

K. KRISHNA & PARTNERS

UEN 53131210X
GST Registration No. M90371530C
Advocates & Solicitors
101 Cecil Street #24-03/04 Tong Eng Building, Singapore 069533
Tel: 6323 3038 Fax: 6323 2120 (Not for service of Court Documents)
Email: kkrishnaoffice@gmail.com

60221648

K. Krishnamoorthi
LLB (Hons) (London)
Barrister-at-Law (Gray's Inn)
B.Sc(Hons)(Est.Man)(S'pore)

S. Manohar
LLB (Hons) (S'pore)

Our Ref: KK.V8MW.PI.19035.2022.ma
AIG Ref: To be advised

30 June 2022

M/s AXA Insurance Pte Ltd
9 North Buona Vista Drive
#18-01/16 The Metropolis Tower 1
Singapore 138588



**BY HAND
WITHOUT PREJUDICE**

Dear Sirs

PERSONAL INJURY - ACCIDENT ON 07/02/2022 INVOLVING SFS 292C & SHD 8851S ALONG TUAS SOUTH AVENUE 3 TURNING RIGHT TO TUAS SOUTH AVENUE 1

We act for Mr Kenneth Daniel who was the owner and driver of motor vehicle no. **SFS 292C** who was involved in the aforesaid accident with motor vehicle no. **SHD 8851S**.

We are instructed that our client was injured in the accident and that the vehicle no. **SHD 8851S** was insured by you at the material time.

We are further instructed that the aforesaid accident was caused solely by the negligence of your insured driver in the control management and driving of his vehicle.

Accordingly, our client has suffered the following loss and damage:

3019995532 -2

A. GENERAL DAMAGES

1. Pain & Suffering
(Refer to the medical report by Dr Chin Yui Cheng from
Tuas View Medical Centre dated 24 May 2022)

\$ 6,000.00

B. SPECIAL DAMAGES

1. Medical Expenses \$ 125.60
2. Transport Expenses (Estimated) \$ 60.00



K. KRISHNA & PARTNERS
Advocates & Solicitors

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3. Cost of Repairs	\$6,300.00	
4. Loss of Use (9 days x \$100/day)	\$ 900.00	\$ 7,385.60

C. OTHERS

1. Medical Report Fee	\$ 267.50	
2. GIA Report Fees	\$ 29.00	
3. LTA Report Fee	\$ 7.49	
4. Survey Fee	\$ 500.00	
5. Public Trustee Fee	\$ 225.00	\$ 1,028.99
		<u>\$14,414.59</u>

We have been instructed to claim the said sum of **\$14,414.59** and plus a further sum of \$3,000.00 as contribution towards our legal costs from you. In support of our client's claim, we enclose:-

- (i) Photocopy of Accident Report(s);
- (ii) Photocopy of Medical Report(s);
- (iii) Photocopy of 14 Colour Photographs;
- (iv) Photocopy of M/s V8 Motor Werkz Pte Ltd's Bill;
- (v) Photocopy of M/s Aeon Auto consultants LLP's Invoice, Automobile Assessment Report and colour photographs;
- (vi) Photocopy of Medical Certificate(s); and
- (vii) Photocopy of Medical Bill(s) and Official Receipt(s).

In compliance to the Pre-Action Protocol under the State Courts' Practice Directions, Paragraph 3.3 (Appendix E), our client proposes using one of the following medical experts as a Single Joint Expert:-

- 1) Dr Chin Yui Cheng (Tuas View Medical Centre);
- 2) Dr Yeo Khee Quan (Orthopaedic); or
- 3) Dr W C Chang (Orthopaedic).

Please send us an acknowledgement of receipt of this letter **within fourteen(14) days** of your receipt of this letter. If you wish to have our client examined by your own medical expert, please also advise **within fourteen (14) days** of the acknowledgement of receipt, where and when the examination of our client is to take place so that we may arrange for him/her to attend.

TAKE NOTICE that unless we receive your acknowledgement of receipt of this letter and its enclosures **within fourteen (14) days** from the date hereof, our client will have no alternative but to commence proceedings against your insured and/or his authorized driver without further reference or notice to you.

Please note that the proposal herein is only acceptable as a whole and not in parts.

Yours faithfully



Encs

K. KRISHNA & PARTNERS

Advocates & Solicitors

-3-

cc **M/s Citycab Pte Ltd**
383 Sin Ming Drive
GAS Building
Singapore 575717

CERTIFICATE OF POSTING

Mr Foo Sek Meng
Block 628A Woodlands Ring Road
#10-278
Singapore 731628

CERTIFICATE OF POSTING

(We would advise you to report the accident to your insurers, M/s AXA Insurance Pte Ltd, if you have not done so. We have forwarded all supporting documents to your insurers, M/s AXA Insurance Pte Ltd. All supporting documents will be forwarded to you upon request. Please also notify us if you have a claim against our insured **within eight (8) weeks** of your receipt of this letter.)

cc Client

28 JUN 2022

TUAS VIEW MEDICAL CENTRE

70 TUAS SOUTH AVE 1 SINGAPORE 637285

24 May 2022

K Krishna & Partners
101 Cecil Street
#24-03/04 Tong Eng Building
Singapore 069533

Dear Sir / Madam,

MEDICAL REPORT FOR KENNETH DANIEL (NRIC : S7198077D)

YOUR REF : KK.PI.19035.2022.ma

OUR REF : TV.221068/yc

The above mentioned attended Tuas View Medical Centre on 07 February 2022 and was seen by the attending physician on duty. He reported that he was involved in a road traffic accident on 07 February 2022. He presented to the clinic on the above date with symptoms of neck ache and right shoulder pain.

On examination, there was no midline spinal tenderness. No shoulder deformity was observed with tenderness elicited over the right posterior deltoid area. There was no upper limb neurological deficit noted.

A diagnosis of right shoulder and neck strain was made. Three days of outpatient medical leave was given, from 07 February to 09 February 2022. He was offered x-ray evaluation of the cervical spine on 07 February 2022 which he underwent and it did not reveal any fractures.

Mr Kenneth was seen again on 08 February 2022 with complaints of myalgia. On examination, there was a full range of motion of the cervical spine. The diagnosis of myalgia was made. No further visits regarding this incident were noted subsequently.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'CYC' with a stylized flourish at the end.

Dr Chin Yui Cheng M60880G
MBBS, Dip (Fam Med)
Resident Family Physician

TUAS VIEW MEDICAL CENTRE

70 TUAS SOUTH AVE 1 SINGAPORE 637285

TAX INVOICE

DATE 24 May 2022

INVOICE NO. TV-221068

BILL TO

K Krishna & Partners
101 Cecil Street
#24-03/04 Tong Eng Building
Singapore 069533

GST REG NO. 201211563G

Description

Amount (SGD)

Standard Medical Report for :
- Kenneth Daniel (ID No. Sxxxx077D)

\$ 250.00

Subtotal \$ 250.00

Goods and Services Tax (7%) \$ 17.50

Total Payable \$ 267.50

We accept only cheque payments payable to RUBICON MEDICAL PTE LTD and crossed A/C Payee

- 8 APR 2022

TO : |KENNETH DANIEL
AS PER REPORT
SINGAPORE

Our Reference:	PASSAT/SFS292C
Date:	15-Mar-2022
Vehicle Num:	SFS 292 C
Make/Model:	VOLKSWAGEN PASSAT B8 1.8 TFSI AT 3G24JZ
Chassis No.:	WVWZZZ3CZGE106389
Engine No.:	CJS129644
Accident Date:	07-Feb-2022

	Amount
TOTAL SUM REPAIR FOR SFS 292 C	\$6,300.00
TOTAL :	\$ 6,300.00
E. & O.E	
 V8 MOTOR WERKZ PRIVATE LIMITED	



- 8 APR 2022

INVOICE

TO : KENNETH DANIEL
C/O: V8 MOTOR WERKZ PRIVATE LIMITED
BLK 7 #01-92 SIN MING
INDUSTRIAL ESTATE SECTOR C
SINGAPORE 575642

Invoice No.: 0222/VM058
Date: 15-Mar-2022

PARTICULARS

Vehicle Registration No.: SFS 292 C
Date of Loss: 07-Feb-2022
Date of Assessment: 23-Feb-2022

SERVICES

1. Assessment with report Photographs -
Including films, developing, storage and Transport.

FEES

\$500.00

TOTAL \$500.00

SINGAPORE DOLLARS FIVE HUNDRED ONLY

We would appreciate your cheque crossed and made payable to:
"AEON AUTO CONSULTANTS LLP" with our invoice no. written on the back of the cheque.

AEON AUTO CONSULTANTS LLP



AEON AUTO CONSULTANTS LLP

50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874
Tel: +65 97687958 Fax +65 68264112 Email amas@aeonac.com.sg/amasopm@gmail.com
Reg. No. T07LL1273E (registered with limited liability)

AUTOMOBILE ASSESSMENT REPORT

TO: KENNETH DANIEL
C/O: V8 MOTOR WERKZ PRIVATE LIMITED
BLK 7 #01-92 SIN MING
INDUSTRIAL ESTATE SECTOR C
SINGAPORE 575642

Our Reference: 0222/VM058
Date: 15-Mar-2022

ASSESSMENT OF VEHICLE NO. SFS 292 C

DATE OF LOSS: 07-Feb-2022

We have carried out a physical assessment at V8 MOTOR WERKZ PRIVATE LIMITED,
Blk 7 #01-92 Sin Ming Industrial Estate Sector C Singapore 575642, according to your instruction
on 23-Feb-2022 and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No.: SFS 292 C
Make & Model: VOLKSWAGEN PASSAT B8 1.8 TFSI AT 3G24JZ
Year of Registration: 2016
Engine Capacity: 1798
Chassis No.: WVVZZZ3CZGE106389
Engine No.: CJS129644
Colour: BROWN
Mileage (km): 83559

2. VEHICLE CONDITION

Body Paint: GOOD
Steering: SERVICEABLE
Foot Brake: SERVICEABLE
Parking Brake: SERVICEABLE
Modification: NIL

3. TYRE PARTICULARS & CONDITION

Front
RH Make/Size/Thread: FALKEN 245/30 R20 – 75%
LH Make/Size/Thread: FALKEN 245/30 R20 – 75%

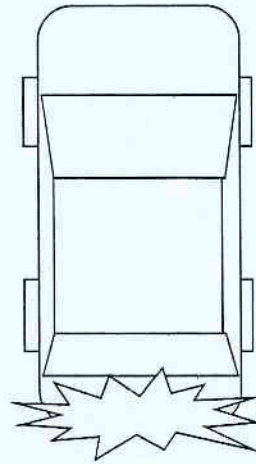
Rear
RH Make/Size/Thread: FALKEN 245/30 R20 – 75%
LH Make/Size/Thread: FALKEN 245/30 R20 – 75%

4. DESCRIPTION OF DAMAGE

At the time of the inspection, the vehicle sustained damages to the REAR portion.

