

GURDEEP SINGH SEKHON  
CHIA KOK SENG  
REY FOO JONG HAN  
GOH LAM CHUAN  
NAVINDER SINGH  
P. PADMAN  
DR KWEH SOON HAN  
EMMANUEL-PREMNATH MAHESWARY  
HUE JIAPEI  
JAGA NAIDU  
TAN XIN ER  
LIM YUN HENG  
FARAH NAZURA BINTE ZAINUDIN  
PAUL AMAN SINGH SAMBHI  
LIM YU XUAN



*Celebrating 29 Years of  
Professional and Personalised  
Legal Service*

**CHINATOWN POINT OFFICE:**

133 New Bridge Road  
#17-03 Chinatown Point  
Singapore 059413  
Tel: 6538 3611  
Fax: 6538 3708

Website: [www.kscgp.com](http://www.kscgp.com)

(Fax/Email not for service of court documents)

Registered in Singapore with limited liability  
as a Limited Liability Partnership  
Registration Number T10LL1855L

Your Ref : QX 511P

Our Ref : GBL 7545L/JWG/jn/ym

Date : 18 August 2022

DID: 3152 0994

Email: [accident@kscgp.com](mailto:accident@kscgp.com)

SPF Accidents Claim Section  
Automotive Engineering Management Division  
Police Logistics Department  
Singapore

Dear Sirs,

**DATE OF ACCIDENT: 17 August 2022**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTION**

We are instructed by the owner of GBL 7545L to notify you of a road traffic accident on 17 August 2022 at about 1512hrs along Zion Road towards Kim Seng Walk, involving our client's vehicle registration number GBL 7545L and vehicle registration number QX 511P which was managed by you at the material time. A copy of our client's Accident Statement and Police Report is enclosed herewith.

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 excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle.

We propose you to a surveyor from our client's list of surveyor as appended below: -

S/no.	Surveyor
1.	Andrew How of Prominent Appraiser Services Pte Ltd

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

**MAIN OFFICE: PRIVATE PROPERTY CONVEYANCING**  
490 Lorong 6 Toa Payoh Biz 3 Lobby 2  
#09-18 HDB Hub  
Singapore 310490  
Tel: 6591 7696 Fax: 6258 1825

**MAIN OFFICE: HDB CONVEYANCING**  
490 Lorong 6 Toa Payoh Biz 3 Lobby 2  
#09-18 HDB Hub  
Singapore 310490  
Tel: 6591 7696 Fax: 6258 1409

**BRANCH: SHIPPING, ADMIRALTY & COMMERCIAL**  
28 Seah Street  
#02-01  
Singapore 188384  
Tel: 6817 6235 Fax: 6252 0614

**BRANCH: CORPORATE & LITIGATION**  
39 Robinson Road  
#14-01 Robinson Point  
Singapore 068911  
Tel: 6817 8795 Fax: 6224 1612

If you object to our list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey.

Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which we will commence repairs thereafter without any further notice or reference to you. Please also let us know if you required a Post-Repair Survey/Inspection for our client's consideration. Please be informed that the said vehicle can be surveyed / inspected at:

Workshop : JWG International Pte Ltd  
Address : 10 Ang Mo Kio Industrial Park 2A  
#03-08 AMK Auto Point  
Singapore 568047  
Contact : Ms. XinMin at Tel: 6909 8882

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Kindly acknowledge.

We remain obliged.

Yours faithfully,

*f KSCGP*

(Chinatown Point Office)

Enc.

Cc client

DATE OF ACCIDENT : 17/08/2022 TIME : 1512hrs  
LOCATION : Zion Rd towards Kim Seng Walk

**INFORMANT'S PARTICULARS**

- 1) VEHICLE NO.: GBL7545L MODEL: Toyota Hiace  
2) INSURANCE CO.: ERGO POLICY NO.: DMCG22004617  
3) CLAIM TYPE: OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)  
4) OWNER NAME: NK Express I/C 53394779X TEL: [REDACTED]  
5) OWNER EMAIL: bryanbeng24@gmail.com ALTERNATIVE PHONE NO.: [REDACTED]  
6) DRIVER NAME: Lim Hee Siong (Lin Weixiang) I/C [REDACTED] TEL: [REDACTED]  
7) DRIVER OCCUPATION: delivery driver EMAIL: [REDACTED]  
8) RELATIONSHIP WITH OWNER: Employee  
9) DOES DRIVER OWN ANY CAR? YES / NO (QN 9 & 10 APPLY FOR NON OWNER ONLY)  
10) DRIVER'S OWN VEHICLE REG NO.: [REDACTED] INS CO.: [REDACTED]  
11) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
12) ROAD SURFACE: DRY / WET / OTHERS  
13) ANY SCENE PHOTOS: YES / NO  
14) ANY VIDEO CAPTURED BY CAR CAMERA: YES / NO  
15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT: Working  
16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING  
ACCIDENT CLAIMS ASSISTANCE: YES / NO  
17) NO. OF PASSENGERS (INCLUDING DRIVER): 1 A) PASSENGER NAME: [REDACTED]  
18) No. of Vehicle involved (including own vehicle): [REDACTED] MALE / FEMALE  
B) PASSENGER NAME: [REDACTED]  
MALE / FEMALE

**THIRD PARTY (OTHER VEHICLE) PARTICULARS**

- VEHICLE 1** 1) VEHICLE NO.: QX511P MODEL: [REDACTED]  
2) DRIVER NAME: [REDACTED] I/C [REDACTED]  
3) ADDRESS: [REDACTED]  
4) CONTACT NO.: [REDACTED] INS CO: [REDACTED]
- VEHICLE 2** 1) VEHICLE NO.: [REDACTED] MODEL: [REDACTED]  
2) DRIVER NAME: [REDACTED] I/C [REDACTED]  
3) ADDRESS: [REDACTED]  
4) CONTACT NO.: [REDACTED] INS CO: [REDACTED]

\* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)  
IF YES, FOREIGN VEHICLE NO.: [REDACTED]  
FOREIGN VEHICLE CATEGORY: [REDACTED]

**WITNESS PARTICULARS**

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW :-  
2) NAME & NRIC: [REDACTED] TEL: [REDACTED]  
3) RELATIONSHIP WITH INVOLVED PARTIES: [REDACTED]

**OTHERS**

- 1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN: [REDACTED]  
2) WAS ACCIDENT REPORTED TO POLICE (YES/NO) - IF YES, PLEASE PROVIDE A  
COPY OF POLICE REPORT.  
3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES/NO) - IF YES, PLS PROVIDE  
A COPY OF THE NOTICE.  
4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO  
THE ABOVE ACCIDENT (YES/NO) [REDACTED]

[Signature]  
DRIVER'S SIGNATURE & DATE  
**CHENG HOE MOTOR PTE LTD (AMK)**  
97820185 (Whatsapp)  
Email : [chmamk@singnet.com](mailto:chmamk@singnet.com)



## 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.

NK EXPRESS

UEN: 53394779X

*WY*

*WY*

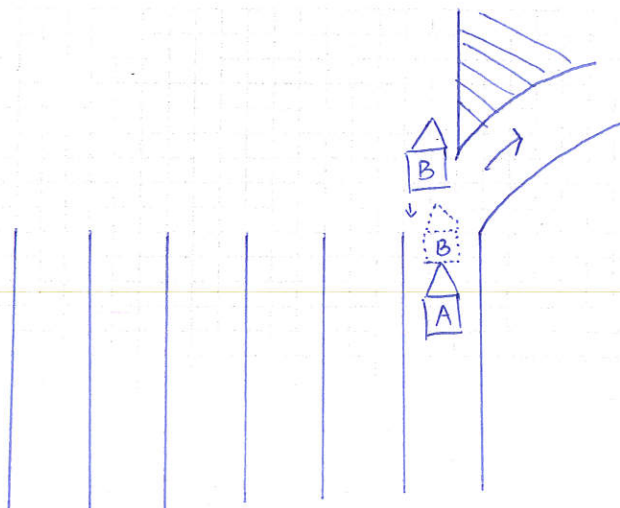
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Zion Rd towards Kim Seng Walk



A: GBL7545L

B: QX511P

**Describe Circumstances of the Accident**


Refer to Police Report No. T/20220818/7007

I will be claiming my vehicle at JWG International Pte Ltd

**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

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



# SINGAPORE POLICE FORCE



T/20220818/7007

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

1 of 3

Report No. T/20220818/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/08/2022 10:44		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM WEE SIONG			Address: [REDACTED]		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email: [REDACTED]		
Sex: Male	Age: 29	Date of Birth: 15/07/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: [REDACTED] Date of Expiry: [REDACTED]		

**General Information of the Accident**

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 17/08/2022 15:10	Type of Location: Straight Road
Location:  KIM SENG WALK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL7545L	Van	TOYOTA	HIACE			0
QX511P	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20220818/7007

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

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Report No. T/20220818/7007

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LIM WEE SIONG		ID No.	[REDACTED]
Related Vehicle	GBL7545L (Van)		Contact No.	[REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG ZION RD TOWARDS KIM SENG WALK. I WAS TRYING TO MAKE A RIGHT TURN INTO THE INTERSECTION AND SUDDENLY POLICE VEHICLE NO. QX511P REVERSED AND COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE. THE POLICE OFFICER SC/CPL DARREN LIM SAID THAT HE WAS RESERVING AS HE HAD MISSED THE TURN THEREFORE COLLIDING ONTO MY VEHICLE.

I WAS GIVEN A CASE CARD REPORTING NO. BEARING E/20220817/0088



**SINGAPORE  
POLICE FORCE**



T/20220818/7007

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

3 of 3

Report No. T/20220818/7007

**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 / TPIB /  
MUHAMMAD ZICKIE BIN AHMAD SUYUTI  
Contact No.: 65476225

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

Date/Time:  
18/08/2022 10:44

Classification Of Case: