

Legiste Law Corporation

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ADVOCATES & SOLICITORS
NOTARIES PUBLIC
COMMISSIONERS FOR OATHS
INCORPORATED WITH LIMITED LIABILITY
Co. Regn. No. 200305183Z

FOK MUN CHEONG

TAN KIM KEE

NG LAI LENG

Our Ref FMC.12674.22.03

12th April 2022



URGENT

Motor Claims Department
India International Insurance Pte Ltd
(Insurers of SLM 1499C)
64 Cecil Street
#04 # 05 IOB Building, Singapore 049711

BY EMAIL (motorclaim@iii.com.sg) &

BY PDX

GRAB Rentals Pte Ltd
(Owners of SLM 1499C)
6 Battery Road
#38 – 04, Singapore 049909

BY CERTIFICATE OF POSTING

Dear Sirs

NOTICE OF ACCIDENT

**ACCIDENT ON 02.04.22 INVOLVING SLL 8474H & SLM 1499C
**AT PASIR RIS DRIVE 4 TOWARDS PASIR RIS DRIVE 3
CLAIMANT(S): AKW CAR RENTAL****

We are instructed by the abovenamed Claimant, owner of motor-vehicle No. SLL 8474H to notify you of a road traffic accident on 2nd April 2022 at about 12.50 am at Pasir Ris Drive 4 towards Pasir Ris Drive 3 involving our client's motor-vehicle and your motor-vehicle No. SLM 1499C driven by your insured driver at the material time. A copy of Singapore Accident Statement filed by our client is enclosed.

FOR THE INSURER(S)

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice i.e by end of office hours, **14th April 2022** whether you 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. For the avoidance of doubt, you are liable to compensate our client for loss of use/rental commencing from (and including) today under the provisions of the applicable NIMA Protocol.

FOR THE OWNER(S)

To avoid repudiation of liability by your insurers for breach of policy condition, we would strongly suggest that you report the accident to your insurers on an immediate basis, if you have not already done so. TAKE NOTICE that if your insurers should repudiate liability on the basis that you have breached their policy terms and conditions, you may be personally liable for our client's losses as adjudged by the Court.

Yours faithfully


Joseph Fok Mun Cheong
Legiste Law Corporation
enc
cc client

PDX Intercompany Exchange Pte Ltd



010809253644

FROM **LEGISTE LAW CORPN**
PDX Box No. **8719**

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	11/04/2022 14:24 (SGT)
Date of Accident	02/04/2022 00:50 (SGT)
Exact Location of Accident	487 Pasir Ris Drive 4, Block 487, Singapore 510487
Additional Location Information	NEAR TO BLK 487 PASIR RIS DR 4 TOWARDS PASIR RIS DR 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL8474H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AKW CAR RENTAL
Company Reg No	52918413C
Email Address	JACKSONANGKS@GMAIL.COM
Mobile Phone No	(Phone) +65-94556160
Alternative Phone No	(Home) +65-94556160

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115291903-02
Cover Note Number	-

DRIVER

Name of Driver	TAN YOKE CHYE
NRIC No	S7904486E

Date Of Birth	10/02/1979
Occupation	Outdoor
Date Of Driving Pass	17/12/1999
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93393138
Alt. Phone Number	-
Email Address	JACKSONANGKS@GMAIL.COM
Address	APT BLK 406C NORTHSORE DRIVE #13-172
Address complement	-
Postcode	823406
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Cross Junction
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	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
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	SLM1499C
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	TAN YOKE CHYE
Gender	
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SLL8474H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 rescind 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:

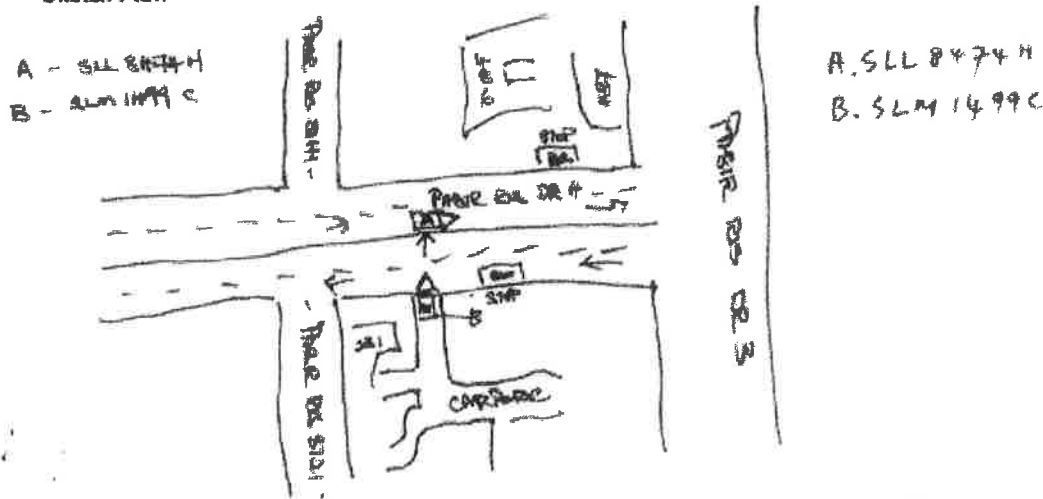
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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