5. REMARKS

Market Value:	Na
Salvage Value:	Na
Repair Limit:	Na
Estimated Amount:	\$12,967.42
Adjusted Amount:	\$8,111.09
Lump Sum:	\$6,300.00
Estimated Repair Days:	7 days
Date of Completion :	04-Mar-2022



Pursuant to your instruction, we have **NOT AUTHORISED** repair.

The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by Aeon Auto Consultants LLP for any reliance on this report by any third party.

ASSESSMENT REPORT FOR VEHICLE NO. SFS 292 C

PARTS (LIST ITEMS)

Qty	Description	Condition	Workshop's Estimate	Our Assessment
1	REAR BOOTLID	Repair	1,330.00	-
2	REAR TAILLAMP L/R	Reuse	1,154.20	-
1	REAR BUMPER	Cracked	1,670.99	1,670.99
1	REAR BUMPER REINFORCEMENT	Bent	500.93	500.93
4	REAR BUMPER REVERSE SENSOR	Cracked	1,057.20	1,057.20
4	REAR BUMPER REVERSE SENSOR 'O' RING	Cracked	74.00	74.00
4	REAR BUMPER REVERSE SENSOR HOLDER	Cracked	264.00	264.00
1	REAR BUMPER REVERSE SENSOR WIRE HARNESS	Cut	173.00	173.00
2	REAR BUMPER SIDE RETAINER L/R	Bent	151.50	151.50
2	REAR BUMPER SIDE BRACKET L/R	Bent	96.00	96.00
1	REAR BUMPER INNER GARNISH	Cracked	185.00	185.00
	REAR BUMPER NUMBER PLATE LAMP L/R	Cracked	178.20	178.20
2	REAR BUMPER SIDE MOULDING L/R	Bent	210.00	210.00
1	REAR BUMPER CENTRE MOULDING	Cracked	300.99	300.99
2	REAR BUMPER REFLECTOR L/R	Cracked	152.28	152.28
1	REAR BUMPER LOWER GARNISH	Cracked	135.00	135.00
1	REAR BUMPER LOWER SPOILER	Cracked	175.00	175.00
1	REAR BUMPER RH ALUMINIUM HEAT SHIELD	Bent	193.00	193.00
1	REAR END PANEL ANTENNA SENSOR	Faulty	189.00	189.00
1	REAR END PANEL	Repair	861.16	-
1	REAR EXHAUST SILENCER BOX	Repair	1,200.97	-
			<u>10,252.42</u>	<u>5,706.09</u>
Less 0% discount			-	-
Parts Total:			<u>10,252.42</u>	<u>5,706.09</u>

ASSESSMENT REPORT FOR VEHICLE NO. SFS 292 C

SPECIAL NETT ITEMS

1	REAR BUMPER ALUMINIUM HEAT SHIELD CLIPS - SET	Necessary	40.00	40.00
1	REAR BUMPER NUMBER PLATE	Cut	25.00	25.00
1	REAR BUMPER NUMBER PLATE HOLDER	Cut	50.00	50.00
1	REAR BUMPER ALUMINIUM HEAT SHIELD CLIPS - SET	Necessary	50.00	50.00
Special Nett Total :			<u>165.00</u>	<u>165.00</u>

LABOUR

S/N	Description	Workshop's Estimate	Our Assessment
1	To remove, reinstall electrical wiring harness, check lighting, and rewire for parking sensor.	120.00	100.00
2	To remove, reinstall top trim trim garnish, trim liner.	100.00	80.00
3	To reset system after repair works.	250.00	200.00
4	To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	1,000.00	900.00
5	To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.	1,000.00	900.00
6	To apply anti-rust chemical on repaired and replaced panel.	80.00	60.00
Labour Total :		<u>2,550.00</u>	<u>2,240.00</u>
TOTAL (PARTS & LABOUR) \$		<u>12,967.42</u>	<u>8,111.09</u>

The workshop has agreed to undertake the repair on a Lump Sum basis.

The final adjusted Lump Sum contract amount is

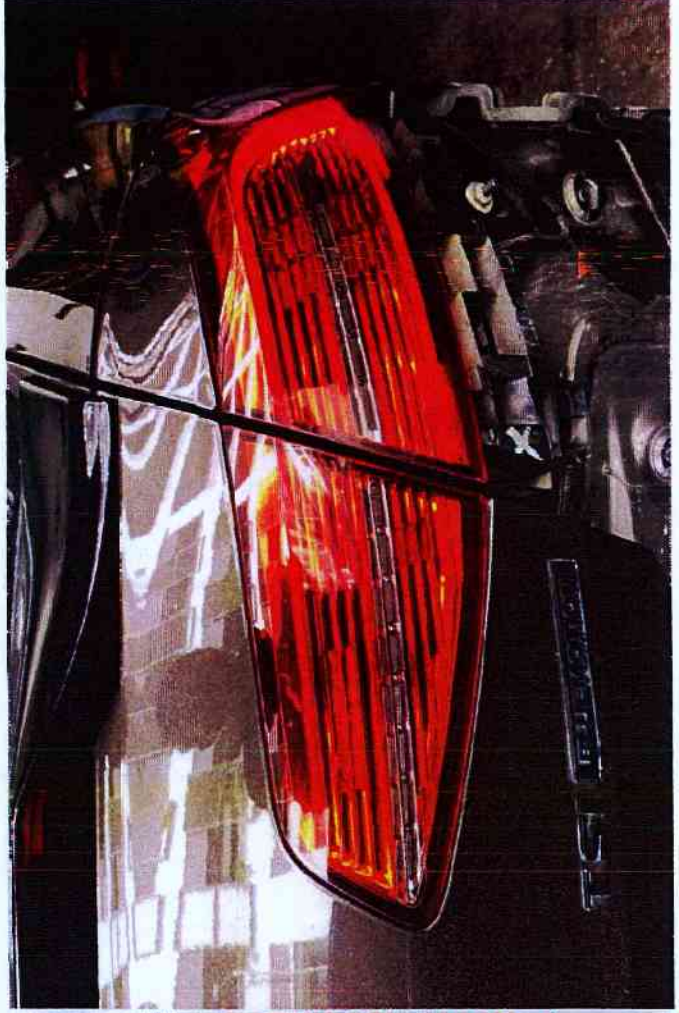
\$6,300.00

(SINGAPORE DOLLARS SIX THOUSAND THREE HUNDRED ONLY)

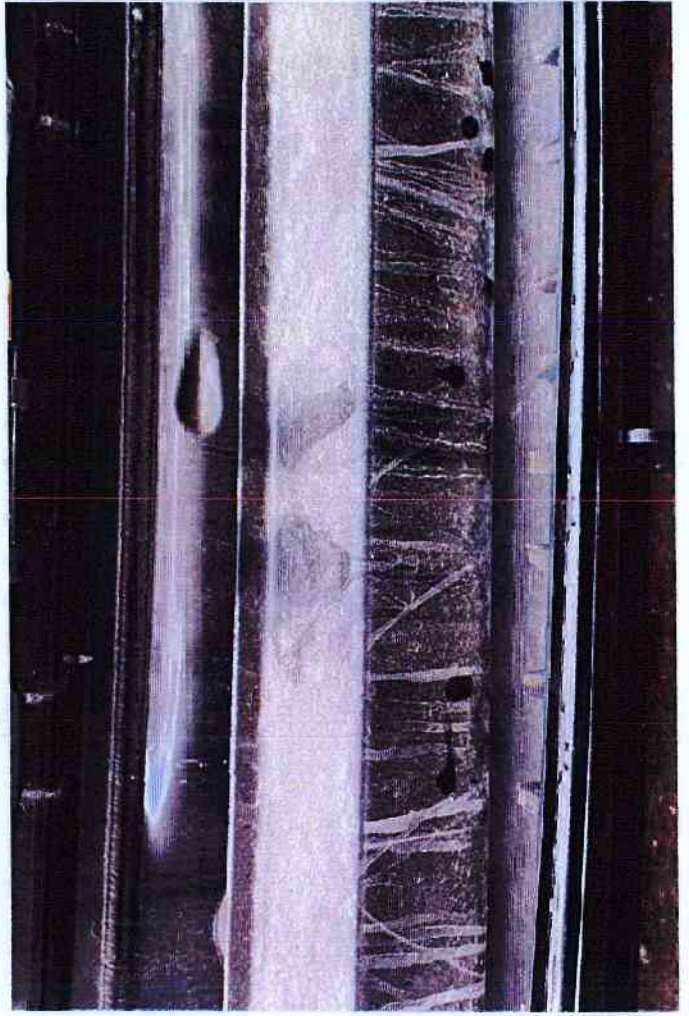
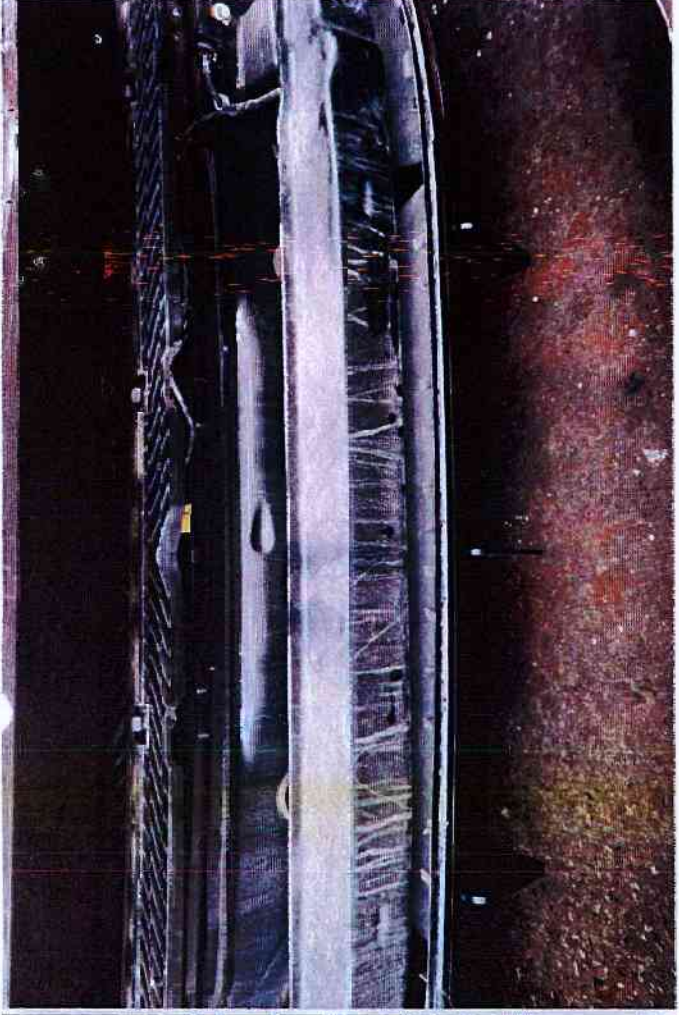


