

# ROY & PARTNERS

(Business Registration No. 53131170L)

Advocates & Solicitors

Commissioner For Oaths

Notary Public

**MONOJ KUMAR ROY LLB (Hons.) S'pore**

133 New Bridge Road #08-09 Chinatown Point, Singapore 059413

Tel : 6536 8466

Fax : 6536 1963 (Not For Service Of Documents)

Enquiries: [roynpartners@roypartners.com.sg](mailto:roynpartners@roypartners.com.sg)

Our Ref: MKR/103/10049/2021.jr(ld)

Your Ref: to be advised; (Your insured vehicle: **SHA 351L**)

22 March 2022

**M/S AXA INSURANCE SINGAPORE PTE LTD**

**BY EMAIL**

8 Shenton WayT

#24-01 AXA Tower

Singapore 068811

(Attn: Motor Claims Department)

**FONG CHEE FONG**

Blk 240 Serangoon Avenue 2

#10-73

Singapore 550240

(Driver of motor taxi **SHA 351L**)

**CERTIFICATE OF POSTING**

(For your information only)

Dear Sir/Mdm,

**CLAIMANT: CHUA YEOW LING (OWER & RIDER OF FBQ 9099T)**

**PROPERTY DAMAGE CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. FBQ 9099T AND SHA 351L ALONG PASIR RIS DRIVE 1 ON 17.07.2021 AT ABOUT 1415 HOURS.**

We are instructed by the abovenamed to claim damages against you/your insured in connection with a road traffic accident on **17.07.2021** along **Pasir Ris Drive 1** involving our client's motor vehicle registration number **FBQ 9099T** and motor vehicle registration number **SHA 351L** driven by your insured/insured's driver at the material time.

We are instructed that the accident was caused by your insured/insured driver's negligent driving and/or management of your/your insured motor car. As a result of the accident, our client's motor vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:-

1.	Costs of Repair	S\$ 1,700.00
2.	Loss of Use (5 days x \$20.00/day) (Incl. PRI)	S\$ 100.00
3.	LTA search	S\$ 7.49
4.	GIA search/report	S\$ 29.00
5.	TP search	S\$ 14.00
6.	TP report	S\$ 16.00
7.	Incidentals	S\$ 150.00
8.	Costs Contribution	S\$ 1,000.00
	<b>Total:</b>	<b>S\$ 3,016.49</b>

=====

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133 New Bridge Road #08-09 Chinatown Point, Singapore 059413

Tel : 6536 8466

Fax : 6536 1963 (Not For Service Of Documents)

Enquiries: [roynpartners@roynpartners.com.sg](mailto:roynpartners@roynpartners.com.sg)

We enclose herewith all supporting documents for your attention:-

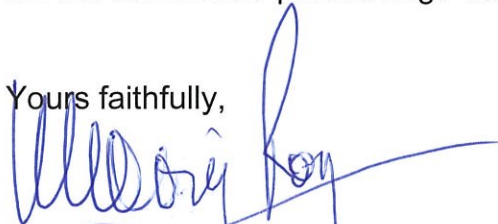
1. GIA & Police reports lodged by the rider of FBQ 9099T;
2. GIA & Police report lodged by the driver of SHA 351L;
3. GIA tax invoice;
4. LTA search and invoice; and
5. Final Repair Bill No. FBQ9099T dated 19-Mar-22 from Erofia Motor Trading Pte Ltd.

Please note that you or your insurer should send to us an acknowledgement 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. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

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.

Please be reminded that if you fail to response with an offer after 8 weeks and 10 days, i.e. when an acknowledgement is made by you, pursuant to the protocol, we shall issue a Writ of Summons against you without any further notice, as it is deemed that a notice has been sufficiently given to you after 8 weeks and 10 days and that you have breached the Protocol we will commence proceedings within the requisite 14 days without any further notice.