Describe Circumstances of the Accident

POLICE REPORT ATTACH TO THIS

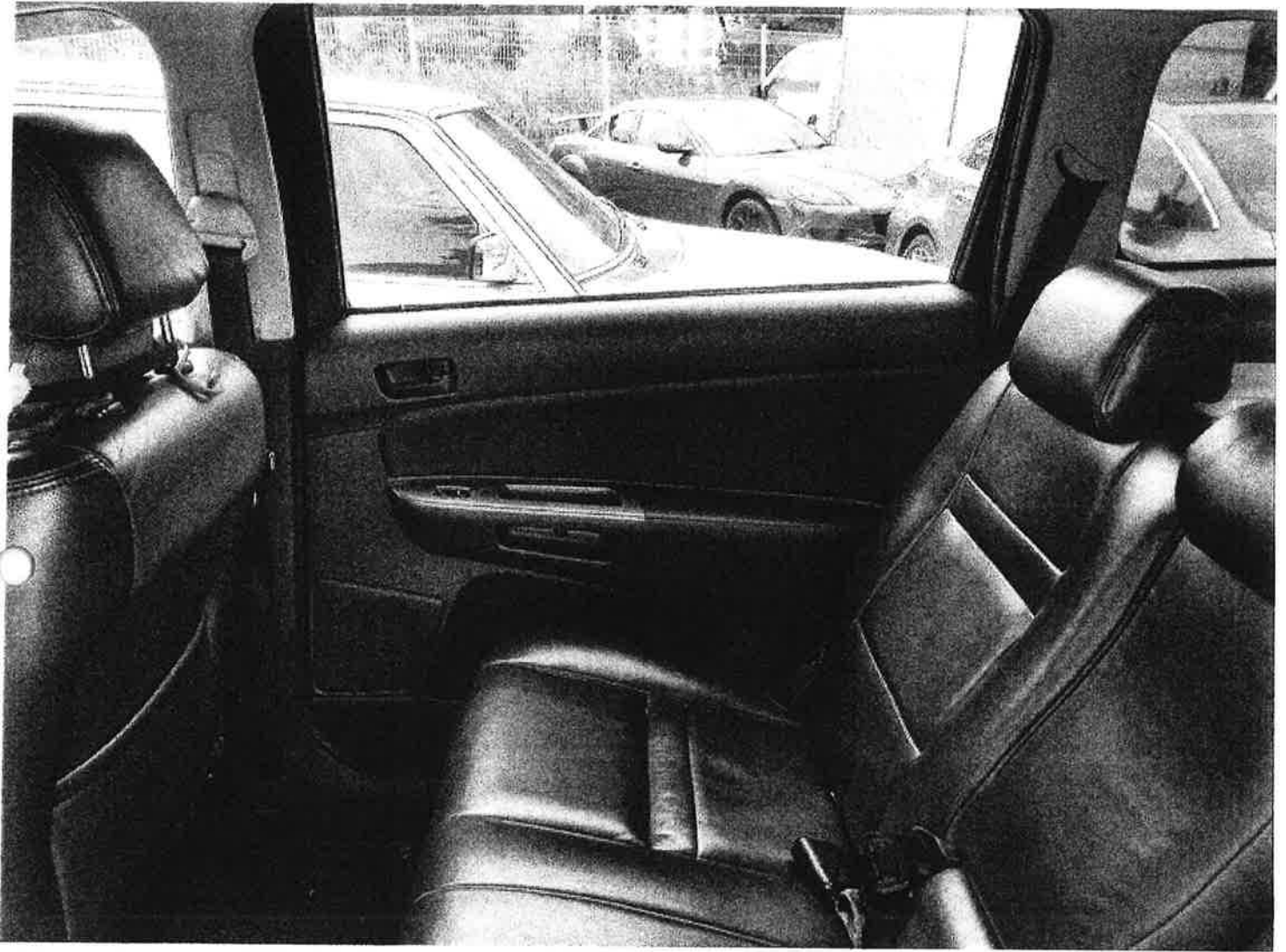
Declaration

We declare the foregoing particulars are true in every respect.




 06/04/2022

Policyholder's Signature / Date & Time
 Driver's Signature (if driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel







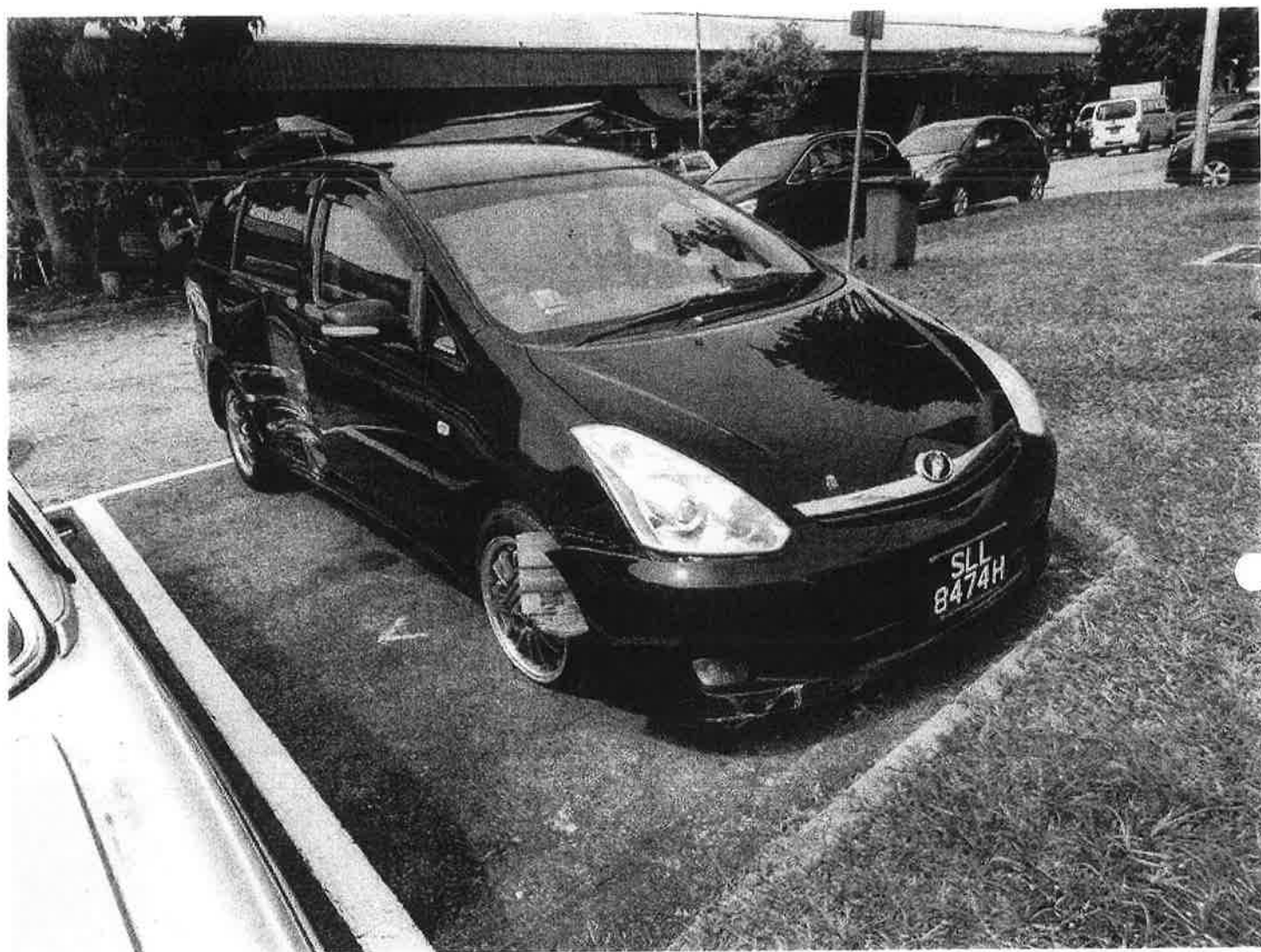
























**SINGAPORE
POLICE FORCE**



T/20220404/2034

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159882
Tel No: 1800-3779999

Report No. T/20220404/2034

CONTINUATION OF REPORT

Name	TAN YOKE CHYE	ID No.	S7904486E
Related Vehicle	SLL8474H (Car)	Contact No.	93393138
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/04/2022	Date Discharge	03/04/2022
No. of Days granted Medical Leave	16	Degree of Injury	Serious

Brief Details.

On 2 April 2022 at about 0045hrs, I was at blk 255 Pasir Ris St 21 after alighting a passenger. I then got a job from 780A Bedok Reservoir View to Punggol Town Centre and proceed from Pasir Ris St 21. While travelling along Pasir Ris Dr 4 near to block 487 Pasir Ris Dr 4 near to the exit of the carpark of the opposite side, blk 231 Pasir Ris Dr 4, I felt an impact on the right side of my vehicle as such I hold onto my steering wheel and I witness my vehicle swerve towards and move towards the centre division of the road and ended at the opposite direction at the busstop.

My mind was in a blank and I managed to come out of my vehicle and sit on the road curb feeling difficulty in breathing and also pain in my chest area. I cannot recall anything that could have happened after that. I only can remember I was then conveyed to CGH by ambulance and various checks were done on me. I was subsequently discharged on 3 April 2022 and was given 16 days of MC. I was told that there was a fracture on my neck and also suffered from other minor injuries like bruises on my chest area.

I am making this report as require by the law and also with to find out more about the location of my vehicle, SLL8474H.



**SINGAPORE
POLICE FORCE**



T/20220404/2034

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20220404/2034

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:
D/
STAFF SGT YEO CHUN HUA
ANTHONY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/04/2022 11:24

Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20220404/2034

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159662
Tel No: 1800-3779999

Report No. T/20220404/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2022 11:24		Vide Report No.:		Station Diary No.: 28
Name of Informant: TAN YOKE CHYE		Address: APT BLK 406C NORTHSORE DRIVE #13-172 SINGAPORE 823406		
ID Type / ID No.: NRIC NO / S7904488E		Contact No.:		Mobile: 93393138
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 43	Date of Birth: 10/02/1979	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PHV Driver		Driving Licence Information: Class:		Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/04/2022 00:50	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 4 near to blk 487 Pasir Ris Dr 4 twds Pasir Drive 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Vehicle No.	Vehicle Type	Damage	Seriously Damaged	0
SL18474H	Car			0
SLM1499C	Car			0

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

