

# Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #23-01 Peninsula Plaza Singapore 179098  
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688  
Email: KSTBOCO@singnet.com.sg  
(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/E482-ACC-46525.22/sl  
Your Ref : YL 9975 T  
Date : 22 September 2022

Secretary in charge: Shirley  
Tel : 6333 4222 (ext 59)  
Fax : 6333 5676 / 6333 5688  
Email : shirley.loh@ksteoptr.com

To: **China Taiping Insurance (Singapore) Pte Ltd**  
3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE**  
**BY FAX 6224 7175 & BY EMAIL**

Dear Sirs

**RE: ACCIDENT INVOLVING YL 2869 M / YL 9975 T ON 31/08/22 ALONG TUAS BAY DRIVE**

We are instructed by **Fascina Pte Ltd** to notify you of a road traffic accident on **31/08/22** at about **20:05 hours** **ALONG TUAS BAY DRIVE** involving our client's vehicle registration number **YL 2869 M** and vehicle registration number **YL 9975 T** driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer 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.

Please note that our client's motor vehicle **YL 2869 M** is now at the following workshop:-

**Excel Motor**  
Blk 5032 Ang Mo Kio Industrial Park 2  
#01-297  
Singapore 569535  
Contact: 9619 0161 C.K. Tan (Ah Kee)

Yours faithfully,

  
**M/s Teo Keng Siang LLC**  
Encs (BY FAX 6481 2265)

\*\*Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

\_\_\_\_\_  
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 Actual 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	06/09/2022 17:19 (SGT)
Reported by	Driver
Date of Accident	31/08/2022 20:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Tuas Bay Drive
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YL2869M

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Fascina Pte Ltd
Company Reg No	198702136N
Email Address	contact@fascina.com.sg
Mobile Phone No	(Phone) +65-92961673
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FE639EA44037
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	Commercial vehicle
Transmission	Manual
CC	3908

#### INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVC000008172-02-000

#### DRIVER

Name of Driver	Quek Jee Heng
NRIC No	S0165167F
Date Of Birth	24/10/1951
Occupation	Outdoor

Date Of Driving Pass .....	16/12/1971
Driving experience .....	50 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92961673
Alt. Phone Number .....	-
Email Address .....	contact@fascina.com.sg
Address .....	Blk 806 Yishun Ring Road, #10-4259
Address complement .....	-
Postcode .....	760806
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

PASSENGER 1

Name .....	Unknown
Gender .....	Male

PASSENGER 2

Name .....	Unknown
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	MacPherson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007449999
Alt. Police Station Phone No .....	(Fax) +65-65476366
Police Station Address .....	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report no.: T/20220905/2143.

Remarks: Vehicle was not present during reporting, damaged photos provided by driver.

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... YL9975T  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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) ..... -

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 judgement 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;

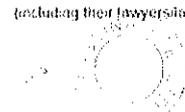
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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

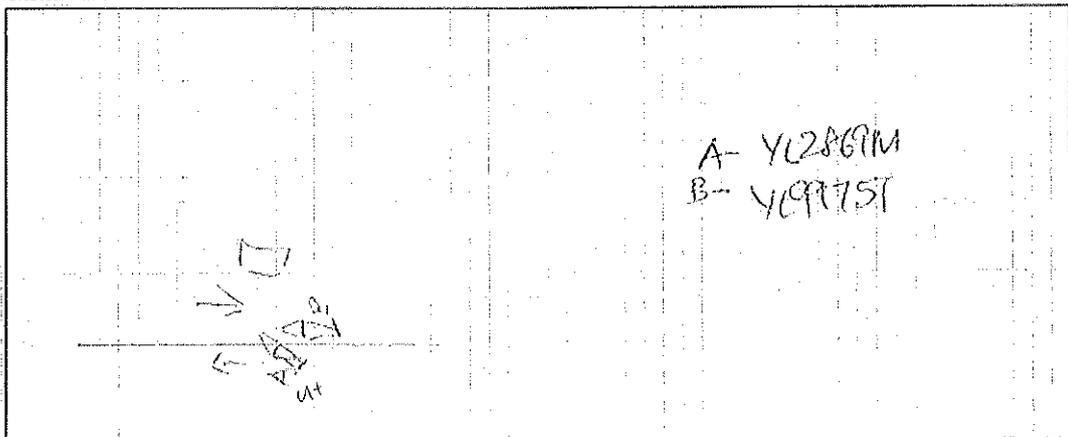
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

 6/9/2022  
 Driver's Signature (if driver is not the policyholder) / Date & Time

 6/9/22  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1  
 Claim Own Damage     Claim Third Party     Reporting Only     Claim OD/TP at other workshop

 DWA WAY S.M.C.P.

**Describe Circumstance of the Accident**

Refer to police report no.: T/2022.0905/2143.

1. Was this statement translated from another language?  
( ) Yes (  ) No  
\*\* If Yes, please assist to provide the original statement and the details of the translator below:  
\*\* NOTE: Translated statement is to be signed off by the Translator

2. What is the original language used in the statement?  
( ) English ( ) Mandarin ( ) Malay ( ) Tamil ( ) Others: \_\_\_\_\_

**2. Translator Information (all information required to be provided)**

Name of Translator: \_\_\_\_\_  
Translator ID: \_\_\_\_\_  
Translator Mobile No.: \_\_\_\_\_  
Translator Email: \_\_\_\_\_

**Declaration**

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

  
Policyholder's Signature (Date & Time)

 6/19/2022  
Officer's Signature (if different from policyholder) (Date & Time)

  
Witnessed by Registering Constable/Officer  
(Name as on NRIC/ID card)


**SINGAPORE  
POLICE FORCE**


T/20220905/2143

1 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20220905/2143

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2022 15:16	Vide Report No.:	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: QUEK JEE HENG		Address: APT BLK 806 YISHUN RING ROAD #10-4259 SINGAPORE 760806	
ID Type / ID No.: NRIC NO / S0165167F		Contact No.: Home/Office: Mobile: 92961673	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 70	Date of Birth: 24/10/1951	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/08/2022 20:05	Type of Location: Straight Road
Location: TUAS BAY DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YL2869M	Lorry	MITSUBISHI		White	Seriously Damaged	6
YL9975T	Lorry	ISUZU		Blue	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220905/2143

Police Station Of Origin:  
MacPherson NPP  
54 Phipp Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20220905/2143

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	QUEK JEE HENG	ID No.	S0165167F
Related Vehicle	YL2869M (Lorry)	Contact No.	92961673
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	31/08/2022	Date Discharge	31/08/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LAKSHMANAN MANIKANDAN	ID No.	G2822939P
Related Vehicle	YL9975T (Lorry)	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	NIL

**Brief Details.**

On the above mentioned date, time and location, I was driving along Tuas Bay Drive. I wanted to turn right into 33 Tuas Bay Drive, however said lorry (YL9975T) behind me tried to overtake me from my right side and collided into my front right side. I was then conveyed to Ng Teng Fong Hospital and was given 3 Days MC. Both of my arms are in pain.

My colleagues managed to obtain the driver's particulars.

As such I am lodging this report for record and insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20220906/2143

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 3  
Report No. T/20220906/2143

**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 2 CHIAN JUN YING	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SR STAFF SGT TAN JUN YAN Contact No.: 65476311	

Signature Of Informant:	
Date/Time: 05/09/2022 15:16	
Classification Of Case:	

NP168