



# C RAMESH LAW PRACTICE

ADVOCATES & SOLICITORS  
UEN No. 53294818A

20 Havelock Road  
#02-54 Central Square  
Singapore 059765  
Tel: 68141873  
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Email: [info@cr-lawpractice.com](mailto:info@cr-lawpractice.com)

*We do not accept service of Court Documents via facsimile*

YOUR REF : TBA (SHD 6171J)  
OUR REF : CR/DE-PD/21-200127

3<sup>RD</sup> September 2021

**SMRT AUTOMOTIVE SERVICES PTE LTD**  
60 Woodlands Industrial Park E4  
Singapore 757705

**WITHOUT PREJUDICE**  
BY EMAIL: [onghuayen@smrt.com.sg](mailto:onghuayen@smrt.com.sg)  
: [leebeegan@smrt.com.sg](mailto:leebeegan@smrt.com.sg)

**Attention: Motor Claims Department**

Dear Sirs

**CLAIMANT: LYE MOH SEH, MOSES AARON**  
**PROPERTY DAMAGE CLAIM ARISING FROM THE ROAD TRAFFIC ACCIDENT ON 27.07.2021 INVOLVING**  
**MOTOR VEHICLES FBR 7500J AND SHD 6171J ALONG SERANGOON ROAD AT ABOUT 1325HRS**

We act for **LYE MOH SEH MOSES AARON**, the owner of motor vehicle number **FBR 7500J**.

From our LTA search, you are the insurer of motor vehicle number **SHD 6171J**.

We are instructed by our client to claim damages against your insured in connection with a road traffic accident on **27.07.2021** along **SERANGOON ROAD** involving our client's motor vehicle number **FBR 7500J** and motor vehicle number **SHD 6171J** driven by your insured and/or your insured's servant and/or agent at the material time.

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

a)	Cost of repairs	\$4,500.00
b)	Loss of Use for 14 days incl PRI x \$50	\$ 700.00
c)	Survey Report fee	\$ 500.00
d)	3 <sup>rd</sup> Party's GIA Report fee	\$ 29.00
e)	LTA search fee	\$ 7.49
f)	Costs	\$ 800.00
g)	Incidentals	<u>\$ 100.00</u>
<b>Total Amount</b>		<b><u>\$6,636.49</u></b>

A copy each of the following supporting documents marked [X] is enclosed:-

- [x] GIA reports
  - [ ] Repairers bill and evidence of payment
  - [ ] Excess bill/receipt
  - [ ] Vehicle Registration Card
  - [ ] COE/PARF Certificate
  - [ ] Names and addresses of witnesses
  - [x] Original photographs of damage to our client's motor vehicle (28 pcs)
  - [x] Photocopied photographs of damage to our client's motor vehicle
  - [ ] Rental Agreement, Invoice and receipt for rental
  - [x] Supporting documents for all other expenses claimed
- 

Please take note that you 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 your insured without further notice to you.

Yours faithfully



**C RAMESH LAW PRACTICE**  
**ENCL**

## 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	04/08/2021 18:30 (SGT)
Date of Accident	27/07/2021 13:30 (SGT)
Exact Location of Accident	Lavender St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7500J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LYE MOH SEH, MOSES AARON
NRIC No	SXXXX227D
Email Address	
Mobile Phone No	
Alternative Phone No	

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XSR155
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
Transmission	Manual
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5119431010
Cover Note Number	-

#### DRIVER

Name of Driver	LYE MOH SEH, MOSES AARON
NRIC No	SXXXX227D



Date Of Birth .....  
 Occupation .....  
 Date Of Driving Pass .....  
 Driving experience .....  
 Gender .....  
 Mobile Number .....  
 Alt. Phone Number .....  
 Email Address .....  
 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 ..... 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 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 ..... Traffic Police  
 Police Station Phone No ..... (Phone) +65-65470000  
 Alt. Police Station Phone No ..... (Fax) +65-65474900  
 Police Station Address ..... 10 Ubi Avenue 3 Singapore 408865  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 ..... SHD6171J  
 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 .....	LYE MOH SEH,MOSES AARON
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBR7500J
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 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.