Amas Ong
Automobile Assessor

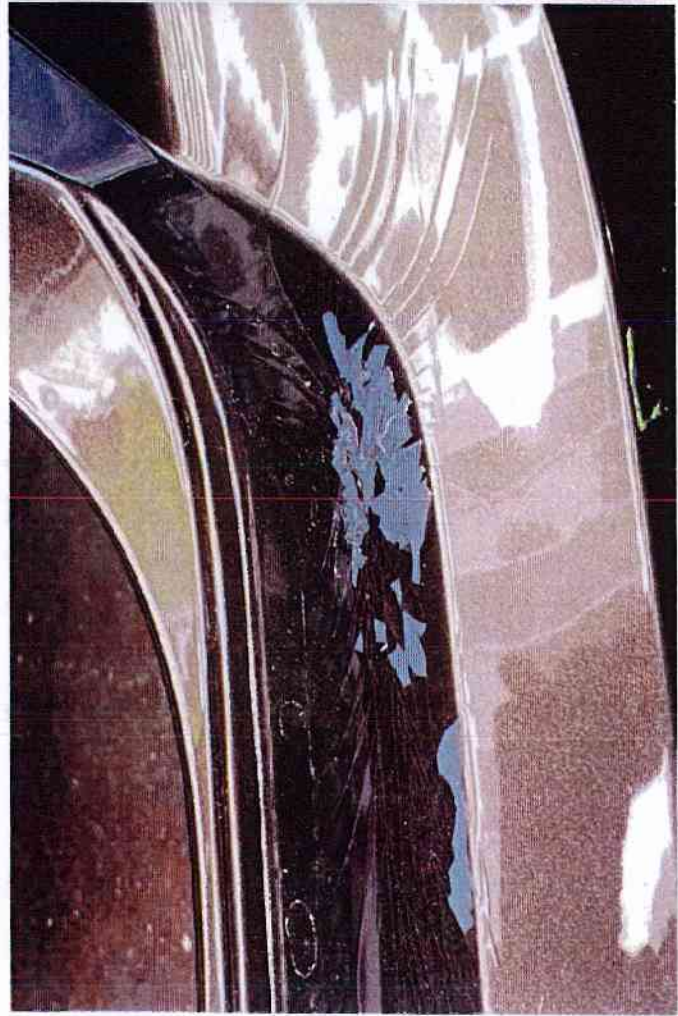


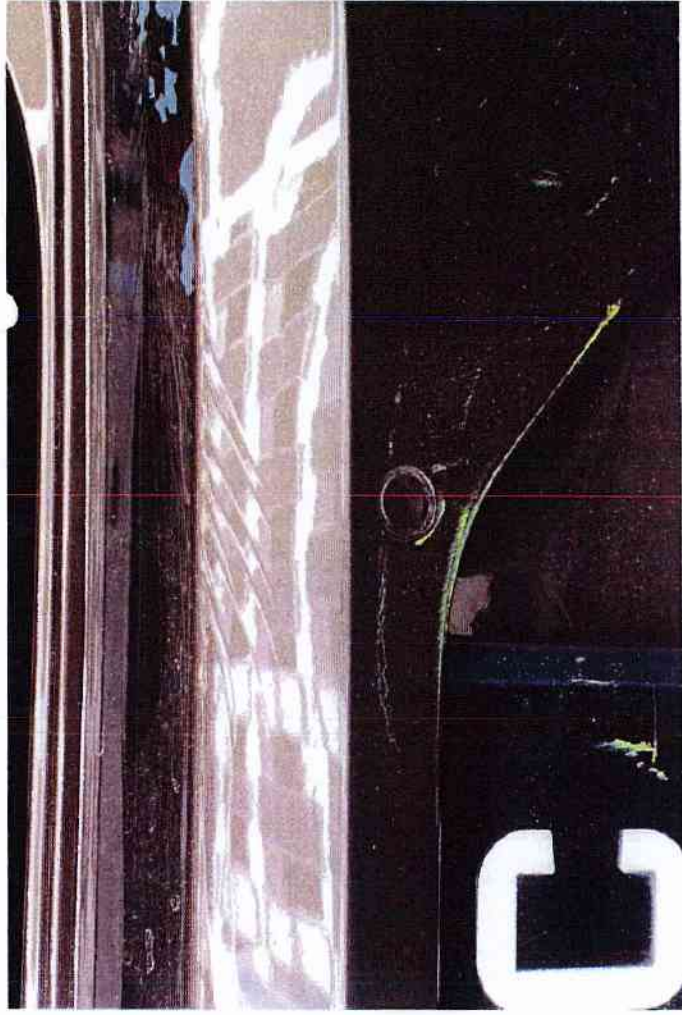


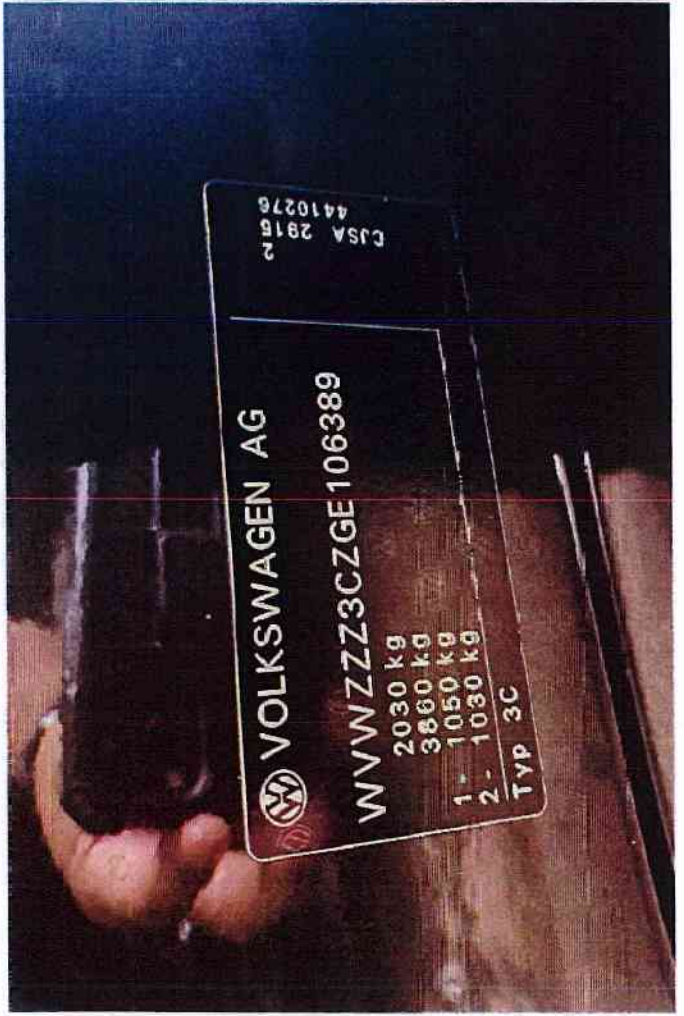




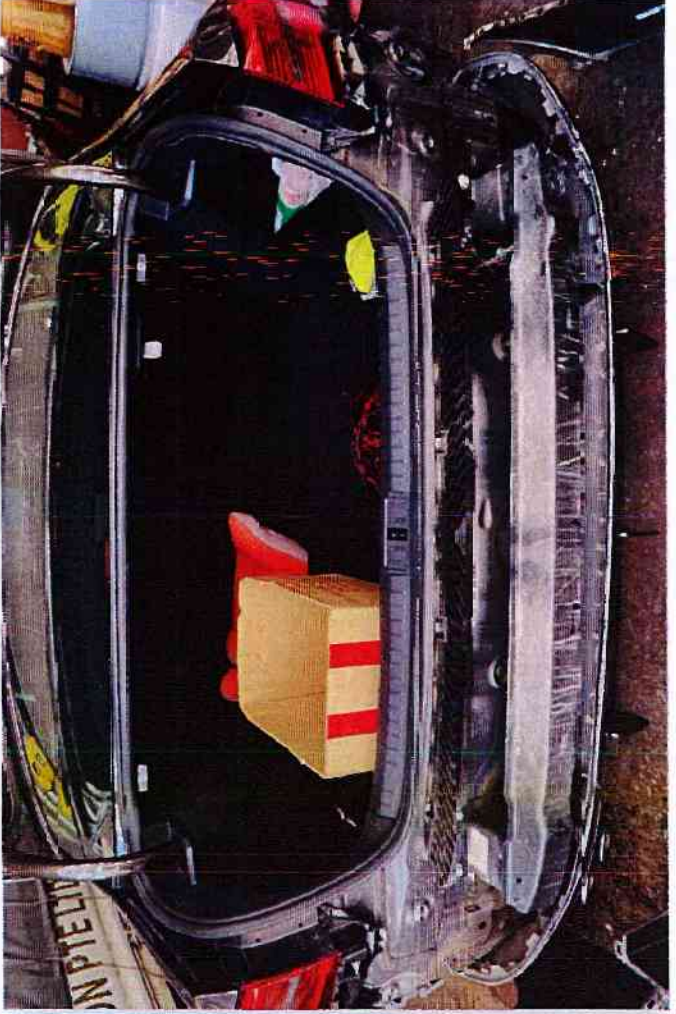


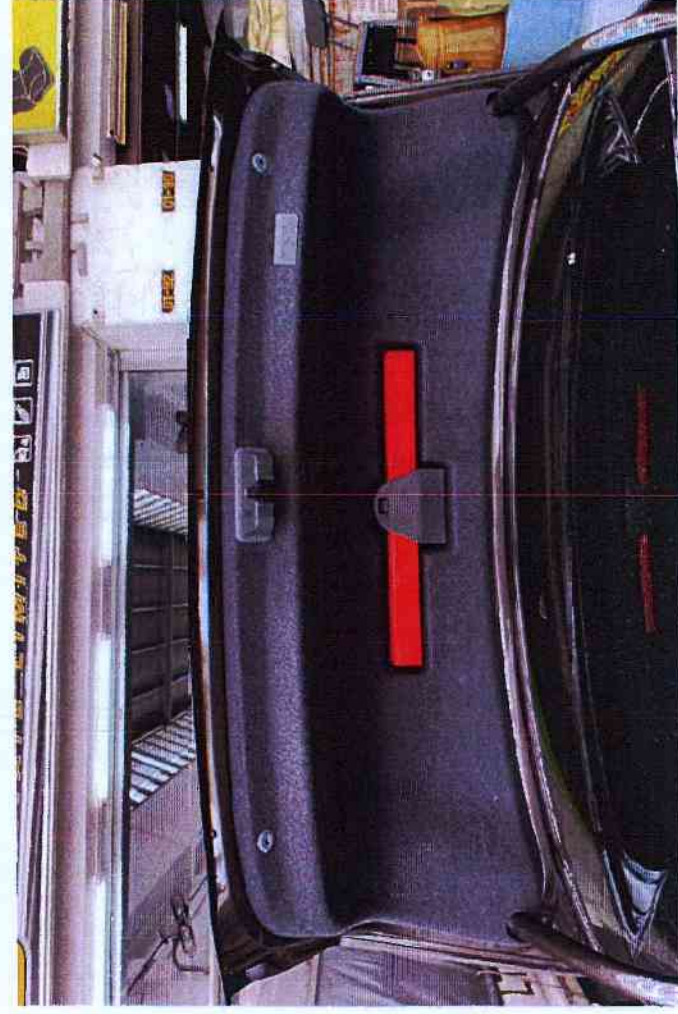






VOLKSWAGEN AG
WVWZZZ3CZGE106389
2030 kg
3860 kg
1- 1050 kg
2- 1030 kg
Typ 3C
CJSA 2816
4410276
2







70 TUAS SOUTH AVE 1 SINGAPORE 637285

OFFICIAL RECEIPT

Invoice Date	07 Feb 2022	Receipt No.	35007
Clinic Attended	Tuas View Medical Centre		
Purchaser	Kenneth Daniel		
NRIC/FIN of Patient	S7198077D		
Item	Qty	Unit Price	Subtotal
Consultation	1.00	20.00	20.00
Subtotal			\$ 20.00
Amount Paid by CASH			\$ 20.00

70 TUAS SOUTH AVE 1 SINGAPORE 637285

OFFICIAL RECEIPT

Invoice Date	08 Feb 2022	Receipt No.	35091
Clinic Attended	Tuas View Medical Centre		
Purchaser	Kenneth Daniel		
NRIC/FIN of Patient	S7198077D		
<i>Item</i>	<i>Qty</i>	<i>Unit Price</i>	<i>Subtotal</i>
Consultation	1.00	20.00	20.00
Subtotal			\$ 20.00
Amount Paid by CASH			\$ 20.00

TUAS VIEW MEDICAL CENTRE

70 TUAS SOUTH AVE 1 SINGAPORE 637285

MEDICAL CERTIFICATE

Date : Mon, 7 Feb 2022

No. : 1-18605

Name: Kenneth Daniel

NRIC: S7198077D

This is to certify that the above has been granted :

Outpatient Sick Leave 3 day(s)


From Mon, 7 Feb 2022

To Wed, 9 Feb 2022

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.



Locum Doctor

 **TUAS VIEW
MEDICAL CENTRE**
70 Tuas South Avenue 1 Singapore 637285
TUAS VIEW DORMITORY

*This document has been electronically signed

This certificate is not valid unless the clinic stamp is properly affixed in the space above



MEDICAL IMAGING PTE LTD
Blk 422, Ang Mo Kio Ave 3
#01-2516
Singapore - 560422
Co. Reg. No. : 198905466M

GST No. : M2-0090296-3
Tel No. : 64599806
Fax No. : 64559462

Bill To: KENNETH DANIEL (SXXXX077D)

Address:

Singapore -

Ref. Doctor: Jiang Weijie
Registration Number: M12203833

Tax Invoice Number: MIIN28748
Document Date: 07-Feb-2022
Printed Time: 11:50
Printed By: natra.hamzah

Registration Date: 7/2/2022

Patient's Name	Examination	Amount
KENNETH DANIEL	XR Cervical spine-3 Views	80.00
		80.00
Total Before GST:		5.60
GST @ 7.00 %		85.60
Total Charges:		
	Absorbed:	-0.0
	Link Points Redemption	-0.00
	(SGD)	85.60

Total Amount Due:

This is a computer generated document and no signature is required.

Payment Receipt

Receipt Number: MIRC25647
Document Date: 07-Feb-2022
Printed Time: 11:50
Printed By: natra.hamzah

Receipt Amount:

85.60

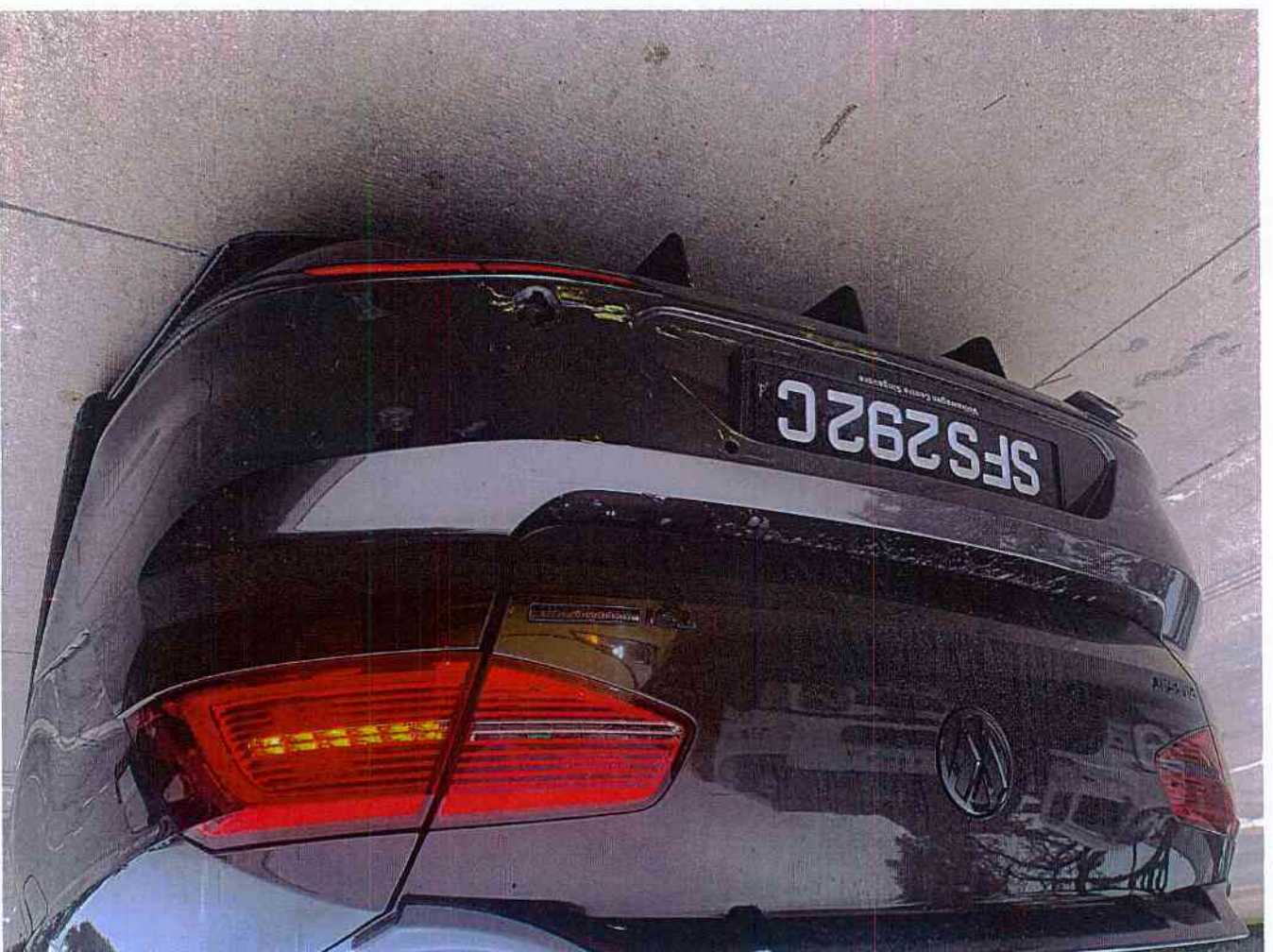
Payment Via

Payment Mode	Reference Detail	Amount Paid
NETS	975861	85.60
		85.60

Payment for	MIIN28748 (KENNETH DANIEL)	85.60
Amount Collected		85.60
Change		\$ 0.00

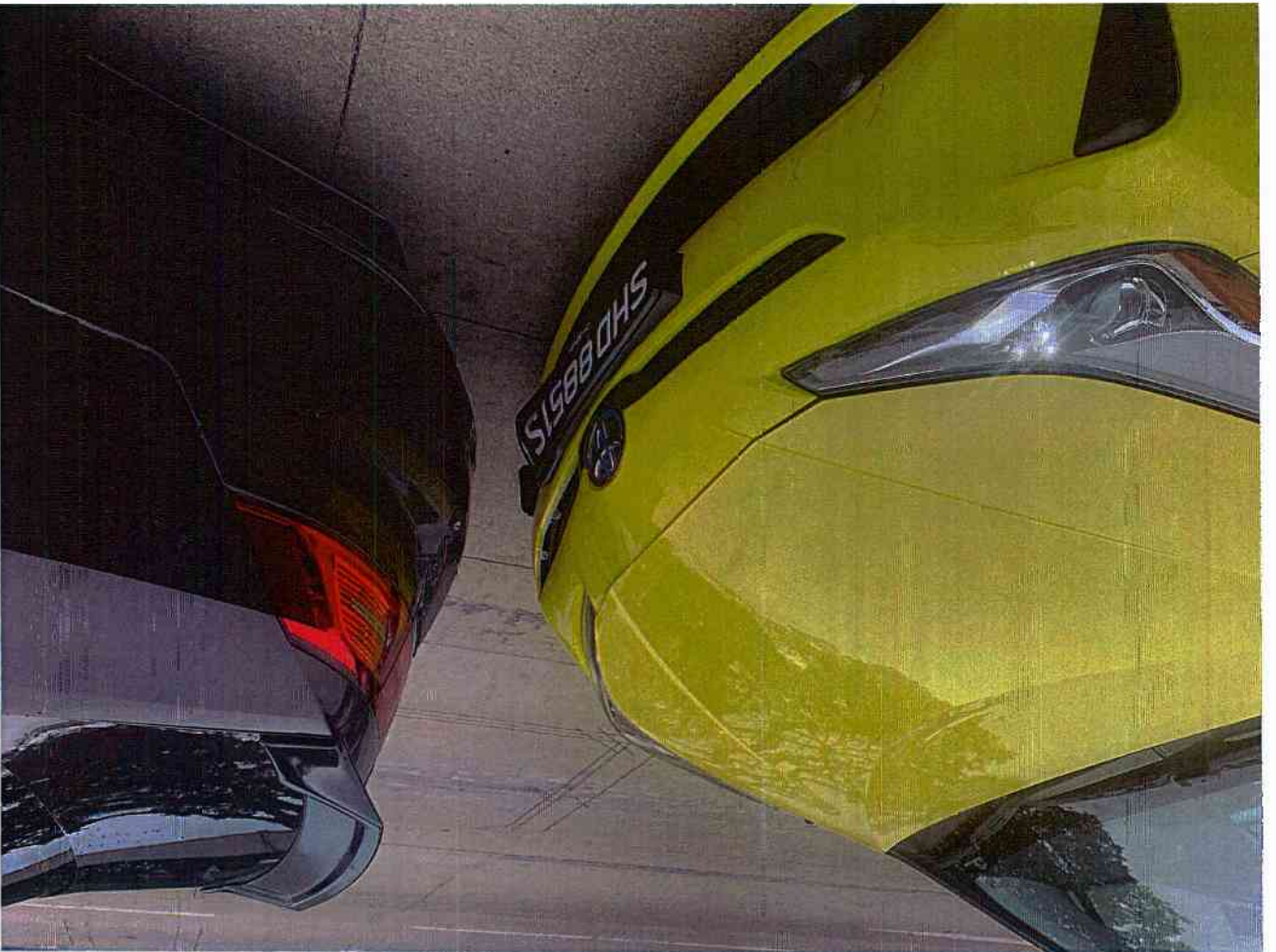
View your MediSave & MediShield Life claim details online with your SingPass at cpf.gov.sg

Employers and Insurers should reimburse to your cash outlay first, followed by MediSave, then MediShield Life/Integrated Shield Plan. For Integrated Shield Plan, please reimburse directly to the private insurer. To submit reimbursement, go to cpf.gov.sg > Employers > Services MediSave/MediShield Life Reimbursement.

