

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 : TKSF/M492-ACC-44993.21/sf (mc)
Your Ref : SLQ 5494 T
Date : 9 July 2021

Secretary in charge: Janice

Tel : 6333 4222 (ext 60)
Fax : 6333 5676 / 6333 5688
Email : janice.kee@ksteoptr.com

To: **Auto & General Insurance (Singapore) Pte Ltd**
190 Clemenceau Avenue
#03-01, Singapore Shopping Centre
Singapore 239924
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY EMAIL

Cc: **Tan Too Kiat Adam (Owner & Driver)**
Blk 539 Jurong West Avenue 1
#12-1034
Singapore 640539

BY POST

Dear Sirs

RE: ACCIDENT INVOLVING SJD 5271 L / SLQ 5494 T ON 7/7/21 ALONG BOON LAY AVE

We are instructed by **Raj Kumar S/O Kalamani** to notify you of a road traffic accident on **7/7/21** at about **08:00 hours** at **ALONG BOON LAY AVE** involving our client's vehicle registration number **SJD 5271 L** and vehicle registration number **SLQ 5494 T** 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 **SJD 5271 L** is now at the following workshop:-

Massive Trading & Auto
Blk 5038 Ang Mo Kio Industrial Park 2
#01-405
Singapore 569541
Contact: 9108 2728 Anthony

Yours faithfully,



M/s Teo Keng Siang LLC
encs

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature



**SINGAPORE
POLICE FORCE**



T/20210707/2108

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20210707/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2021 21:20		Vide Report No.:		Station Diary No.: 131	
Name of Informant: RAJ KUMAR S/O KALAMANI					
Address: 111 BOON LAY AVENUE #01-225 SINGAPORE 071111					
ID Type / ID No.: NRIC NO / 901111111		Contact No.:		Mobile: 97475271	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 39	Date of Birth: 01/01/1982	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: OPERATION TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/07/2021 08:00	Type of Location: Slip Road
Location: BOON LAY AVENUE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Damage	No of Persons
SJD5271L	Car	HONDA	STREAM 1.8L A	Silver	Slightly Damaged	0
SLQ5494T	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Blue	Slightly Damaged	2

Name of Vehicle Insurer:	Insurance No.:	Policy No.:	Expiry Date:
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**SINGAPORE
POLICE FORCE**


T/20210707/2108

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210707/2108

CONTINUATION OF REPORT

SJD5271L	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10247634R01	26/09/2020	25/09/2021
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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	RAJ KUMAR S/O KALAMANI	ID No.	XXXXXXXXXX
Related Vehicle	SJD5271L (Car)	Contact No.	XXXXXXXXXX
Hospital/Clinic	SILVER CROSS MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	07/07/2021	Date Discharge	07/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Name	TAN TOO KIAT ADAM	ID No.	XXXXXXXXXX
Related Vehicle	SLQ5494T (Car)	Contact No.	XXXXXXXXXX
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 07/07/2021, at around 8am, I was driving V1) SJD5271L along Boon Lay Avenue towards Corporation Road, on the slip road to turn left. I had slowed down, and suddenly, I felt a collision from the back. I got off from the vehicle and made a check of what happened. I saw that V2) SLQ5494 front had collided with my back which caused V1 to have a dented rear bumper while V2 had a dented front bumper. I then exchanged particulars with the driver of V2. Later on, I felt some pain at the back of my neck and visited Silver Cross Medical centre for treatment and I received a 3 day MC ref 20211881767559.



SINGAPORE POLICE FORCE



T/20210707/2108

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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210707/2108

CONTINUATION OF REPORT

Sketch Plan

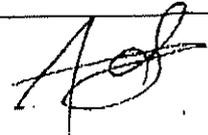
Informant is not able to provide sketch plan

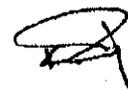
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
J/
SC2 AKEELA DARRYL FATTHA 

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No: 65476151

Authentication Stamp
NP168 

Signature Of Informant: 

Date/Time:
07/07/2021 21:20

Classification Of Case:

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	08/07/2021 15:01 (SGT)
Date of Accident	07/07/2021 08:00 (SGT)
Exact Location of Accident	Boon Lay Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD5271L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAJ KUMAR S/O KALAMANI
NRIC No	SXXXX721F
Email Address	PEPSI_RAJ@YAHOO.COM
Mobile Phone No	(Phone) [REDACTED]
Alternative Phone No	[REDACTED]

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1799

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10247634R01
Cover Note Number	26/09/2020 - 25/09/2021

DRIVER

Name of Driver	RAJ KUMAR S/O KALAMANI
NRIC No	SXXXX721F

Date Of Birth	08/04/1982
Occupation	Indoor
Date Of Driving Pass	18/03/2009
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97475271
Alt. Phone Number	██████████
Email Address	PEPSI_RAJ@YAHOO.COM
Address	██████████
Address complement	██████████
Postcode	██████████
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

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 vehicle 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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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	SLQ5494T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver -
 Contact Number -
 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 RAI KUMAR S/O KALAMANI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK PAIN
 Injured person in which vehicle? SJD5271L
 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 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.

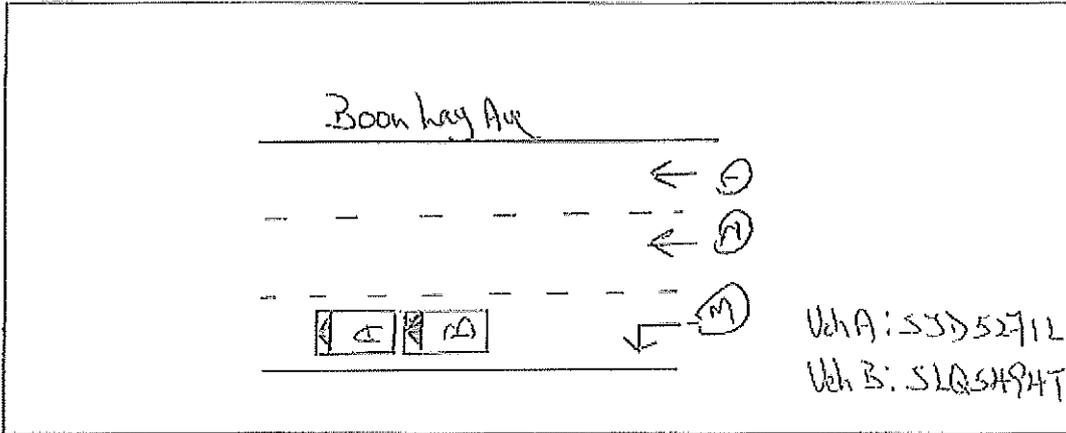

 Policyholder's Signature
 Date & Time:


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


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

Date of accident: 07/7/11 Time: 0800 Location: Boon Lay Ave
 My Vehicle A: SJD52712 Vehicle B: SLQ54947 Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

- Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Massive Trading & Auto
 Email address: massivetrad@ymail.com
 & myself
 Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

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

AHLIM MOTOR COMPANY