## 6. 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) conducting 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/postal 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/are disclosed by any of the Insurers and/or GIA to 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 Contra Personnel

## Sketch Plan

A. Motor - FRZ500J

B. Vehicle - SHD6HJ5

100 500 1000

LAVERDER STREET X SEERANGKON ROAD

Describe Circumstances of the Accident

Refer to police report.

A large rectangular area with horizontal lines for describing the accident circumstances.

Declaration

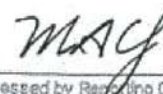
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel































**SINGAPORE  
POLICE FORCE**



T/20210728/7002

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

2 of 3

Report No. T/20210728/7002

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR7500J	NTUC Income Insurance Co-Operative Limited	5119431010	12/10/2020	11/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LYE MOH SEH, MOSES AARON		ID No.
Related Vehicle	FBR7500J (Motorcycle)		Contact No.
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry
			Class: 2B,3A Date of Expiry: NIL
Date	27/07/2021		Date
			27/07/2021
No. of Days granted Medical Leave	03	Degree of	Slight

## Brief Details.

Traffic light changed to amber. I braked and came to a stop.  
The taxi hit me from the back.  
this was at the junction of Lavender and Serangoon road.  
after the accident, i felt pain in my back and neck and i went to consult doctor at Unihealth 24 hours clinic at Toa Payoh Central. I was given 3 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210728/7002

3 of 3

Report No. T/20210728/7002

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
NG BEIFENG  
Contact No.: 65476845

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
28/07/2021 10:14

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20210728/7002

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210728/7002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/07/2021 10:14		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LYE MOH SEH, MOSES AARON			Address: [REDACTED]		
ID Type / ID No.:		Contact No.:		Mobile: [REDACTED]	
NRIC NO / [REDACTED]		Home/Office:		[REDACTED]	
Nationality: SINGAPORE CITIZEN			Email: [REDACTED]		
Sex: Male	Age: 50	Date of Birth: [REDACTED]	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Administration manager		Driving Licence Information: Class: 2B,3A		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/07/2021 13:30	Type of Location: X-Junction
Location:  LAVENDER STREET				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBR7500J	Motorcycle	YAMAHA	XSR155 MANUAL	Black		0
SHD6171J	Car	TOYOTA	prius	Maroon	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



UEN: 53431007M

INVOICE #	DATE
FBR 7500J	02.09.2021

Bike Owner Name	: LYE MOH SEH, MOSES AARON
Bike Model	: YAMAHA XSR155
Bike Plate	: <b>FBR 7500J</b>

DATE OF ACCIDENT	DESCRIPTION		AMOUNT
7/6/2021	COST OF REPAIR Vehicle Number: FBR 7500J		\$4,500
			-
			-
			-
			-
			-
			-
			-
			-
			-
		SUBTOTAL	4,500.00
		TOTAL DUE	4,500.00



SURVEYORS & ADJUSTERS

INVOICE

TO : A L Motorwerkz  
ADDRESS : 25 Kaki Bukit Road 4  
#03-62  
Singapore 417800  
DATE : 31.08.2021  
INV NO : ARC-SUR/2021/015

Claim Type : THIRD PARTY  
Your Ref : TBA  
Vehicle Number : FBR 7500J  
Our Ref : ARC/2021-015  
Insured Veh Number : SHD 6171J  
Make/Model : YAMAHA XSR155

Particulars : Amount : S\$ 500.00  
Inclusive Of Photographs & Transport Charges  
TOTAL S\$ 500.00  
Dollars : FIVE HUNDRED ONLY

Please make cheque crossed and payable to  
ARC SURVEYORS & ADJUSTERS

ARC SURVEYORS & ADJUSTERS



Authorised Signature



SURVEYORS & ADJUSTERS

**ARC CLAIMS CONSULTANCY SURVEY REPORT**

TO **A L Motorwerkz**  
25 Kaki Bukit Road 4  
#03-62  
Singapore 417800

PAGES : 3  
DATE : 31.08.2021  
OUR REF ARC/2021-015

**REFERENCE & PARTICULARS**

VEHICLE : FBR 7500J  
INSURED OWNER : LYE MOH SHE, MOSES AARON  
POLICY NO : NA  
CLAIM NO : NA  
ACCIDENT DATE : 27.07.2021 13:25HRS