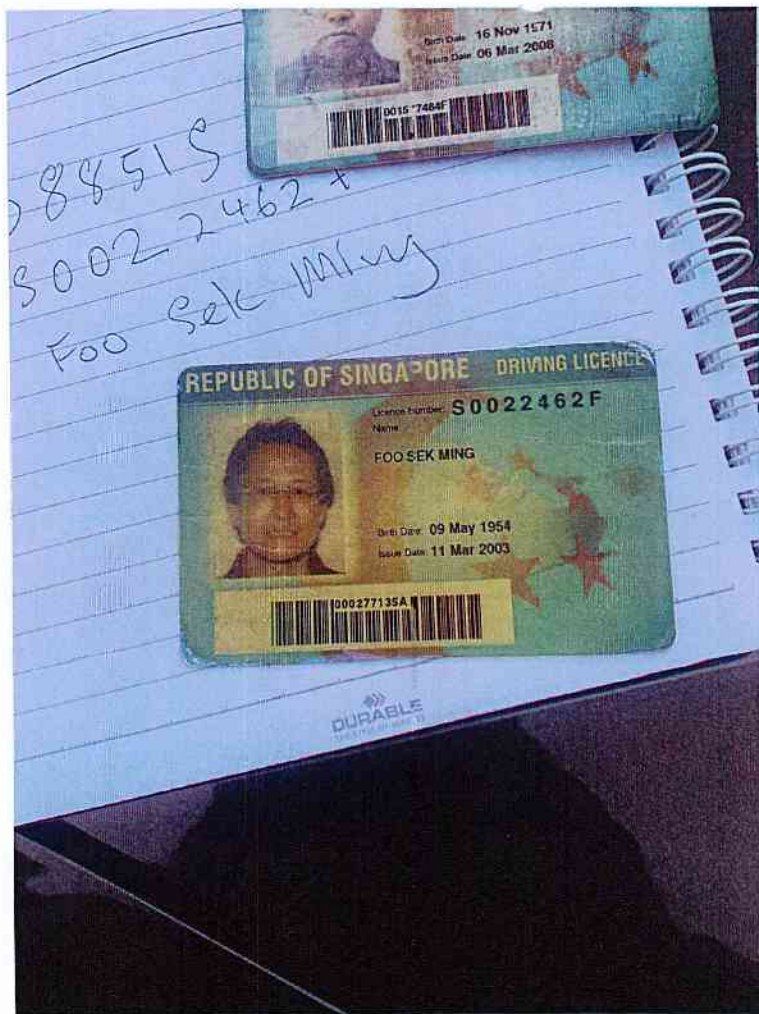


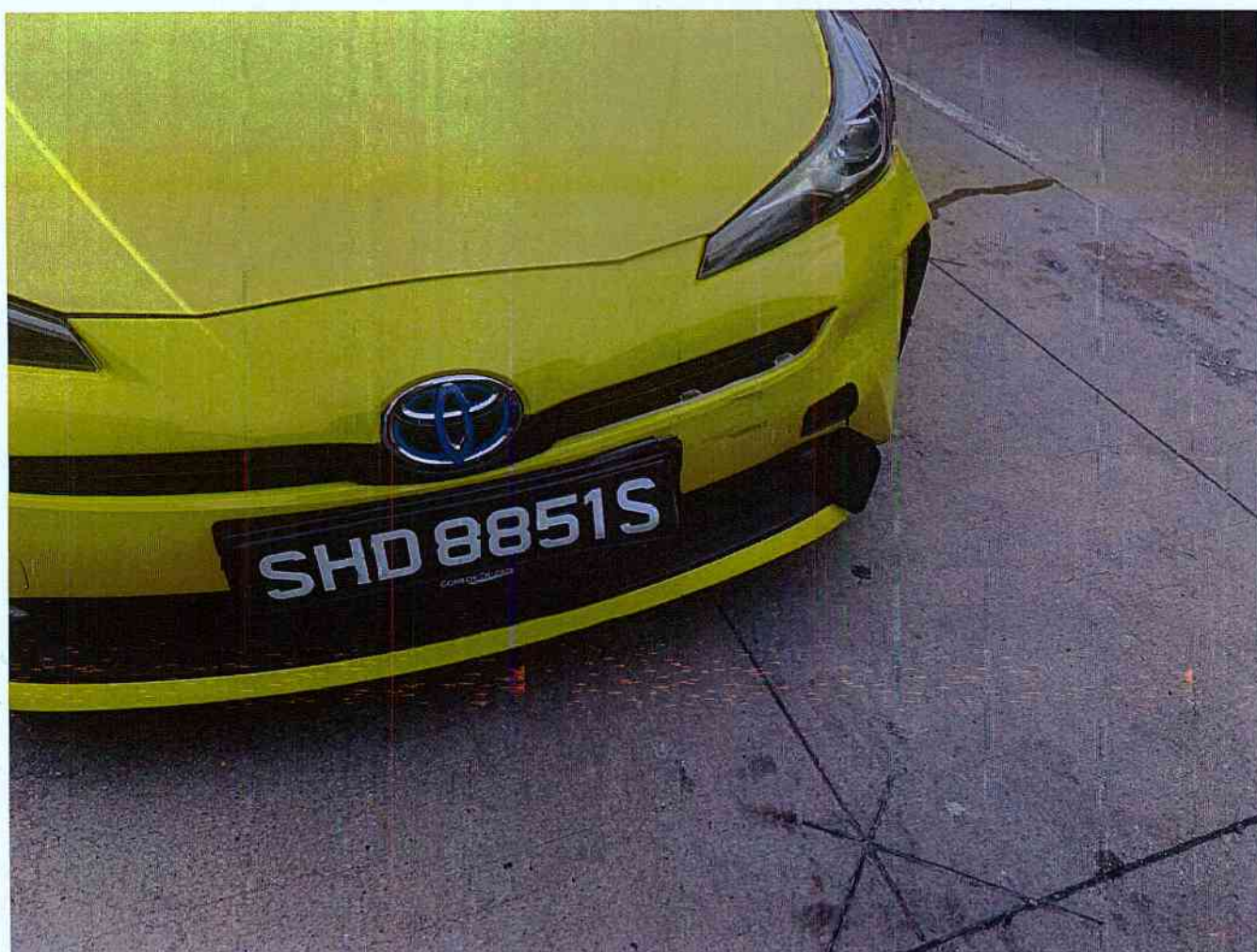
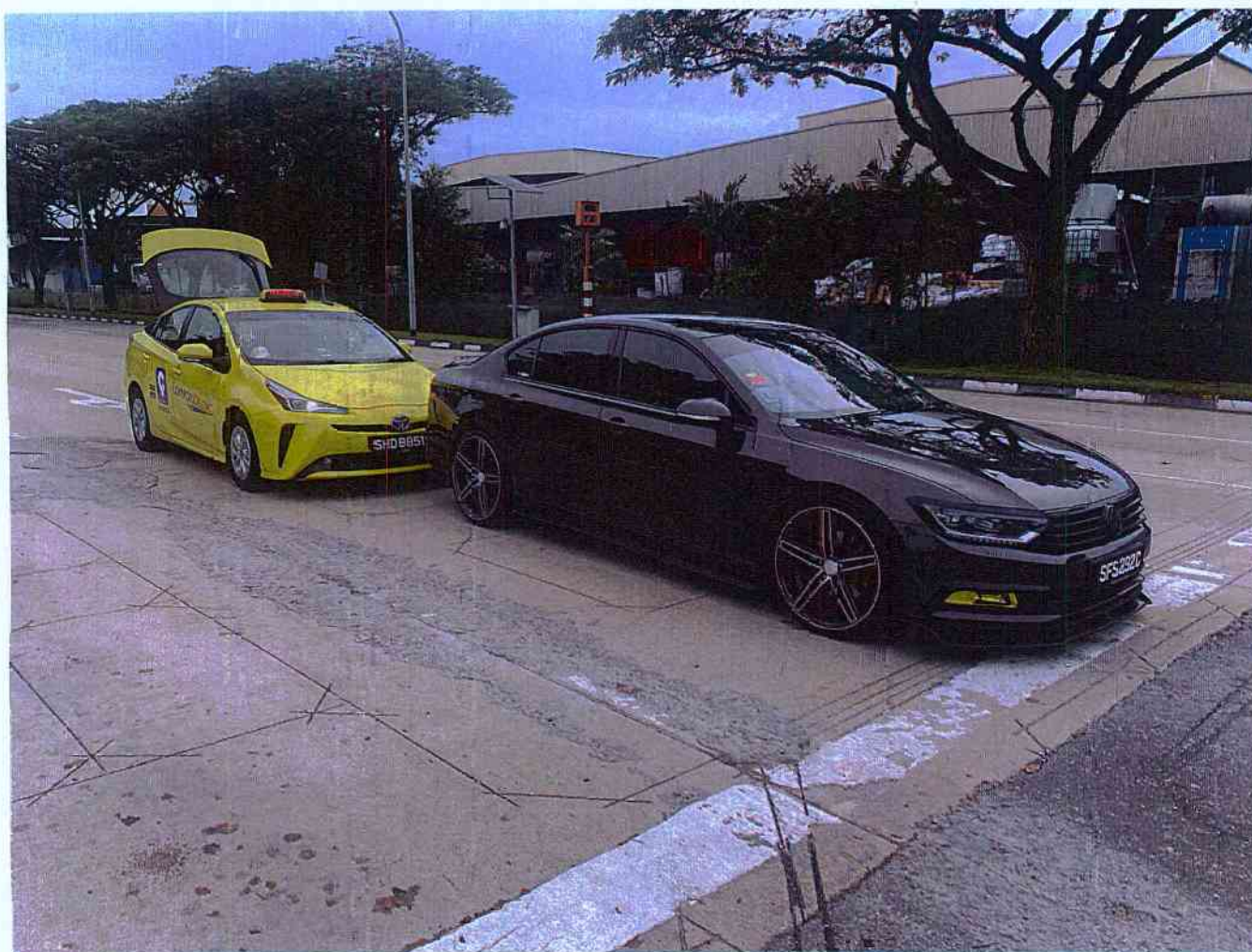












SINGAPORE ACCIDENT STATEMENT

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	07/02/2022 15:59 (SGT)
Date of Accident	07/02/2022 08:25 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS292S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KENNETH DANIEL
NRIC No	SXXXX077D
Email Address	CHYNNA_GTI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93668389
Alternative Phone No	+65-93668389

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
Variant	PASSAT B8 1.8 TFSI AT 3G24JZ
Exact purpose for which vehicle was being used at time of accident	Private use
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	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-005338
Cover Note Number	1/07/2021 - 14/07/2022

DRIVER

Name of Driver	KENNETH DANIEL
NRIC No	SXXXX077D

Date Of Birth	16/11/1971
Occupation	Indoor
Date Of Driving Pass	30/09/1992
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93668389
Alt. Phone Number	+65-93668389
Email Address	CHYNNA_GTI@HOTMAIL.COM
Address	432 ANG MO KIO AVE 10
Address complement	#05-1441
Postcode	560432
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	Collision - Head to Rear
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?	No
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD8851S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	FOO SEK MING
NRIC No	SXXXX462F
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	KENNETH DANIEL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK & SHOULDER PAIN
Injured person in which vehicle?	SFS292S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

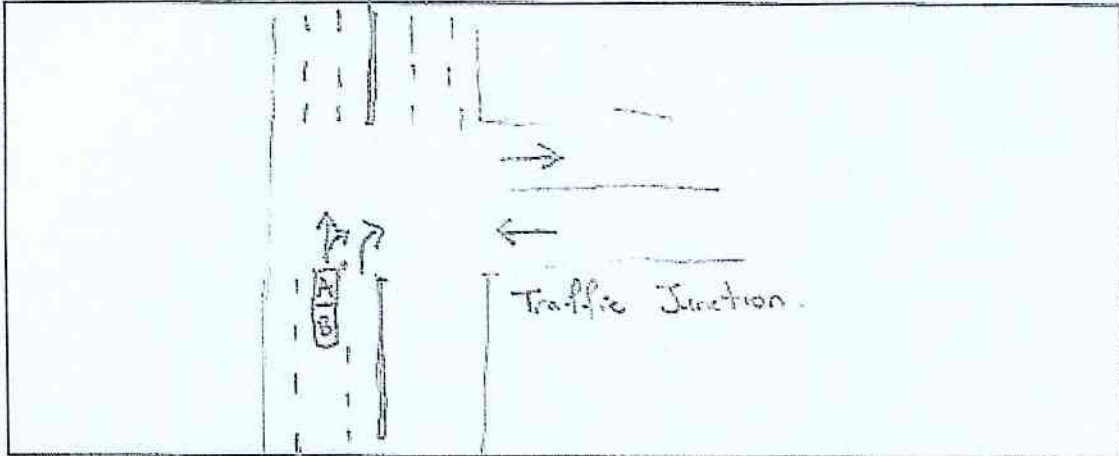
Policyholder's Signature
Date & Time:

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

Zila
Authorised Motorist

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of accident: 07/02/22 Time: 08:25 Location: Tuas Str Ave 3
 My Vehicle A: SFS 202C Vehicle B: SHP PFS16 Vehicle C: -
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Peter to the police report.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Report Form 1 (2017/2018)



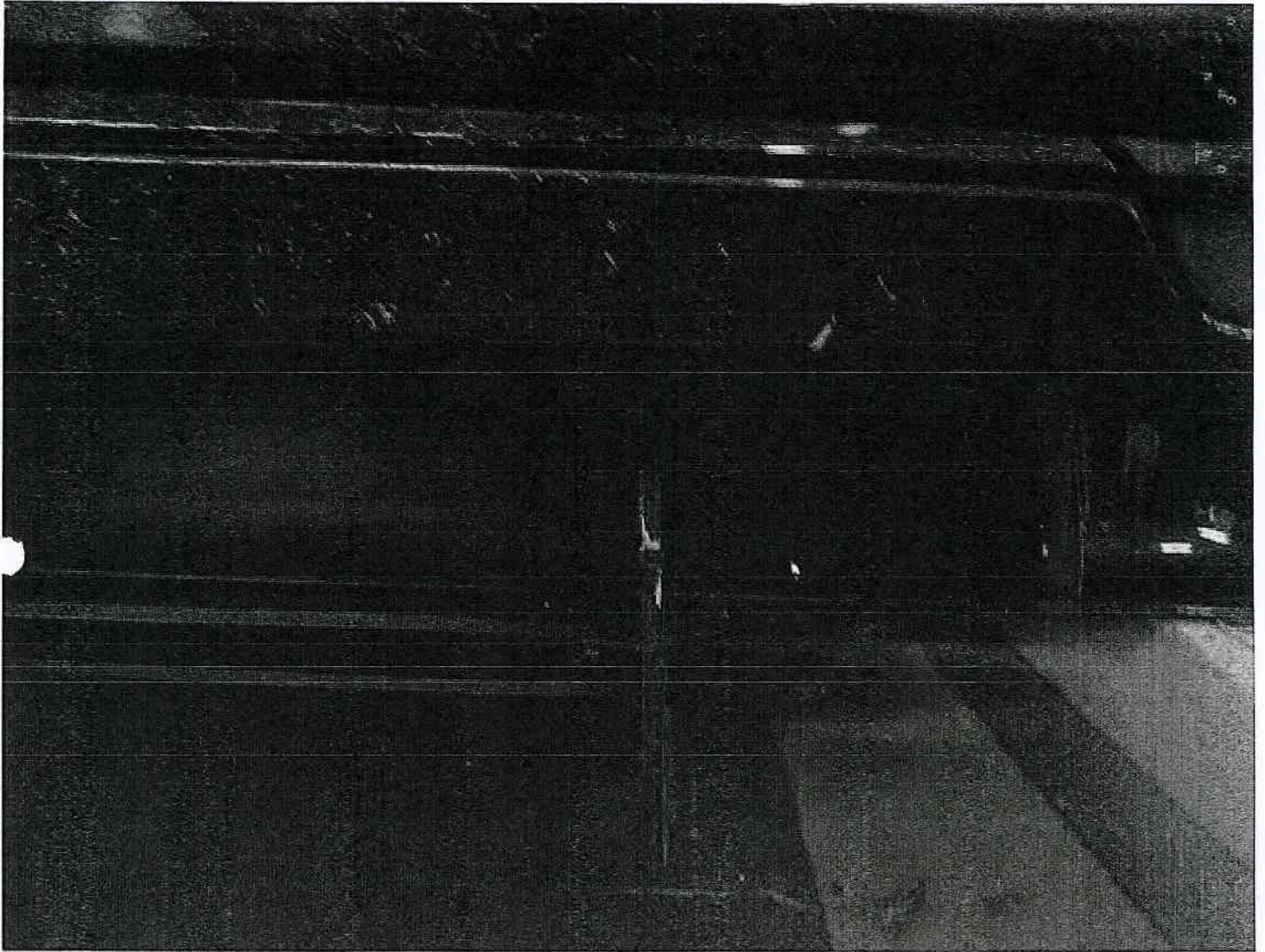


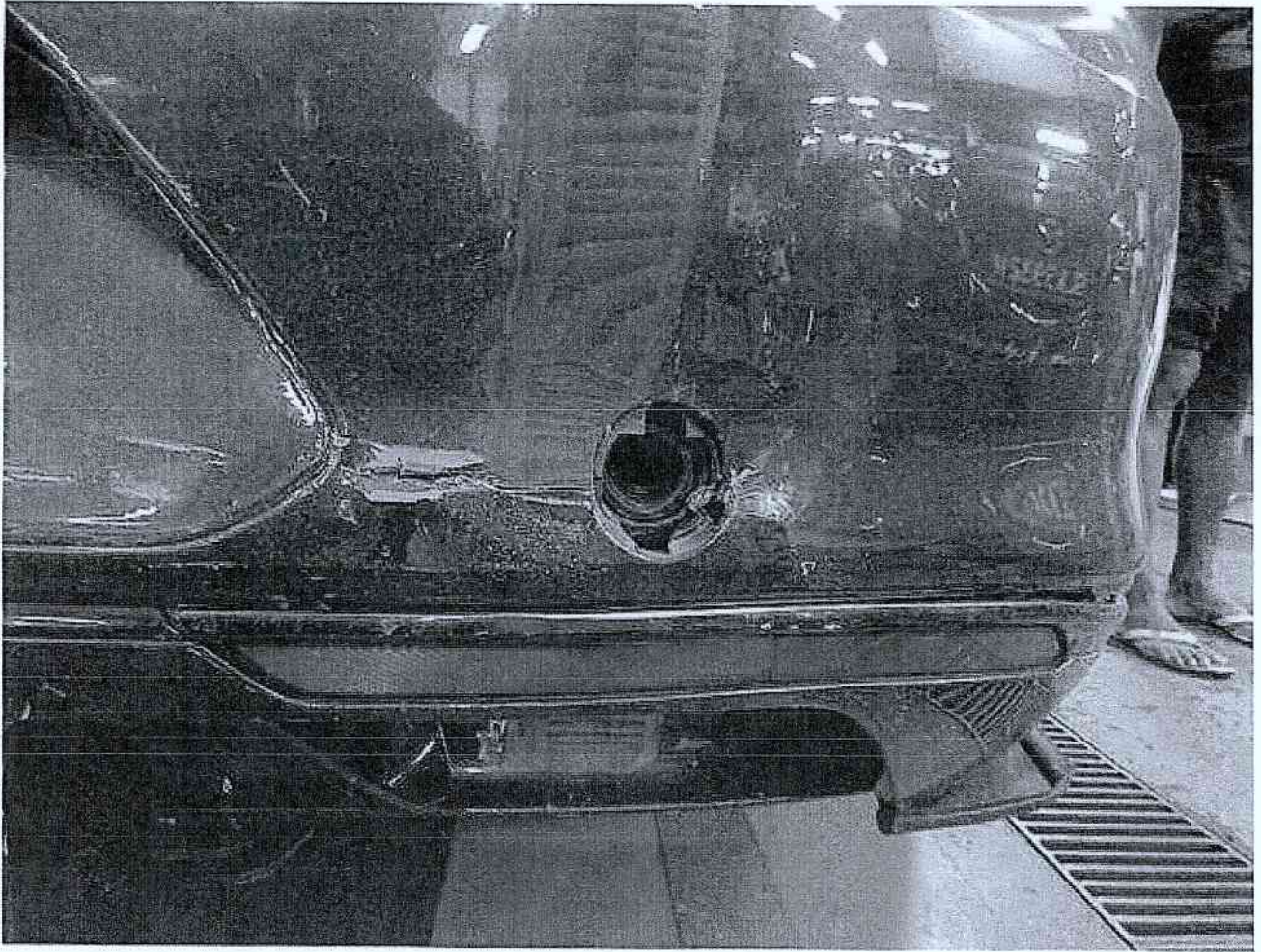






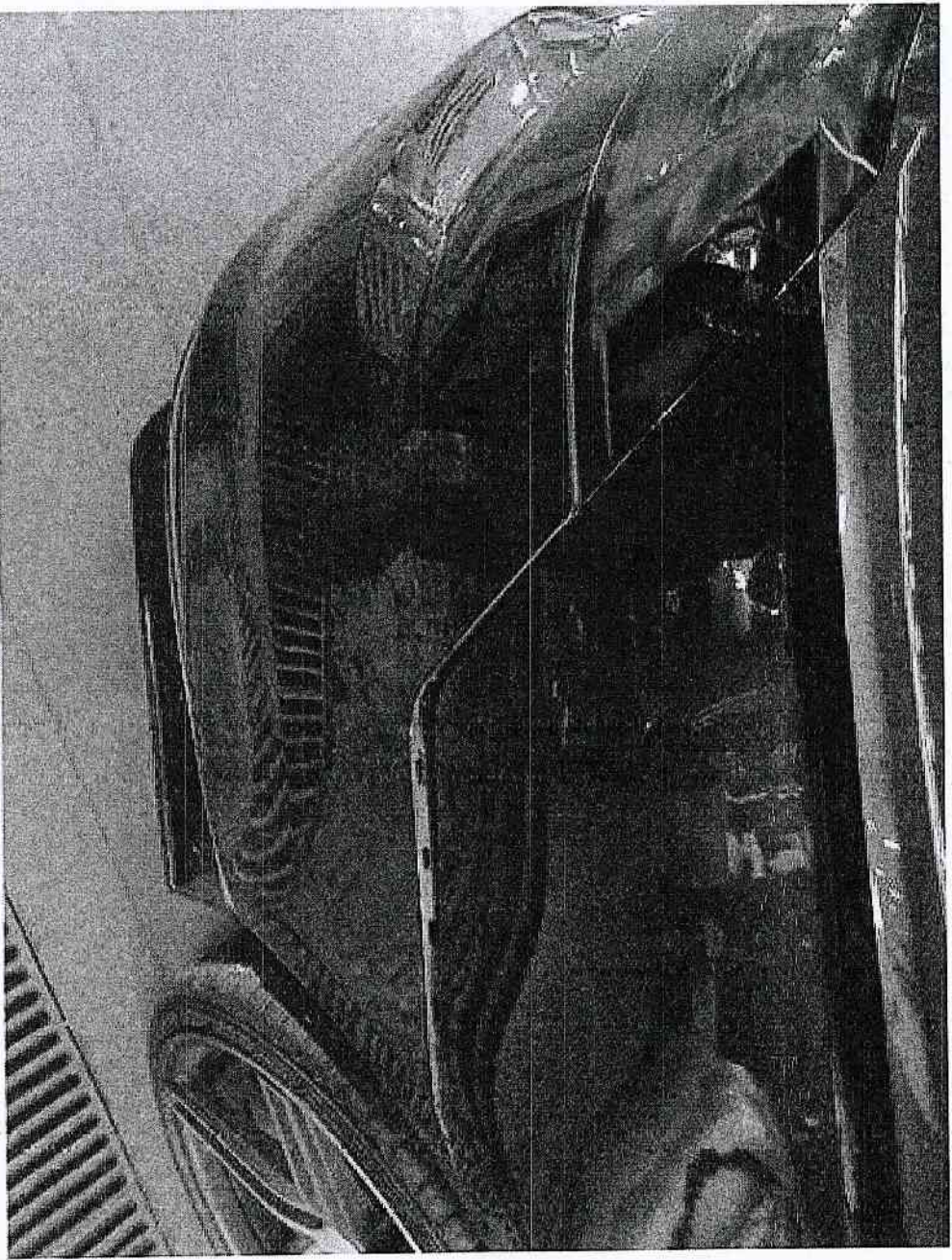
















**SINGAPORE
POLICE FORCE**



T/20220207/2039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 4

Report No. T/20220207/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2022 13:12		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: KENNETH DANIEL			Address: APT BLK 432 ANG MO KIO AVENUE 10 #05-1441 SINGAPORE 560432		
ID Type / ID No.: NRIC NO / S7198077D			Contact No.: Home/Office: Mobile: 93666389		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 16/11/1971	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: FACILITY MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2022 08:25	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving vehicle against stationary vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFS292C	Car	VOLKSWAGO N	PASSAT B8 1.8 TFSI AT 3G24JZ	Brown	Seriously Damaged	0
SHD8851S	TAXI				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220207/2039

2 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220207/2039

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFS292C	EQ INSURANCE COMPANY LTD.	DMPPHQ21-005338	15/07/2021	14/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KENNETH DANIEL	ID No.	S7198077D
Related Vehicle	SFS292C (Car)	Contact No.	93668389
Hospital/Clinic	TUAS VIEW MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
TAXI DRIVER			
Name	FOO SEK MING	ID No.	S0022462F
Related Vehicle	SHD8851S (TAXI)	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 07/02/2022 between 0825hrs to 0830hrs, I was driving my car bearing plate number SFS292C along Tuas South Ave 3 and I wanted to turn right to Tuas South Ave 1. I was in the keep right/go straight lane waiting to turn right and my signal to turn right was on. I was in stationary position for about 20 to 30 seconds.

Suddenly, I felt a hard hit at the rear of my vehicle. When I alighted from my car, I noticed a taxi bearing plate number SHD8851S had collided into the rear of my car. I didn't sustain any visible injuries due to the accident. However, I felt slight current and discomfort at the rear of my neck area.

My car sustained some damages at the rear areas. The bumper is broken at the rear right area, the boot is damaged and the alignment at the bottom rear has issues. The taxi sustained some damages at the front left bumper area.

I went to see a doctor at Tuas View Medical Centre due to the pain in my neck and was given 3 days of



**SINGAPORE
POLICE FORCE**



T/20220207/2039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 4

Report No. T/20220207/2039

CONTINUATION OF REPORT

medical leave from 07/02/2022 till 09/02/2022. I have an in car camera and it was recording but I have yet to check if there is any recording on the incident. No government properties were damaged and I will be awaiting for my X-ray results.



**SINGAPORE
POLICE FORCE**



T/20220207/2039

4 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220207/2039

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 1 ESTHER EVELYN MESHACH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2022 13:12
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case: SN 15

SIGNATURE

EQ Insurance Company Limited

Maywell Road #17-00 Tower Block MND Complex Singapore 069119
tel 65 6223 9423 | fax 65 6224 3902 | www.eqinsurance.com.sg
reg no. 1978-00490-M

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF 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.

PRIVATE CAR
Comprehensive

Certificate No.: DMPPHQ21-005338

Form: MK2

Excess:

Insured/Named Driver SGD880.00

Unnamed Drivers SGD1,100.00

YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
SFS292C

2. Name of Policyholder
KENNETH DANIEL

3. Effective Date of the Commencement of Insurance for the purpose of the Act
15/07/2021

4. Date of Expiry of Insurance
14/07/2022

5. Person or Classes of Persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

EQ Motor Accident
Hotline

6311 3211

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*

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

The policy does not cover:

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) 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.

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 and Amendment, Act or Acts passed in substitution thereof.

HP: Maybank

UNINBF/MD/A000211/MDivine Insurance Ag

A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited



RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 15/03/2022

Your Ref No: 19035.2022

Dear Sir/Madam,

Date of Accident: 07/02/2022 00:00 (SGT)

Vehicle No: SFS292C

Place of Accident: Tuas South Ave 3, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHD8851S	Tuas South Ave 3, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no 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 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	07/02/2022 14:44 (SGT)
Date of Accident	07/02/2022 08:35 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8851S
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Vehicle Category	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	FOO SEK MENG
NRIC No	S0022462F
Address	628A WOODLANDS RING ROAD #10-278
Address complement	-
Postcode	731628
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2

CIRCUMSTANCES OF ACCIDENT

ON 07/02/2022 AT ABOUT 0835HRS I WAS DRIVING MY VEHICLE A SHD8851S ON THE 2ND LANE OF TUAS SOUTH AVE 3 IN THE DIRECTION OF TUAS SOUTH AVE 10. AT THE TRAFFIC JUNCTION OF TUAS SOUTH AVE 1 VEHICLE B SFS292C FROM MY LEFT CUT INTO MY LANE AND STOPPED. HENCE MY VEHICLE A REAR ENDED VEHICLE B. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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 IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFS292C
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KENNETH DANIEL
Insurance Company Name	-

SKETCH PLAN

IMPORTANT NOTICE

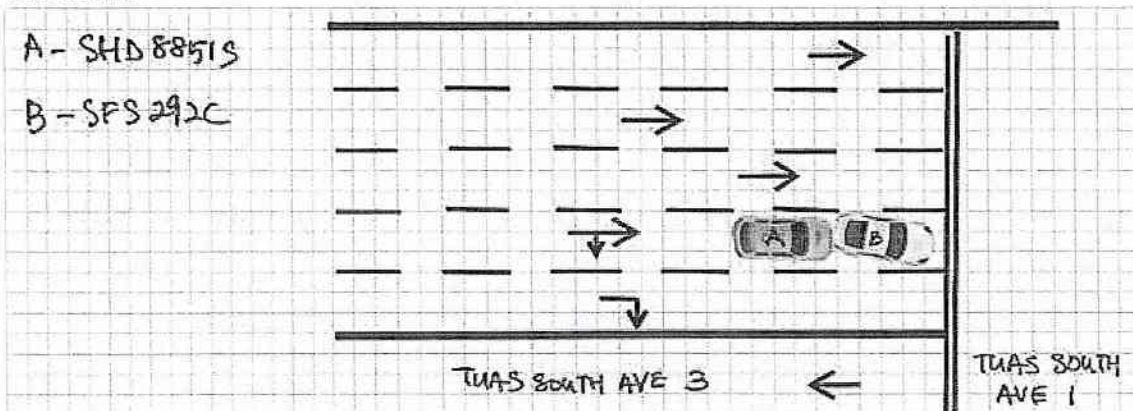
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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 Police for investigation**.
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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

ON 07/02/2022 AT ABOUT 0835HRS I WAS DRIVING MY VEHICLE A SHD8851S ON THE 2ND LANE OF TUAS SOUTH AVE 3 IN THE DIRECTION OF TUAS SOUTH AVE 10. AT THE TRAFFIC JUNCTION OF TUAS SOUTH AVE 1 VEHICLE B SFS292C FROM MY LEFT CUT INTO MY LANE AND STOPPED. HENCE MY VEHICLE A REAR ENDED VEHICLE B. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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

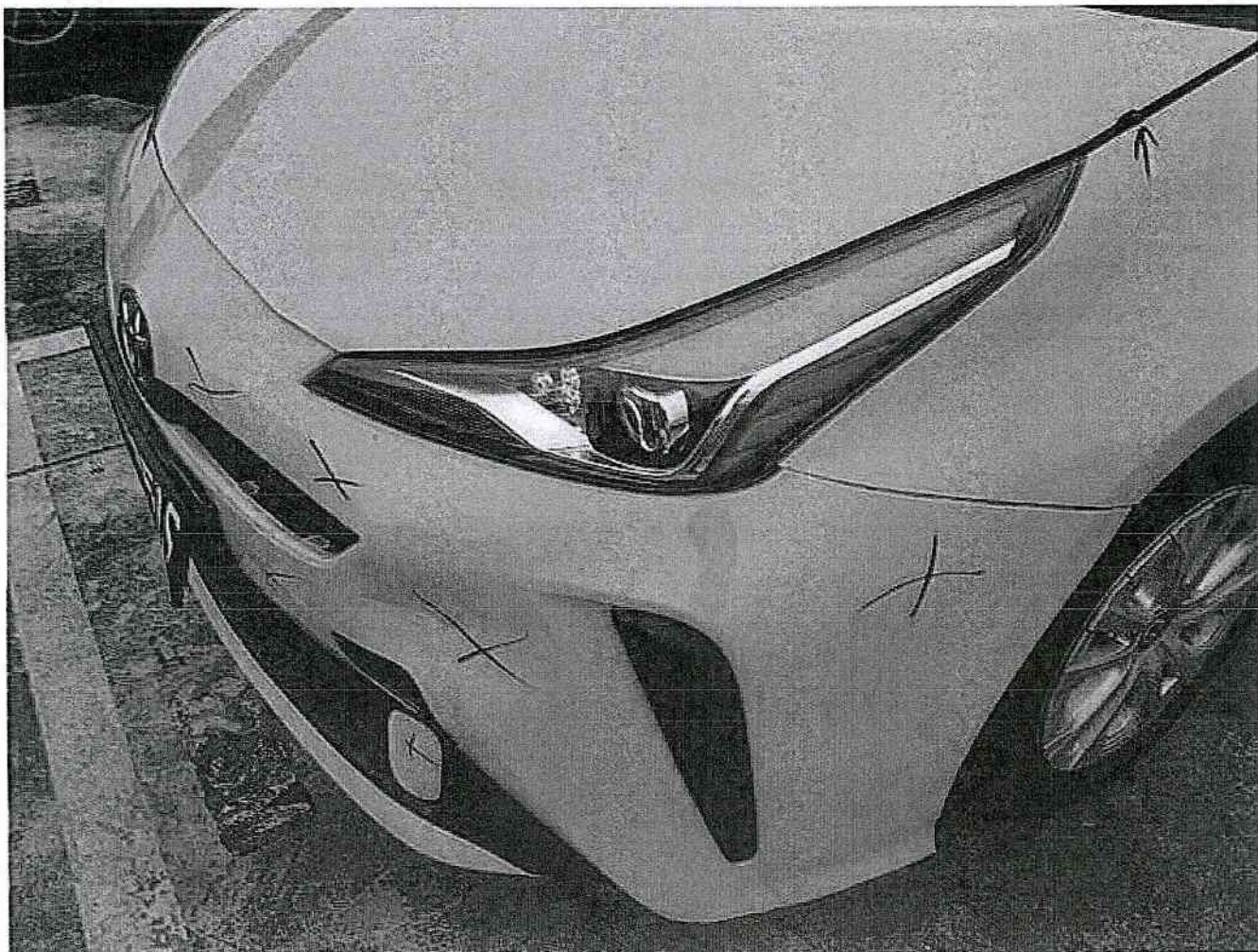
Witnessed by Reporting Centre Personnel

IMAGES





IMAGES #3



IMAGES #4

















OTHER DOCUMENTS



19035

Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 07 Feb 2022 / 08:25:00)

Vehicle Owner Details ^

Owner ID Type:

Company

Owner ID:

199502839G

Owner Name:

CITYCAB PTE LTD

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:

383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

-

Registered Building Name:

GAS BUILDING

Registered Postal Code:

575717

Vehicle Insurance Details ^

Vehicle No.:

SHD8851S

Make Description/Model:

TOYOTA / PRIUS 5DR HATCHBACK (AUTO)

Insurance Company Name:

AXA INSURANCE PTE LTD



Thank you

Krishnamoorthi S/o Kolanthaveloo has successfully logged out.

Your last login date and time was 15 Mar 2022, 13:05:09.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. ¹	Asset Type ²	Asset ID ³	Asset Owner ID ⁴	Transaction Type ⁵	Transaction Amount(S\$) ⁶	Log Date
1	Vehicle	GBD1530K	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	15 Mar
2	Vehicle	SHD8851S	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	15 Mar