

**CHEONG CHEONG MOTOR SERVICE PTE LTD**

BLK 5032 Ang Mo Kio Ind Park 2 #01-293 Singapore 569535

Tel : 6481 4152 Fax : 6481 4157

E-mail add : c2msvc@singnet.com.sg website : cheongcheong.com

Reg No : 201007833E

TO : AUTO GENERAL INSURANCE SINGAPORE PL

ATTN : MOTOR CLAIM DEPT

DATE : 05TH APRIL 2023

Dear Sir,

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2  
WORKING DAYS PURSUANT TO PARAGRAPH I6.2 OF PRE-ACTION  
PROTOCOL FOR NIMA CASE

We act for C. BALASHANKAR ENTERPRISE appointed the undermentioned  
workshop to repair her motor vehicle GBF 9601 B claim against your client vehicle  
SLW 189 B accident on 04/04/2023.

Please be informed that the said vehicle can be inspected at :

**CHEONG CHEONG MOTOR SERVICE PTE LTD**

**BLK 5032 ANG MO KIO IND PARK 2**

**#01-293**

**SINGAPORE 569535**

**TEL : 6481 4152**

**FAX : 6481 4157**

If you fail to conduct the pre-repair inspection within the next 2 working days  
excluding any intervening Saturday, Sunday or Public Holiday, the said workshop  
will commence repairs thereafter without further reference to you.

Regards,

Angela Ng / Willy Lim



.....  
Sign by surveyor :

## 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	04/04/2023 17:35 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 07:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9601B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	C. BALASHANKAR ENTERPRISE
Company Reg No	4XXXX600A
Email Address	CBEDESIGN1989@GMAIL.COM
Mobile Phone No	(Phone) +65-97302129
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	DYNA 150 5MT
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MR002708

### DRIVER

Name of Driver	JEYAKUMAR RAMESHKUMAR
Passport No/FIN	GXXXX553K
Date Of Birth	01/01/1982
Occupation	Outdoor

Date Of Driving Pass	31/03/2005
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84386490
Alt. Phone Number	-
Email Address	CBEDESIGN1989@GMAIL.COM
Address	74 COMMONWEALTH DR
Address complement	#03-455
Postcode	140074
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### 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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW189B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM WANG SOON
NRIC No	SXXXX454B
Contact Number	(Phone) +65-91828853
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBL7145H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AHAMAD ZAKI BIN ISMAIL
NRIC No	SXXXX868C
Contact Number	(Phone) +65-87842201
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	JEYAKUMAR RAMESHKUMAR
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY UNWELL
Injured person in which vehicle?	GBF9601B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

TEL: 64814152 Fax: 64814157  
C2mevc@3impact.com.sg

**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.
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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:

*SL*

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

*J. Ramli*

*Zila*  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No:

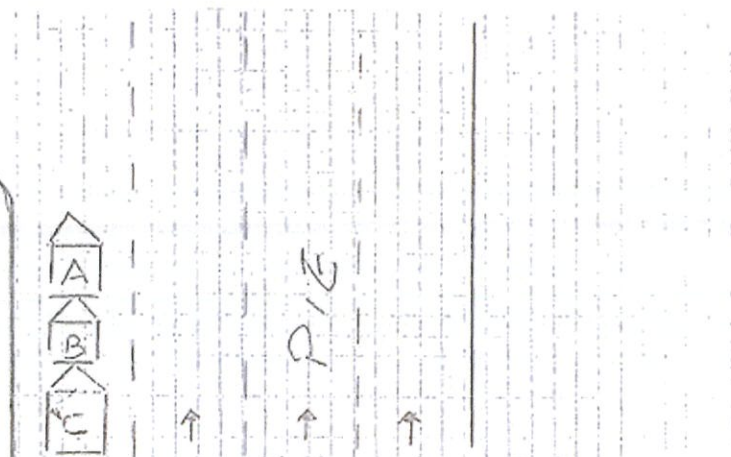
SKETCH PLAN

SINZI

A: GBT 9601 B

B: SLW 189 B

C: GBL 7145 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report ATTACH.

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:

Zila  
Aly Lim Motor Company

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





**SINGAPORE  
POLICE FORCE**



T/20230404/2079

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 3

Report No. T/20230404/2079

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2023 16:07	Vide Report No.:	Station Diary No.: 89
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**Informant's Particulars**

Name of Informant: JEYAKUMAR RAMESHKUMAR			Address: APT BLK 74 COMMONWEALTH DRIVE #03-455 SINGAPORE 140074		
ID Type / ID No.: FIN NO / G7591553K			Contact No.: Home/Office: Mobile: 84386490		
Nationality: INDIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 01/01/1982	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Electrician			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2023 07:10	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBF9601B	Lorry				Slightly Damaged	0
GBL7145H	Lorry				Slightly Damaged	0
SLW189B	Car				Slightly Damaged	0



**SINGAPORE  
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T/20230404/2079

Police Station Of Origin:  
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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20230404/2079

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JEYAKUMAR RAMESHKUMAR	ID No.	G7591553K
Related Vehicle	GBF9601B (Lorry)	Contact No.	84386490
Hospital/Clinic	UNION MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	AHAMAD ZAKI BIN ISMAIL	ID No.	S1433868C
Related Vehicle	GBL7145H (Lorry)	Contact No.	87842201
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
<b>Driver</b>			
Name	LIM WANG SOON	ID No.	S7114454B
Related Vehicle	SLW189B (Car)	Contact No.	91828853
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 abovementioned date, time and place, I was driving along the said road. As the traffic was heavy, I went and drive slowly. Out of suddenly, I heard a loud bang from the rear of my vehicle. When I stop, I discovered someone had knock onto my lorry and another lorry knocked onto the 2nd vehicle.

We exchange particulars. After the accident, I was not well and went to seek medical treatment and had 3 days MC.

I am lodging this report for police investigations





SINGAPORE  
POLICE FORCE



T/20230404/2079

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569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20230404/2079

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SI TAN THIAM HUAT

Signature Of Interpreter.

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Signature Of Informant:

Date/Time:

04/04/2023 16:07

Classification Of Case:

NP168