**THIRD PARTY CLAIM**

INSPECTION REQUESTED : OWNER  
ASSIGNMENT DATE : 30.07.2021  
SUM INSURED : NA  
EXCESS AMOUNT : NA

**PARTICULARS OF DAMAGED VEHICLE:**

MAKE/MODEL : YAMAHA XSR155 MANUAL  
YEAR : 2020  
CAPACITY : 155CC  
ENGINE NO : G3J6E0278364  
CHASIS NO : MH3RG4760LK009154

PRE-ACCIDENT STATUS : GOOD  
STEERING : GOOD  
BRAKES : GOOD  
MILEAGE : TBA  
COLOUR : BLACK

**TYRE CONDITION** : SIZE (FRONT): - SIZE (REAR):-

FRONT REMAINING THREADS : -  
REAR REMAINING THREADS : -

**GENERAL DESCRIPTION OF DAMAGE**

Main Body, Left Rear, Right Rear

**INSPECTION DETAILS**

SURVEY HELD AT : 25 Kaki Bukit Road 4  
#03-62 Singapore (417800)  
PHOTOGRAPHS : 28  
INSPECTION DATED : 30.07.2021

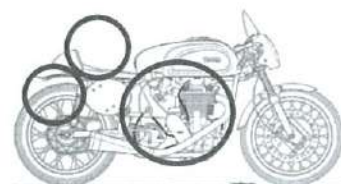
**REMARKS**

: (SUBJECT TO POLICY CONDITION)

THIS SURVEY WAS CONDUCTED STRICTLY "WITHOUT PREJUDICE"  
ESTIMATED NORMAL PERIODS OF REPAIRS (14) WORKING DAYS

IN ACCORDANCE WITH YOUR INSTRUCTIONS, WE HAVE  
AUTHORISED REPAIRS. (This estimate covers visible damages only.)

Should there be any discrepancy or unseen items in this survey, kindly notify the







SURVEYORS & ADJUSTERS

VEHICLE NO	: FBR 7500J	POLICY NO	:
CLAIM NO	:	OUR REF	: ARC/2021-015

**ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS :**

S/N	QTY	DESCRIPTION (MATERIAL ITEMS)	COMMENTS/ CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
<b><u>PARTS(LIST ITEMS)</u></b>					
1	1	Front LH balancer	Grazed	156.00	140.40
2	1	Front brake level	Bent	143.00	128.70
3	1	Rear tail mudflat	Distored	273.00	245.70
4	1	Rear taillamp	Cracked	364.00	327.60
5	1	Rear tail fender	Cracked	318.50	286.65
6	1	Rear exhuast pipe	Grazed	3,120.00	2,808.00
7	2	Rear LH & RH side lamp @\$60	Damaged	156.00	140.40
TOTAL PARTS (LIST):				4,530.50 less 10%	4,077.45
<b><u>SPECIAL NETT ITEMS</u></b>					
8	1	Rear number plate	Bent	25.00	25.00
TOTAL PARTS(SPECIAL NETT)				25.00	25.00
TOTAL PARTS:					4,102.45



SURVEYORS & ADJUSTERS

VEHICLE NO	: FBR 7500J	POLICY NO	:
CLAIM NO	:	OUR REF	: ARC/2021-015

**ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS :**

S/N	QTY	DESCRIPTION (MATERIAL ITEMS)	COMMENTS/ CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
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**LABOUR**

1		To remove and replace damaged parts and components		540.00	486.00
2		To remove, refix wiring system at accident damaged areas		72.00	64.80
3		Transport motorcycle to workshop for repairs		72.00	64.80

Labour Total : 684.00 615.60

**TOTAL (PARTS & LABOUR): 4,718.05**

**NETT TOTAL 4,718.05**

**AGREED AT LUMP SUM 4,500.00**





























