@ksteoptr.com](mailto:shirley.loh@ksteoptr.com)

To: **China Taiping Insurance (Singapore) Pte Ltd**  
3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE**  
**BY EMAIL**

Dear Sirs

**RE: ACCIDENT INVOLVING FBG 2737 J / SJS 6101 J ON 24/2/21 ALONG TAMPINES AVE 10**

We are instructed by **Goh Kok Meng Benny** to notify you of a road traffic accident on **24/2/21 at about 20:00 hours at ALONG TAMPINES AVE 10** involving our client's vehicle registration number **FBG 2737 J** and vehicle registration number **SJS 6101 J** driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle **FBG 2737 J** is now at the following workshop:-

**United Cycles LLP**  
25 Kaki Bukit Road 4  
#01-24/25 Synergy @ KB  
Singapore 417800  
Contact: 6345 9060 Mr C.S.Lee

Yours faithfully,

  
**M/s Teo Keng Siang LLC**  
Encs

**\*\*Survey was conducted by:-**

Name of Surveyor:

Date of Survey:

Time of Survey:

## 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 Submission	06/03/2021 12:39 (SGT)
Date of Accident	24/02/2021 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVENUE 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2737J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH KOK MENG BENNY (WU GUOMIN BENNY)
NRIC No	SXXXX036G
Email Address	themechouse@gmail.com
Mobile Phone No	(Phone) +65-97777702
Alternative Phone No	+65-97777702

#### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	SUZUKI / AN125HK
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5116126674-01
Cover Note Number	-

#### DRIVER

Name of Driver	GOH KIM CHAI
NRIC No	SXXXX515D
Date Of Birth	15/09/1948
Occupation	Outdoor

Date Of Driving Pass .....	19/04/1975
Driving experience .....	45 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90180551
Alt. Phone Number .....	-
Email Address .....	themehouse@gmail.com
Address .....	BLK 467 PASIR RIS DRIVE 06 #03-414
Address complement .....	-
Postcode .....	510467
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210226/2025;

#### 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 .....	SJS6101J
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	HYUNDAI / I30 (FD) 1.6 DOHC AUTO
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	foo
Contact Number .....	(Phone) +65-98190995

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	GOH KIM CHAI
Address .....	BLK 467 PASIR RIS DRIVE 06 #03-414
Address Complement .....	-
Post Code .....	510467
Approximate Age Years Old .....	72
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBG2737J
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

## 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 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.
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.



Policyholder's Signature / Date & Time

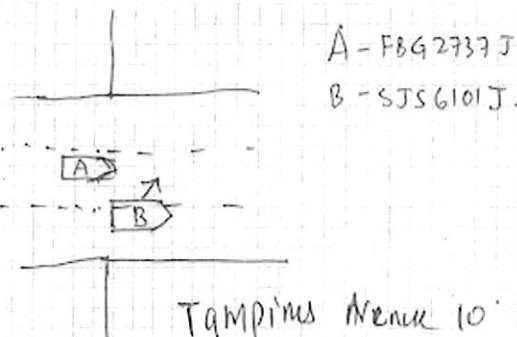
Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vac@idac.com.sg

Witnessed by Reporting Centre  
Personnel

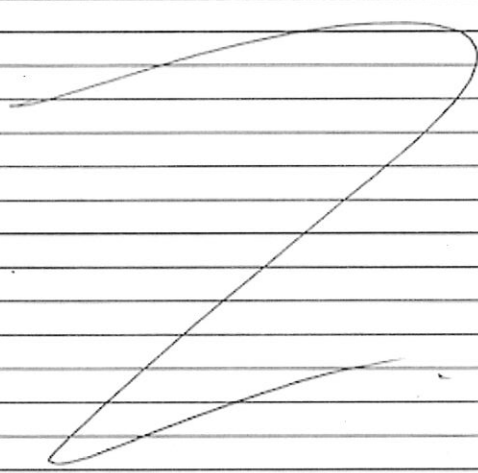
06 MAR 2021

## Sketch Plan



Describe Circumstances of the Accident

Ref  
To Police Report



Declaration

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg  
06 MAR 2021

Witnessed by Reporting Centre Personnel

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20210226/2025

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20210226/2025

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2021 12:10	Video Report No.:	Station Diary No.: 25
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## Informant's Particulars

Name of Informant: GOH KIM CHAI			Address: APT BLK 467 PASIR RIS DRIVE 6 #03-414 SINGAPORE 510467	
ID Type / ID No.: NRIC NO / S0968515D			Contact No.: Home/Office:	Mobile: 90180551
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 72	Date of Birth: 15/09/1948	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SECURITY OFFICER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/02/2021 20:00	Type of Location: Straight Road
Location:  TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG2737J	Motorcycle				Slightly Damaged	0
SJS6101J	Car					0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20210226/2025

2 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20210226/2025

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	GOH KIM CHAI	ID No.	S09685150
Related Vehicle	FBG2737J (Motorcycle)	Contact No.	90180551
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Foo	ID No.	NIL
Related Vehicle	SJS6101J (Car)	Contact No.	98190995
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 24/02/2021 at about 2000hrs, I was riding my motorcycle and was travelling along Tampines Avenue 10 towards Pasir Ris. At that time, I was travelling extremely left lane.

While I was riding, suddenly one car, SJS6101J, was making a lane change from center lane to my lane (left lane). Thus the driver then collided on my right side of my vehicle. I then fell on the road side.

Subsequently, one passerby assist me by lifting me up and call for the Ambulance for assistance.





**SINGAPORE  
POLICE FORCE**



T/20210226/2025

3 of 3

Report No. T/20210226/2025

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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 65474895 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt IDRIS BIN ROSLI

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

26/02/2021 12:10

Officer In Charge Of Case:

TF / GIT /

Sr Staff Sgt NG BEIFENG

Contact No.: 65476845

Classification Of Case:

Authentication Stamp

NP168