

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 Ang Mo Kio Ind Park 2 #01-293 Singapore 569535

Tel : 6481 4152 Fax : 6481 4157

E-mail add : c2msvc@singnet.com.sg website : cheongcheong.com

Reg No : 201007833E

TO : AIG ASIA PACIFIC INSURANCE PTE LTD

ATTN : MOTOR CLAIM DEPT

DATE : 10TH MAY 2021

Dear Sir,

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH I6.2 OF PRE-ACTION PROTOCOL FOR NIMA CASE

We act for TEE WEI CHUAN appointed the undermentioned workshop to repair her motor vehicle SJJ 1898 Z claim against your client vehicle SMR 6792 J accident on 06/05/2021

Please be informed that the said vehicle can be inspected at :

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND PARK 2

#01-293

SINGAPORE 569535

TEL : 6481 4152

FAX : 6481 4157

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Regards,
Angela Ng /Willy Lim

.....
Sign by surveyor :





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	08/05/2021 13:03 (SGT)
Date of Accident	06/05/2021 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Ang Mo Kio Avenue 5, Blk 605 Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1898Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tee Wei Chuan
NRIC No	SXXXX020I
Email Address	teeweichuan@hotmail.com
Mobile Phone No	(Phone) +65-98356698
Alternative Phone No	+65-98356698

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096495050-03 (CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	NG AKOON
NRIC No	SXXXX587J



Date Of Birth	20/04/1957
Occupation	Indoor
Date Of Driving Pass	30/07/1992
Driving experience	28 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96221898
Alt. Phone Number	-
Email Address	teeweichuan@hotmail.com
Address	BLK 605 ANG MO KIO AVENUE 5 #10-2717
Address complement	-
Postcode	560605
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	Collision - Head on collision
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?	No
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	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report T/20210507/2100 (Carpark Accident)

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	SMR6792J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	HO WEI PENG
Contact Number	(Phone) +65-96734889
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	NG AKOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	64
Injuries Sustained	3 days Medical Leave (Khoo Teck Phuat Hospital) - Sprained Neck
Injured person in which vehicle?	SJJ1898Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

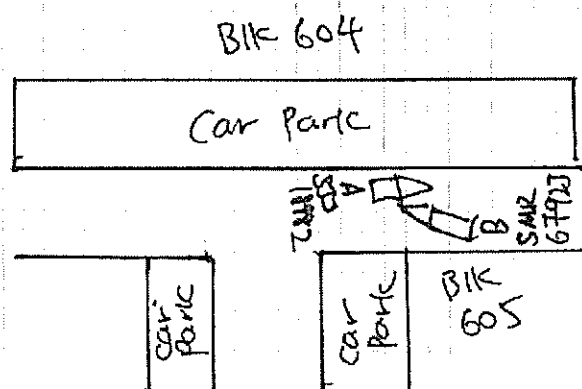
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
 IDAC Reporting Centre
 385 Serangoon Drive
 Singapore 575718
 Tel: 6455 5358 (ARC)
 Fax: 6452 6621

Sketch Plan



Refer to Police Report.

We declare the foregoing particulars are true in every respect.

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

(DAC) S. MING (VAC)
 385 Sin Ming Drive
 Singapore 575718
 Tel: 6455 5358 (ARC)
 Fax: 6452 6621
 Witness of Reporting Centre
 Personnel



T/20210507/2101

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Report No. T/20210507/2101

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 1

Report Number T/20210507/2101

Vide Report Number T/20210507/2100

Date/Time of Report Made 07/05/2021 19:40

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant NG AKOON *AKOON*

ID Type / ID No. NRIC NO / S1260587J

Home/Office

Mobile 96221898

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 06/05/2021 14:45

Accident Location ANG MO KIO AVENUE 5

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJJ1898Z	Car				Seriously Damaged	0
SMR6792J	Car				Seriously Damaged	0

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



T/20210507/2101

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Report No. T/20210507/2101

Continuation of CSF For NP168

Driver			
Name	NG AKOON		ID No. S1260587J
Related Vehicle	SJJ1898Z (Car)		Contact No. 96221898
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	06/05/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HO WEI PENG		ID No. NIL
Related Vehicle	SMR6792J (Car)		Contact No. 96734889
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 Facts.

I wish to amend that both our vehicles are seriously damaged and not slightly damaged.

I also wish to amend that after I turned right, my vehicle was then moving straight. Shortly afterwards, the other vehicle (SMR6792J) drove from the front of my vehicle and collided straight, grazing onto the driver's side.



T/20210507/2101

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Report No. T/20210507/2101

Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / NUR ADELINA BINTE MOHAMMAD FUAT
Classification of Case	1) INJURY / ATTENDED BY POLICE



**SINGAPORE
POLICE FORCE**



T/20210507/2100

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20210507/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2021 19:26	Vide Report No.: F/20210506/0111	Station Diary No.: 17
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Informant's Particulars			
Name of Informant: NG AKOON		Address: APT BLK 605 ANG MO KIO AVENUE 5 #10-2717 SINGAPORE 560605	
ID Type / ID No.: NRIC NO / S1260587J		Contact No.: Home/Office: Mobile: 96221898	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 64	Date of Birth: 20/04/1957	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OFFICE STAFF		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/05/2021 14:45	Type of Location: Car Park
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ1898Z	Car				Slightly Damaged	0
SMR6792J	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20210507/2100

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20210507/2100

CONTINUATION OF REPORT

Driver			
Name	NG AKOON	ID No.	S1260587J
Related Vehicle	SJJ1898Z (Car)	Contact No.	96221898
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HO WEI PENG	ID No.	NIL
Related Vehicle	SMR6792J (Car)	Contact No.	96734889
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 06/05/21 at about 1445hrs, I was driving my vehicle (SJJ1898Z) around this OSCP of Block 605 Ang Mo Kio Avenue 5. I turned right wanting to find a parking spot when suddenly, this vehicle (SMR6792J) drove from my right side and collided straight onto my vehicle at the driver's side.

Upon collision, I called my son and he came down shortly. We then took photos, exchanged particulars and called for police and ambulance. Both police and ambulance came shortly and I was conveyed to Khoo Teck Puat Hospital. I wish to state that I have a video footage of the accident.

I was then given 3 days of MC by the doctor and was given a letter to go to a polyclinic for further check ups after I am done with the 3 days MC. I also suffered from a sprained neck from the accident.

I wish to state that the contact number provided in this report belongs to the father (Ho Thian Poh) of the other driver.

I am lodging this report for police investigation purposes.



SINGAPORE POLICE FORCE



T/20210507/2100

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20210507/2100

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 HO BOON KIAT, DARON
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT Contact No : 65476086
Authentication Stamp NP168

Signature Of Informant:
Date/Time: 07/05/2021 19:26
Classification Of Case: