

Attorney General Chambers.
1 Coleman St
#10-00
Sue 0617

Date: 3/10/22

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SAD 3788L & QX 1843A

On 1/10/22 at TPE Exit. 1

It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: QX 1843A

As the above vehicle was insured by your insurance company at the material time of the accident. I would appreciate that you could kindly arrange your surveyor to survey my vehicle soonest possible at the following address :-

Kan Fook Sing Motor Workshop
61 Defu Lane 12
Singapore 539147
Tel : 67479560 (O)

Thank you _____

Yours faithfully





簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

ATTORNEY GENERAL CHAMBERS
1 COLEMAN STREET #10-00 S(0617)

DATE : 03-10-2022

VEHICLE NO. : SGD3788L
ACCIDENT DATE : 01-10-2022 17:40
THIRD PARTY REF. : QX1843A

ATTN: ATTORNEY GENERAL CHAMBERS

ESTIMATE COST OF REPAIR TO VEHICLE SGD3788L TOYOTA PRIUS PLUS (AUTO)

| # | QTY | PARTS DESCRIPTION | AMOUNT (SG\$) |
|----------------|-----|--|----------------|
| 1 | 1 | FRONT SIDE MIRROR RH | 847.73 |
| 2 | 1 | FRONT SIDE MIRROR COVER RH | 111.97 |
| 3 | 1 | FRONT SIDE MIRROR GLASS RH | 139.52 |
| 4 | 1 | FRONT SIDE MIRROR SIGNALLAMP RH | 69.34 |
| | | | <hr/> |
| | | | 1,168.56 |
| | | | <hr/> |
| | | | LESS 25 % |
| | | | 292.14 |
| | | | <hr/> |
| | | | TOTAL (A) |
| | | | 876.42 |
| | | | <hr/> |
| LABOUR CHARGES | | | |
| 1 | 1 | TO CHECK WIRING SYSTEM | 50.00 |
| 2 | 1 | TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS | 300.00 |
| 3 | 1 | SORAYPAINTING CHARGES | 300.00 |
| | | | <hr/> |
| | | | TOTAL (D) |
| | | | 650.00 |
| | | | <hr/> |
| | | | ESTIMATE TOTAL |
| | | | 1,526.42 |
| | | | <hr/> |

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 03/10/2022 16:03 (SGT)
Reported by Driver
Date of Accident 01/10/2022 17:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE EXIT 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGD3788L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHONG LIN
NRIC No SXXXX669J
Email Address tanleehub@yahoo.com
Mobile Phone No (Phone) +65-9113433
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model PRIUS PLUS (AUTO)
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 Private car
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 29137782 AT2

DRIVER

Name of Driver KANG GUAN WEI
NRIC No SXXXX300G
Date Of Birth 25/08/1990
Occupation Outdoor

| | |
|--|---------------------------------------|
| Date Of Driving Pass | 05/08/2011 |
| Driving experience | 11 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82339021 |
| Alt. Phone Number | - |
| Email Address | kangguanwei@gmail.com |
| Address | 517 PASIR RIS ST 52 #09-55 (S) 510517 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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) | 2 |
| 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 | PASSENGER |
| Gender | Female |

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 WITH ATTACHED.

ATTACHMENT(S)

| | |
|---|---------------------------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | FILE SIZE TOO LARGE, UNABLE TO UPLOAD |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | QX1843A |
| 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) | - |

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 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 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 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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

[Handwritten Signature]

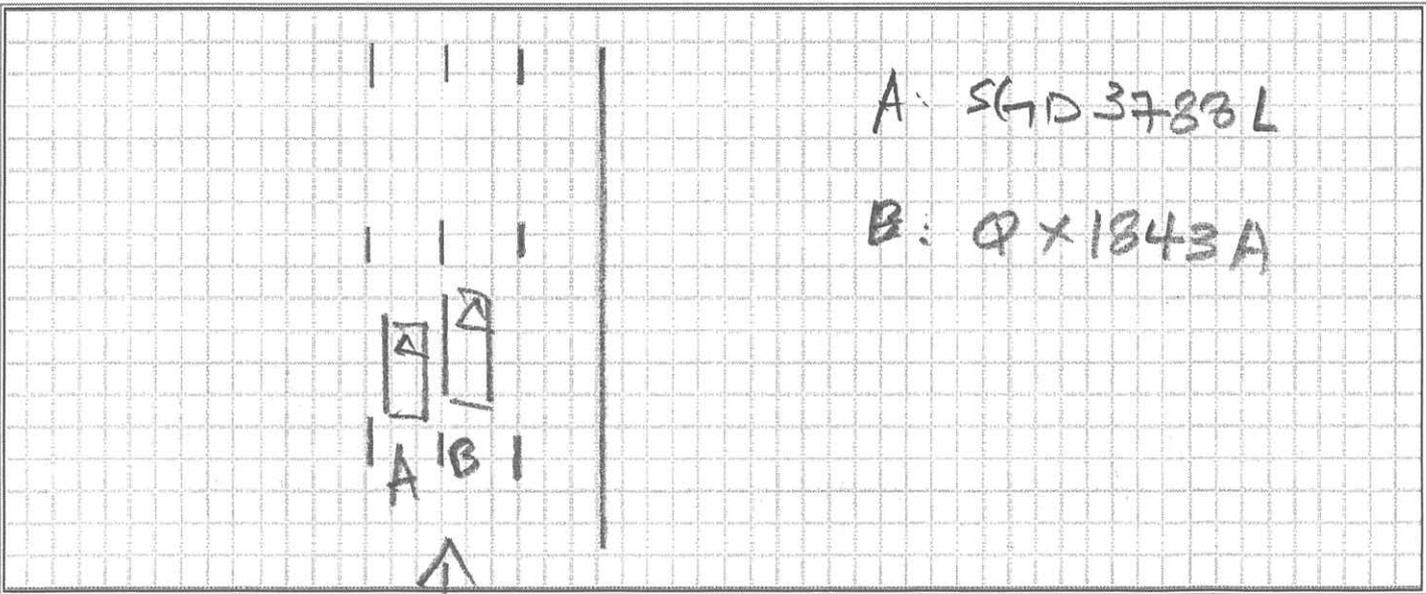
Driver's Signature (if driver is not the policyholder) / Date & Time

03/10/2022 3:20pm.



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

Sketch Plan





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

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Name | KANG GUAN WEI | ID No. | S9030300G |
| Related Vehicle | SGD3788L (Car) | Contact No. | 82339021 |
| 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.

The accident occurred at TPE between TPE entrance from Loyang Avenue and TPE exit 1, at about 5:40pm on 1st October, 2022.

I was waiting in lane 3, queuing to exit TPE towards Upper Changi Road East via exit 1 when Police SUV (QX1843A) travelling on lane 2 side swiped my vehicle, taking out my right side view mirror (refer to attached file titled "screenshot police car 6a").



**SINGAPORE
POLICE FORCE**



T/20221002/7017

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

3 of 3

Report No. T/20221002/7017

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 /
NOR FAIZAL BIN YAHYA
Contact No.: 65476198

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

Date/Time:
02/10/2022 15:40

Classification Of Case:



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

Toyota DriveElite 360
Comprehensive

Certificate No. A 29137782 AT2

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SGD3788L

2. Name of Policyholder

Tan Chong Lin

3. Effective Date of the Commencement of Insurance for the purposes of the Act

22/11/2021

4. Date of Expiry of Insurance

21/11/2022

5. Persons or Classes of Persons entitled to drive*

Tan Chong Lin
Lee Soon Kheng

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

All Claims related repair can be carried out at Borneo Motors (S) Pte Ltd or our authorised workshops. Windscreen Excess is waived at Borneo Motors (S) for windscreen related claims. This Policy includes Courtesy Car benefit.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


for Chief Executive Officer