

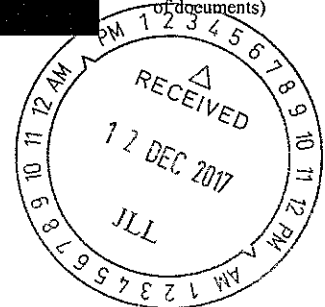
Satwant Singh
Damy Teo Kim Soon
Pritam Singh
Tan Shu Hua, Vanessa
Khong Zi-Wei

SATWANT & ASSOCIATES

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS • NOTARY PUBLIC

A Member of The Lawyer Network, an international network of law firms

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3 Jalan Bingka
Singapore 588896
Tel: 6299 9470
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www.satwantlaw.com.sg
(Fax not for service
of documents)



(Please quote our Ref. when replying)

Your Ref: To be advised
Our Ref: SS.7.54.2016

7 December 2017

IMMEDIATE ATTENTION

PHILIPS ELECTRONICS SINGAPORE

620A Lorong 1 Toa Payoh
Singapore 319762

BY POST ONLY

Dear Sirs,

ACCIDENT ON 10 MAY 2016 AT ABOUT 1215HRS IN PHILIPS ELECTRONICS SINGAPORE (COMMERCIAL BUILDING TP3) ALONG 620A LORONG 1 TOA PAYOH INVOLVING VEHICLE NO. GBC4920D

1. We refer to the above matter, and to our Letter of Demand dated 12 July 2016, of which to date your good office has yet to respond to.
2. As stated, we act for Stve Pte Ltd ("our client"), and we have been instructed by our client to claim damages against you in connection with an accident which occurred on 10 May 2016 in the premises of Philips Electronics Singapore (Commercial Building TP3) along 620A Lorong 1 Toa Payoh, involving our client's vehicle registration number GBC4920D
3. For your easy reference, we enclose herewith the Singapore Accident Statement dated 12 May 2016, which was similarly enclosed in our Letter of Demand.
4. Kindly let us hear from you without further delay.

Yours faithfully,

SATWANT & ASSOCIATES
(Satwant Singh)

Enc
cc client

CONVEYANCING BRANCH OFFICE:
450 Lorong 6 Toa Payoh #02-03 Harsing Centre
Singapore 319394
Tel: 6221 6114 Fax: 6266 6925

This document is intended for the addressee(s) only and may contain confidential information and/or may be subject to legal privilege. If you have received this in error, please contact us immediately and destroy the original message.

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 ability.
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 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 Report	12/05/2016 08:38
Date Of Accident	10/05/2016 12:15
Exact Location Of Accident	620A Lorong 1 Toa Payoh (S)319762
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4920D
Insured/Policyholder	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	kortokorto@hotmail.com
Mobile Phone No	(LOCAL) +65-81146249
Alternative Phone No	Office-81146249

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL

Are you claiming under your own insurance policy for repair to your vehicle? No

If No, Please state action to be taken Third Party

Vehicle Category Commercial Vehicle

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12039930MFCV
Cover Note Number	

Driver

Name of Driver	ADI SUFYAN BIN ABDUL NASIR
NRIC No	S9245857A
Date Of Birth	14/12/1992
Occupation	Outdoor
Date Of Driving Pass	28/01/2015
Driving Experience	1 Year And 3 Months
Gender	Male
Mobile Number	(Local) +65-81146249
Fax Number	
Contact Number	
EEmail Address	kortokorto@hotmail.com

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Other - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Damaged whilst parked

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? No

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

On 10/05/2016 @ 1208hrs, I finished with the delivery and was driving out of the compound. At the gate, there was a lorry in front and I queued behind it. After the lorry had exited, I moved forward and stopped to look out for traffic when I heard some sound coming from the left side. It was then I realised that the gate was closing and hit onto my left mirror till it dropped off. The security guard realised it and stopped the gate. I am lodging this report as required by my company for insurance claim purposes.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number NA

Vehicle Make/Model/Colour NA

Details Of Properties MECHANICAL GATE AT PHILLIPS TOA PAYOH

Name of Driver NA

NRIC/Passport Number

Contact Number NA

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN**IMPORTANT NOTICE**

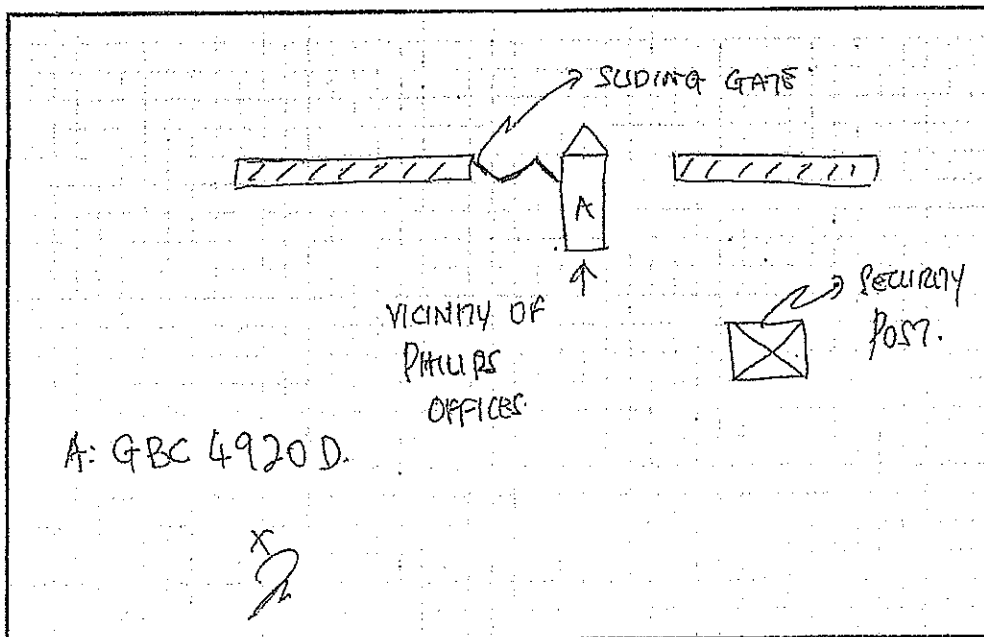
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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 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.

VERIFIED BY
HARS AGENT
HASHIM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

As per Attached Police Report No: E/20160510/2120.
WDGSD AT: TDA DAYOH NPC.

x 2

Declaration:

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

VERIFIED BY
MARS AGENT
HASHIM
S1439236Z

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



E/20160510/2120

1 of 2

POLICE REPORT (NP299)

Report No. E/20160510/2120

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Date/Time Report Made 10/05/2016 17:25	Vide Report No.	Station Diary No. 136
Name Of Informant ADI SUFYAN BIN ABDUL NASIR	Address APT BLK 513 WELLINGTON CIRCLE #10-22 SINGAPORE 750513	
ID Type / ID No. NRIC NO / S9245857A	Contact No. Home/Office Mobile 81146249	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DHL TRANSPORT	Sex Male	Age 23
Institution/School Name	Date of Birth 14/12/1992	Race Boyanese
Date/Time Of Incident 10/05/2016 12:05	Location Of Incident 620A Lor 1 Toa Payoh, Philips SINGAPORE	

Brief details.

On 10/05/2016 @ 1208hrs, I finished with the delivery and was driving out of the compound. At the gate, there was a lorry in front and I queued behind it. After the lorry had exited, I moved forward and stopped to look out for traffic when I heard some sound coming from the left side. It was then I realised that the gate was closing and hit onto my left mirror till it dropped off. The security guard realised it and stopped the gate.

I am lodging this report as required by my company for insurance claim purpose.

Signature Of Officer Recording The Report: E / Sr Staff Sgt WONG PUI FAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2016 17:25
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Staff Sgt CHUA WEI LOON Contact No.: 63910000	Classification Of Case:

Authentication Stamp