Yours faithfully,



**Monoj Kumar Roy**

Encs.

cc: Client (**FBQ 9099T**)

(By Email)

SK05217N0003 / KAN FOOK SING MOTOR WORKSHOP [417883]  
ENTRY DATE & TIME: 23/07/2021 16:52 (SGT)  
SUBMITTED BY: Darrell Lek Siu Eng  
VERSION: 1 (23/07/2021 16:52 (SGT))

Your NCD will be affected due to late reporting

## 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	23/07/2021 16:52 (SGT)
Date of Accident	17/07/2021 14:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Pasir Ris Drive 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ9099T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Chua Yeow Leng
NRIC No	SXXXX474A
Email Address	pcyl_photographer@yahoo.com.sg
Mobile Phone No	(Phone) +65-97895334
Alternative Phone No	+65-97895334

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	149

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5117759257-01
Cover Note Number	-

### DRIVER

Name of Driver	Chua Yeow Leng
NRIC No	SXXXX474A



Date Of Birth	14/01/1967
Occupation	Outdoor
Date Of Driving Pass	18/11/1985
Driving experience	35 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97895334
Alt. Phone Number	+65-97895334
Email Address	pcyl_photographer@yahoo.com.sg
Address	Blk 231 Pasir Ris Drive 4 #10-452
Address complement	-
Postcode	510231
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	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 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	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

Refer to attached Police report.

## ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	It is with the Traffic Police
Was there any audio recorded?	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA351L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category	Taxi
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	Chua Yeow Leng
Address	Blk 231 Pasir Ris Drive 4 #10-452
Address Complement	-
Post Code	510231
Approximate Age Years Old	-
Injuries Sustained	Refer to MCs
Injured person in which vehicle?	FBQ9099T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

## 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 willful 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

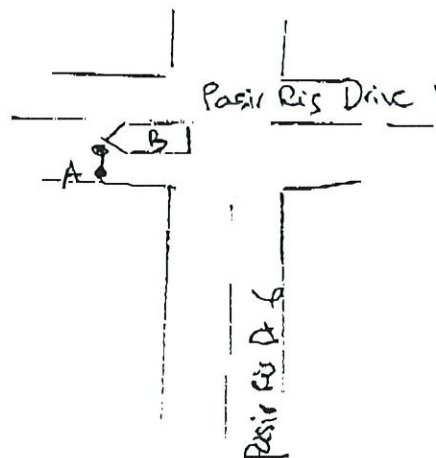
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

B: SHA351L

A: FBQ9094T



SKETCH PLAN #2

## Describe Circumstances of the Accident

Refer to police report

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5117759257-01

**Cover** : Thlr Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBQ9099T

Chassis Number

: MLHKC2889K5138435

2. Name of Policyholder

: CHUA YEOW LENG

3. Effective Date of Insurance

: 05 Jun 2021

4. Expiry Date of Insurance

: 04 Jun 2022

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: CHUA YEOW LENG

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 21 May 2021 21:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



**SINGAPORE  
POLICE FORCE**



T/20210717/2110

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

1 of 3

Report No. T/20210717/2110

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/07/2021 21:49	Vide Report No.:	Station Diary No.: 73
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**Informant's Particulars**

Name of Informant: CHUA YEOW LENG			Address: APT BLK 231 PASIR RIS DRIVE 4 #10-452 SINGAPORE 510231		
ID Type / ID No.: NRIC NO / S1821474A			Contact No.: Home/Office: Mobile: 97895334		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 14/01/1967	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Technical			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/07/2021 14:05	Type of Location: T-Junction
Location:  PASIR RIS DRIVE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ9099T		HONDA	CB150R	Red		0
SHA351L		HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Yellow		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210717/2110

2 of 3

Report No. T/20210717/2110

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**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ9099T	NTUC Income Insurance Co-Operative Limited	5117759257-01	05/06/2021	04/06/2022

**Brief Details.**

On 17/07/2021 at about 1405hrs, I was riding my motorcycle (FBQ9099T) along Pasir Ris Drive 6 while I was turning left into Pasir Ris Drive 1. However, at the point of time the traffic light was in green arrow. Suddenly, one TAXI (SHA351L) knocked me from my right side which cause me to fall.

Subsequently, the Police and ambulance came to the scene and I was then conveyed to Changi Hospital. I was then given 2 days MC and 5 days of light duty. I suffered injuries on my right elbow and my right foot.





**SINGAPORE  
POLICE FORCE**



T/20210717/2110

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

3 of 3

Report No. T/20210717/2110

**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:  
G /  
Sgt 1 CHANG ZHEN YONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt LIM ENG KUAN, CLARENCE  
Contact No.: 65476256

Signature Of Informant:

Date/Time:  
17/07/2021 21:49

Classification Of Case:



Authentication Stamp

NP 188  
SINGAPORE  
POLICE FORCE

SIGNATURE

## 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	19/07/2021 18:24 (SGT)
Date of Accident	17/07/2021 14:15 (SGT)
Exact Location of Accident	Pasir Ris Dr 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA351L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Vehicle Category	Taxi
Transmission	Auto
CC	1580

