

Attorney General chambers,
1 Coleman St
#16-00
Sine 067

Date:

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SLS5352J0 QX 18POM

On 1/12/22 at Yio Chu Kang Rd

It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: QX 18POM.

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
B1K 8 JTC Defu Industrial City
#04-29 Defu South St-1
Sine 53375
Tel:- 6747 9560

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 : 03-12-2022

VEHICLE NO. : SLS5352J
ACCIDENT DATE : 01-12-2022 20:20
THIRD PARTY REF. : QX1890M

ATTN: ATTORNEY GENERAL CHAMBERS

ESTIMATE COST OF REPAIR TO VEHICLE SLS5352J HONDA FREED 1.5G HYBRID SENSING AUTO

| # | QTY | PARTS DESCRIPTION | AMOUNT (SG\$) |
|----|-----|-----------------------------------|---------------|
| 1 | 1 | REAR BOOT COVER | 1032.30 |
| 2 | 1 | REAR BOOT LOCK | 90.10 |
| 3 | 1 | REAR BOOT RUBBER | 120.30 |
| 4 | 1 | REAR BOOT WINDSCREEN MOULDING | 70.50 |
| 5 | 1 | REAR BOOT CHROME | 140.30 |
| 6 | 1 | REAR BOOT FREED EMBLEM | 42.60 |
| 7 | 1 | REAR BOOT H EMBLEM | 32.30 |
| 8 | 1 | REAR BOOT HYBRID EMBLEM | 57.70 |
| 9 | 2 | REAR BOOT REFLECTOR@\$363.30 | 726.60 |
| 10 | 2 | REAR LAMP@\$654.00 | 1308.00 |
| 11 | 1 | REAR END PANEL | 350.80 |
| 12 | 1 | REAR BUMPER | 673.80 |
| 13 | 2 | REAR BUMPER SIDE RETAINER@\$13.50 | 27.00 |
| 14 | 10 | REAR BUMPER CLIP@\$3.50 | 35.00 |
| | | | <hr/> |
| | | | 4,707.30 |
| | | | <hr/> |
| | | | LESS 20 % |
| | | | 941.46 |
| | | | <hr/> |
| | | | TOTAL (A) |
| | | | <hr/> |
| | | | 3,765.84 |
| | | | <hr/> |

SPECIAL NETT ITEMS

| | | | |
|---|---|---------------------|-------------|
| 1 | 1 | REAR WINSCREEN GUM | 50.00 |
| 2 | 1 | REAR REVERSE SENSOR | 300.00 |
| 3 | 1 | REAR NUMBER PLATE | 40.00 |
| | | | <hr/> |
| | | | TOTAL (C) |
| | | | <hr/> |
| | | | 390.00 |
| | | | <hr/> |

LABOUR CHARGES

| | | | |
|---|---|------------------------|-------|
| 1 | 1 | TO CHECK WIRING SYSTEM | 50.00 |
|---|---|------------------------|-------|



簡福星摩哆工廠

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

VEHICLE NO. : SLS5352J
ACCIDENT DATE : 01-12-2022 20:20
THIRD PARTY REF. : QX1890M

| # | QTY | PARTS DESCRIPTION | AMOUNT (SG\$) |
|----------------|-----|---|---------------|
| 2 | 1 | TO REMOVE/REFIT REAR WINDSCREEN GLASS | 100.00 |
| 3 | 1 | TO REMOVE/REFIR REAR FENDER INNER GARNISH & ETC | 100.00 |
| 4 | 1 | TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FI- TTING NEW PARTS | 720.00 |
| 5 | 1 | SPRAYPAINTING CHARGES | 750.00 |
| TOTAL (D) | | | 1,720.00 |
| ESTIMATE TOTAL | | | 5,875.84 |

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 | 02/12/2022 17:33 (SGT) |
| Reported by | Both |
| Date of Accident | 01/12/2022 20:20 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | YIO CHU KANG ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLS5352J |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | TAN CHOON HUI |
| NRIC No | SXXXX849A |
| Email Address | CHHUITAN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96881206 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|--------------------------------|
| Manufacturer | Honda |
| Model | FREED 1.5G HYBRID SENSING 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 | 1496 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 7220099857 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | TAN CHOON HUI |
| NRIC No | SXXXX849A |
| Date Of Birth | 21/03/1973 |
| Occupation | Indoor |

| | |
|--|---|
| Date Of Driving Pass | 30/01/1993 |
| Driving experience | 29 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96881206 |
| Alt. Phone Number | - |
| Email Address | CHHUITAN@GMAIL.COM |
| Address | BLK 649 PUNGGOL CENTRAL 17-390 SINGAPORE 820649 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Chain Collision |
| Weather Conditions | DRIZZLING |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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 | WIFE |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Punggol Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18006049999 |
| Alt. Police Station Phone No | (Fax) +65-64468015 |
| Police Station Address | Blk 21A Tebing Lane Singapore 828837 |
| 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 | SD CARD WITH TRAFFIC POLICE |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|------------|
| Vehicle Registration Number | QX1890M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Government |
| 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) | 3 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|----------------------|
| Vehicle Registration Number | SMD6464E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | KOH HOCK CHWEE |
| Contact Number | (Phone) +65-97222280 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

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.



Policyholder's Signature / Date & Time

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

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

Sketch Plan

Sketch Plan

A: SLS 5352J

B: QX 1890M

C: SMD 6464E

Yio ch kang rd

↑



**SINGAPORE
POLICE FORCE**



T/20221202/2000

1 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20221202/2000

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|-------------------------|
| Date/Time Report Made: 02/12/2022 00:05 | Vide Report No.: F/20221201/0139 | Station Diary No.: 1 |
|--|-------------------------------------|-------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: TAN CHOON HUI | | | Address: APT BLK 649 PUNGGOL CENTRAL #17-390 SINGAPORE 820649 | |
| ID Type / ID No.: NRIC NO / S7309849A | | | Contact No.: Home/Office: Mobile: 96881206 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 49 | Date of Birth: 21/03/1973 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: IT Manager | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|---|-----------------------------|--|------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 01/12/2022 20:20 | Type of Location: Straight Road |
| Location: YIO CHU KANG ROAD | | | | |
| Weather: Drizzling | Road Surface: Wet | Road Speed Limit: | | |
| Traffic Flow: One Way | Traffic Control: Traffic Light - Working | 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 | Condition | No of Passenger |
|-------------|------|-------|--------------------------------|-------|-------------------|-----------------|
| QX1890M | Car | | | | Slightly Damaged | 2 |
| SLS5352J | Car | HONDA | FREED 1.5G HYBRID SENSING AUTO | White | Slightly Damaged | 1 |
| SMD6464E | Car | | | | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20221202/2000

2 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20221202/2000

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLS5352J | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 7220099857 | 27/09/2022 | 26/09/2023 |

| Details of Person Involved | | | |
|-----------------------------------|---------------|--------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAN CHOON HUI | | ID No. S7309849A |
| Related Vehicle | NIL | | Contact No. 96881206 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 01/12/2022 at about 2020hrs, I was driving car registration number SJS5352J along Yio Chu Kang Road towards Serangoon at the second lane from the left. I then stopped behind a blue taxi, I assumed the driver wants to turn into the Esso petrol kiosk.

Suddenly, I felt an impact from my car rear. My wife and I alighted from the vehicle, and I realised the police car, QX1890M had collided with my car rear. There was also another vehicle, SMD6464E, collided with the police car rear.

I suffered some giddiness and my wife's left leg ache. We were attended by the paramedic at scene. There were some dents at my car's rear. I took photos of the vehicle damage as well. Shortly after, Traffic police arrived at the scene, reference police report number F/20221201/0139, IO incharge: Valerie. My car incar camera SD card was handed over to the Traffic police.

The particulars of SMD6464E as follows:

Name: Koh Hock Chwee
S1714058B, HP: 97222280

I am lodging this Traffic accident report as advised by the traffic police officer.



**SINGAPORE
POLICE FORCE**



T/20221202/2000

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

3 of 3

Report No. T/20221202/2000

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:
F /
SGT 3 NG CHEW PING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT YAN MINGSHENG DANIEL
Contact No.: 65476252

Signature Of Informant:

Date/Time:
02/12/2022 00:05

Classification Of Case:

NP168