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

#### DRIVER

Name of Driver	FONG CHEE FONG
NRIC No	S0163661H
Address	APT BLK 240 SERANGOON AVENUE 2
Address complement	#10-73
Postcode	SINGAPORE 550240
Does Driver Own Other Vehicles?	No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210717/2113

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ9099T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Insurance Company Name	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN RIDER
Gender	-
Phone No	-
Injured person in which vehicle?	FBQ9099T



## 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

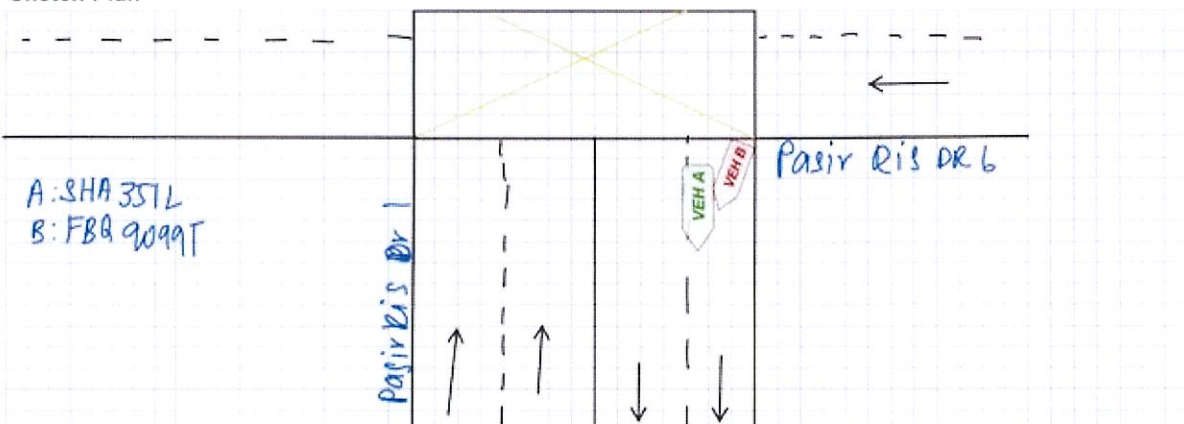
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 19/7/21 1405

Witnessed by Reporting Centre Personnel Sayat

### Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT NO. T/20210717/2113.

**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 19/7/21 1405

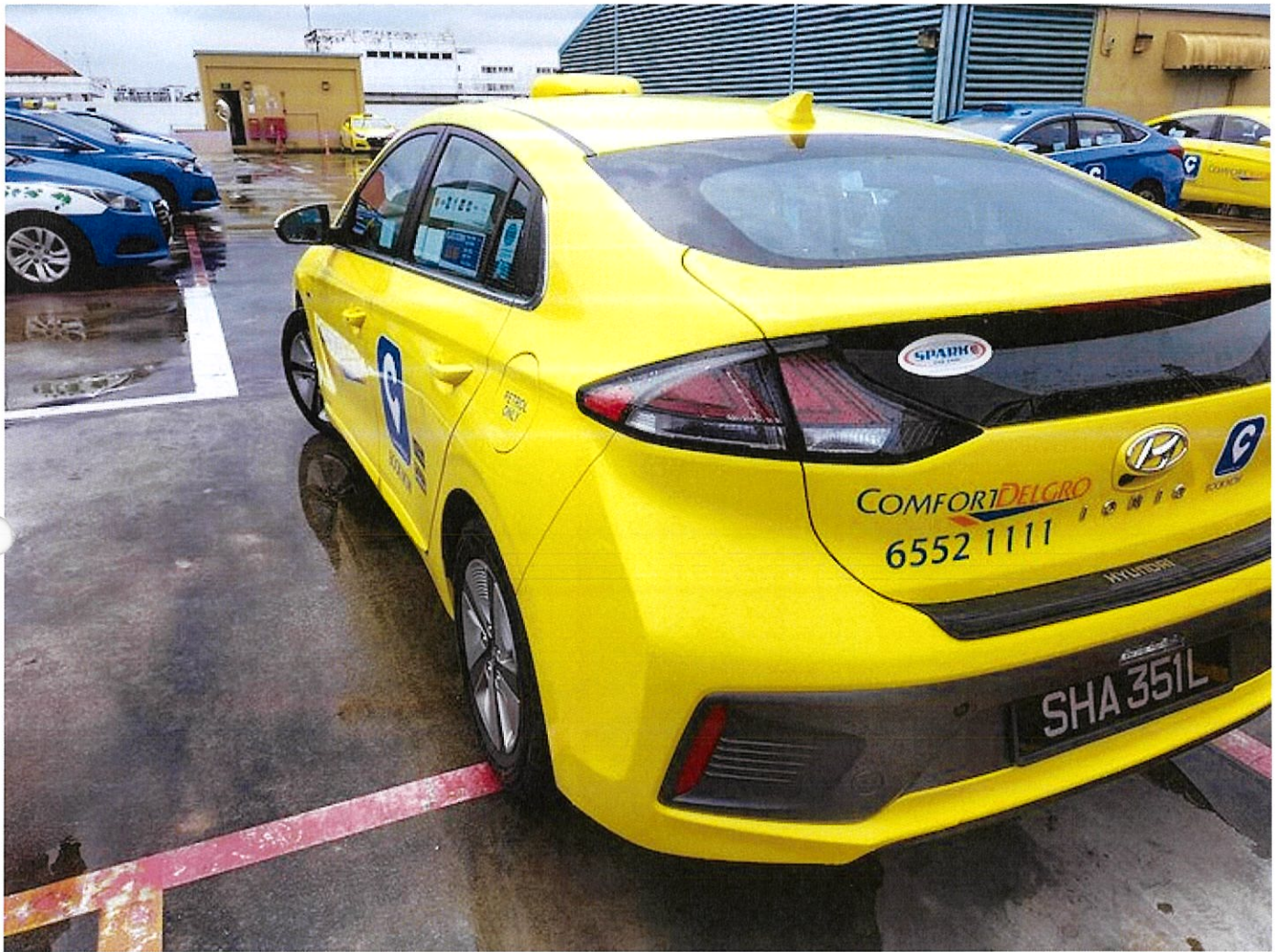
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel Sayyaf
























**SINGAPORE  
POLICE FORCE**


T/20210717/2113

1 of 4

Report No. T/20210717/2113

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/07/2021 22:00		Vide Report No.: G/20210717/0158		Station Diary No.: 56	
<b>Informant's Particulars</b>					
Name of Informant: FONG CHEE FONG			Address: APT BLK 240 SERANGOON AVENUE 2 #10-73 SINGAPORE 550240		
ID Type / ID No.: NRIC NO / S0163661H			Contact No.: Home/Office:		Mobile: 97736160
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 28/02/1952	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/07/2021 14:15	Type of Location: X-Junction
Location:  PASIR RIS DRIVE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ9099T	Motorcycle				Slightly Damaged	0
SHA351L	Car	HYUNDAI		Yellow	Slightly Damaged	2

**Details of Person Involved**

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




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

CONTINUATION OF REPORT



2 of 4  
Report No. T/20210717/2113

<b>Rider</b>		ID No.	NIL
Name	Unknown Rider		
Related Vehicle	FBQ9099T (Motorcycle)	Contact No.	NIL
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	Slight
<b>Driver</b>			
Name	FONG CHEE FONG	ID No.	S0163661H
Related Vehicle	SHA351L (Car)	Contact No.	97736160
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>Passenger</b>			
Name	MR TAN	ID No.	NIL
Related Vehicle	SHA351L (Car)	Contact No.	83889707
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 17/07/2021 at about 1415hrs, I recall driving Citycab Taxi bearing (Plate No: SHA351L) with two passenger in it. When a traffic accident had took place at a cross junction of Pasir Ris Drive 1 and Pasir Ris Drive 6 near Lamppost 52.

From my knowledge, I was driving along Pasir Ris Drive 1 towards the direction of Pasir Ris Street 21. While approaching the said cross junction, my vehicle had eventually slow down and came to a stop due to the traffic light turning red. However, one road marshal from A Team namely Mr Muhammad Fadhli Bin Aron, HP: 83889707 managing the cross junction had signaled to me in continue driving, as such I had followed suit. Just then, One motorist bearing (Plate No: FBQ9099T) made a left turn out of Pasir Ris 6 colliding into left side of my taxi. I immediately stop my vehicle along the side of the road and in making a check on him. The said road marshal had also assisted me in calling for ambulance and police. From my



**SINGAPORE  
POLICE FORCE**



T/20210717/2113

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 4

Report No. T/20210717/2113

**CONTINUATION OF REPORT**

knowledge, my passengers and I were fine, however the said motorist suffer some abrasion to his leg and forearm. Nevertheless, no government property is damaged, but my vehicle does sustain several scratches and dent to the left portion of my taxi.

TP and Paramedics arrived at scene shortly to assist us on the matter. I recall the said motorist being conveyed away by the ambulance, thus I did not manage to get his particulars. Concurrently, the said TP Officer interviewed me and in getting my taxi sd card for their necessary investigation. Thereafter, I was told to leave and in making a traffic accident report under IO Clarence.

As instructed, I'm lodging this traffic accident report for record purpose.


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

CONTINUATION OF REPORT



T/20210717/2113

Report No. T/20210717/2113

**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:

F /

Sgt 2 LUM HOW MUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt LIM ENG KUAN, CLARENCE

Contact No.: 65476256

Authentication Stamp

NP158

Signature Of Informant:

Date/Time:

17/07/2021 22:00

Classification Of Case:



SINGAPORE  
POLICE FORCE  
INVESTIGATION

SN 158

SIGNATURE







# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2021 22:00	Vide Ref G/202107
--	----------------------

### Informant's Particulars

Name of Informant: FONG CHEE FONG		Address: APT BLK 240 SERANGOOIN 550240	
ID Type / ID No.: NRIC NO / S0163661H		Contact No.: Home/Office: Mobile: 9	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 28/02/1952	Type of Informant: Driver
Race: Chinese		Language: Mandarin	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/07/2021 14:15	Type of Location: X-Junction
Location:  PASIR RIS DRIVE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ9099T	Motorcycle				Slightly Damaged	0
SHA351L	Car	HYUNDAI		Yellow	Slightly Damaged	2

Certified True Copy  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

### Details of Person Involved

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

FAUZIAH BTE AHMAD  
Traffic Police  
Date: 30 JUL 2021





# SINGAPORE POLICE FORCE



T/20210717/2113

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

2 of 4

Report No. T/20210717/2113

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBQ9099T (Motorcycle)		Contact No. NIL
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	Slight
<b>Driver</b>			
Name	FONG CHEE FONG		ID No. S0163661H
Related Vehicle	SHA351L (Car)		Contact No. 97736160
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>Passenger</b>			
Name	MR TAN		ID No. NIL
Related Vehicle	SHA351L (Car)		Contact No. 83889707
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 17/07/2021 at about 1415hrs, I recall driving Citycab Taxi bearing (Plate No: SHA351L) with two passenger in it. When a traffic accident had took place at a cross junction of Pasir Ris Drive 1 and Pasir Ris Drive 6 near Lamppost 52.

From my knowledge, I was driving along Pasir Ris Drive 1 towards the direction of Pasir Ris Street 21. While approaching the said cross junction, my vehicle had eventually slow down and came to a stop due to the traffic light turning red. However, one road marshal from A Team namely Mr Muhammad Fadhli Bin Aron, HP: 83889707 managing the cross junction had signaled to me in continue driving, as such I had followed suit. Just then, One motorist bearing (Plate No: FBQ9099T) made a left turn out of Pasir Ris 6 colliding into left side of my taxi. I immediately stop my vehicle along the side of the road and in making a check on him. The said road marshal had also assisted me in calling for ambulance and police. From my





**SINGAPORE  
POLICE FORCE**



T/20210717/2113

3 of 4

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

Report No. T/20210717/2113

**CONTINUATION OF REPORT**

knowledge, my passengers and I were fine, however the said motorist suffer some abrasion to his leg and forearm. Nevertheless, no government property is damaged, but my vehicle does sustain several scratches and dent to the left portion of my taxi.

TP and Paramedics arrived at scene shortly to assist us on the matter. I recall the said motorist being conveyed away by the ambulance, thus I did not manage to get his particulars. Concurrently, the said TP Officer interviewed me and in getting my taxi sd card for their necessary investigation. Thereafter, I was told to leave and in making a traffic accident report under IO Clarence.

As instructed, I'm lodging this traffic accident report for record purpose.

**Certified True Copy**  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

FAUZIAH BTE AHMAD  
Traffic Police

Date: 30 JUL 2021



**SINGAPORE  
POLICE FORCE**



T/20210717/2113

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

4 of 4

Report No. T/20210717/2113

**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: F / Sgt 2 LUM HOW MUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2021 22:00
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476256	Classification Of Case:  <b>Certified True Copy</b> pursuant to Sec. 78 of the Evidence Act, Cap 97.

Authentication Stamp  
NP168

FAUZIAH BTE AHMAD  
Traffic Police  
Date: 30 JUL 2021



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE**

**RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 12/10/2021

Your Ref No: MKR/103/10049/2021/XY

Dear Sir/Madam,

Date of Accident: 17/07/2021 00:00 (SGT)

Vehicle No: FBQ9099T

Place of Accident: Pasir Ris Dr 1, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA351L	Pasir Ris Dr 1, Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.





# Thank you

Seah Siew Hoon has successfully logged out.

Your last login date and time was 23 Jul 2021, 14:26:21.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No.	Asset Type	Asset ID
1	Vehicle	SHA351L
<ul style="list-style-type: none"><li>Transaction Type 18.19 Enquire Veh Owner Info (Others) by Law Firm</li><li>Transaction Amount(\$\$) 7.49</li><li>Log Date/Time 23 Jul 2021 / 14:26:53</li></ul>		

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 17 Jul 2021 / 14:05:00 )

## Vehicle Insurance Details

Vehicle No.:

**SHA351L**

Make Description/Model:

**HYUNDAI / AE IONIQ HEV FL 1.6 DCT**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Business Transaction Reference No.:

**20210723142653336174**

**Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).**

Save as PDF

OK →

Print



# Enquire Vehicle Owner Details

## Enquire Vehicle Owner Details ( As At 17 Jul 2021 / 14:05:00 )

### Vehicle Owner Details

Owner ID Type:

**Company**

Owner ID:

**199502839G**

Owner Name:

**CITYCAB PTE LTD**

Registered Address Type:

**Private Residential (Condo Apt or House) / Shopping / Office Complexes**

Registered Block/House No.:

**383**

Registered Street Name:

**SIN MING DRIVE**

Registered Unit No.:

-

Registered Building Name:

**GAS BUILDING**

Registered Postal Code:

**575717**

### Vehicle Insurance Details

Vehicle No.:

**SHA351L**

Make Description/Model:

**HYUNDAI / AE IONIQ HEV FL 1.6 DCT**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Save as PDF

OK →

Print





# PAYMENT

## TAX INVOICE

Invoice No: SPF2021072301000324  
Date/Time: 23/07/2021 17:01:01

Application Paid Via: Master  
Bank Reference No: R09722  
GST Reference No: MG-8400000-5

Transaction Ref No: TP000145208

	Service Type	Service Fee	eService Reference No	Unit Price (S\$)	GST (S\$)	Qty	Amount (S\$)
1	Police Document	Search Fee	0050000002461013	14.00	0.00	1	14.00

Total (S\$) 14.00

This is a computer-generated invoice. No signature is required.

Please print a copy of the invoice for your reference.

A FORCE FOR THE NATION



**SINGAPORE  
POLICE FORCE**  
SAFEGUARDING EVERY DAY

# PAYMENT

## TAX INVOICE

Invoice No: SPF2021072701000369  
Date/Time: 27/07/2021 16:56:59

Application Paid Via: Master  
Bank Reference No: R07157  
GST Reference No: MG-8400000-5

Transaction Ref No: TP000145208

Service Type	Service Fee	eService Reference No	Unit Price (\$)	GST (\$)	Qty	Amount (\$)
1 Police Document	Document Fee	0050000002462389	16.00	0.00	1	16.00
Total (\$)						16.00

This is a computer-generated invoice. No signature is required.

Please print a copy of the invoice for your reference.

A FORCE FOR THE NATION

10049.

**EROFIA MOTOR TRADING PTE LTD**

1 Kaki Bukit Ave 6 #02-62  
Singapore 417883  
Co Registration No: 201202259N  
Tel: 67527740 Fax: 67528669  
E-mail: erofia@singnet.com.sg

**INVOICE**

Number	Date	Page
FBQ9099T	19-Mar-22	1

YOUR REF:  
VEHICLE NO: FBQ9099T  
MAKE/MODEL: HONDA CB150R  
NAME: CHUA YEOW LENG  
ADDRESS: BLK 231 PASIR RIS DRIVE 4 #10-452  
SINGAPORE 510231

**ACCIDENT INVOLVING SHA351L AND FBQ9099T ON 17 JULY 2021**

FINAL REPAIR BILL AS PER SURVEYOR'S RECOMMENDATION	S\$	1,700.00
LOSS OF USE (5 DAYS X \$20.00/DAY) REPAIR DAYS & PRI	S\$	100.00

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SUB-TOTAL:	S\$	1,800.00
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SINGAPORE DOLLARS: ONE THOUSAND AND EIGHT HUNDRED ONLY

TOTAL :	S\$	1,800.00
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**EROFIA MOTOR TRADING PTE LTD**