

# RIAZ ADVOCATES AND SOLICITORS

COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER: 200911678H

Your Reference: Our Reference: Your Insured (SHA 7256H) RA.519738.J(d)

RIAZ QAYYUM (LLB HONS) NUS

24 May 2023

The state of the s

(ASSOCIATE)

MUHD RIDHWAN ABDUL RAHIM (LLB HONS) LEEDS

HSBC LIFE (SINGAPORE) PTE LTD

Robinson Road P.O. Box 1094 Singapore 902144

**Attention: Motor Claims Department** 

VENGADESH S/O KUMARAVELU (LLB HONS) MURDOCH

WITHOUT PREJUDICE BY EMAIL

**TEO SONG SENG** 

Blk 526 Serangoon North Ave 4 #10-114 Singapore 550526 BY POST

WITHOUT ENCLOSURES

Dear Sirs,

ACCIDENT INVOLVING MOTOR VEHICLES NO. FBB 6655L AND SML 9139H / SHA 7256H / SLG 8678M ON 01 DECEMBER 2022 ALONG JURONG WEST STREET 61

We act for LIM KOK HWA, the owner and rider of FBB 6655L who involved in the captioned accident.

We are instructed by the abovenamed to claim damages against you in connection with the road traffic accident involving motor vehicle no. FBB 6655L AND SHA 7256H ON 01 DECEMBER 2022 ALONG JURONG WEST STREET 61.

We are instructed that the accident was caused by your negligence in driving and/or management of your vehicle. As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical report[s] annexed hereto. He has been put to loss and expense, particulars of which are as follows;

We quantify our client's claim as follows:-

### 1. General Damages

a.	Pain & Suffering	
	-Neck strain	\$ 3,000.00
	-Bilateral shoulder strain	\$ 3,000.00
	-Right thigh strain	\$ 2,000.00
	-Abrasions of right calf & right heel	\$ 4,000.00
	-Scarring	\$ 2,000.00



### Page 2

### 2. Special Damages

a.	Medical expenses	\$	948.62
b.	Transport expenses	\$	140.00
C.	Loss of income	\$to be	assessed
d.	Cost of repair	\$	5,150.00
e.	Loss of use (12 days x \$50.00)	\$	600.00

Please note that the above quantification on damages is subject to client's confirmation upon receiving your offer. Should client's condition worsen or further claims arise, we also reserve the right to add to the quantification.

In compliance with the Pre-Action protocol for Personal Injury Claims, we disclose the following, we forward copies of the following documents for your perusal and considerations: -

- Medical tax invoices/bills and certificates;
- b) Medical Reports of our client;
- c) Police/GIA Report of Plaintiff in our possession;
- d) GIA reports of SML 9139H, SHA 7256H & SLG 8678M;
- e) LTA/GIA search extract;
- f) Photographs;
- g) Video footage;
- h) Repair invoice;
- Survey report and invoice;
- j) Documentary evidence(s) of our client's earnings.

We also in compliance with the pre-action protocol under the State Court's Direction 38, we propose use one of the following medical experts as a single joint expert:-

1. Dr Soong Yi Wei Daniel from Unihealth 24 Hr Clinic (Jurong East)

Please note that you should send to us an acknowledgement of receipt to us within 14 days of the receipt of this letter. Please also inform us, within 14 days of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical experts or whether you wish to propose other medical experts.

Should you fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising our of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

### Page 3

We propose costs \$3,500.00 (Plus GST) at this stage.

In the event that an amicable settlement is reached, we render below a list of disbursements incurred.

Disk	ursements incurred as to date:-	
a)	Medical Report fee x3	\$ 588.80
b)	LTA/GIA search fee	\$ 100.49
c)	Public trustee fee	\$ 225.00
d)	Survey report fee	\$ 550.00
e)	Incidentals (Plus GST)	\$ 150.00

Yours faithfully

# **Enquire Vehicle Owner Details**

# Enquire Vehicle Owner Details ( As At 01 Dec 2022 / 10:05:00 )

# Owner ID Type: Singapore NRIC Owner ID: 457E Owner Name: TAN KAY LEONG (CHEN JIALIANG) Registered Address Type: HDB / HUDC Registered Block/House No.: Registered Street Name: Registered Unit No.: Registered Building Name: Registered Postal Code:

**Vehicle Owner Details** 

### **Vehicle Insurance Details**

Vehicle No.:

SML9139H

Make Description/Model:

TOYOTA / C-HR HYBRID 1.8S CVT

Insurance Company Name:

INCOME INSURANCE LIMITED

Save as PDF

OK >



# Enquire Vehicle's Insurance Particulars ( As At 01 Dec 2022 / 10:05:00 )

Vehicle No.:

Make Description/Model:

SML9139H

TOYOTA / C-HR HYBRID 1.8S CVT

Insurance Company Name:

INCOME INSURANCE LIMITED

Business Transaction Reference No.:

20221212124828484795

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).



You have successfully logged out.

Your last login date and time was 12 Dec 2022, 12:47:24.

To return to ONE.MOTORING, please click here

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

### **Session Transaction History**

S/No.	Asset Type	Asset ID®	Transaction Type:	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SML9139H	18.19 Enquire Veh Owner Info	7.49	12 Dec 2022/
			(Others) by Law Firm		12:48:28



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

9 Temasek Boulevard, Suntec City Tower Two #42-01B Singapore 038989 E-mail: gears-support@shift-technology.com GST Registration: M400017735

### TAX INVOICE

Date of Request: 17/05/2023 Your Ref No: 519738.D

Dear Sir/Madam,

Date of Accident: 01/12/2022 09:55 (SGT)

Vehicle No: FBB6655L

Place of Accident: Jurong West Street 61, 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\$)
SML9139H	Jurong West Street 61, Singapore	(31.00)	1	(28.70)
GST Amount				(2.30)
Total Amount Due	(GST Inclusive)			(31.00)

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.



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E-mail: gears-support@shift-technology.com GST Registration: M400017735

## TAX INVOICE

Date of Request: 17/05/2023 Your Ref No: 519738.D

Dear Sir/Madam,

Date of Accident: 01/12/2022 10:00 (SGT)

Vehicle No: FBB6655L

Place of Accident: 63 Jurong West Street 61, 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\$)
SHA7256H	63 Jurong West Street 61, Singapore	(31.00)	1	(28.70)
GST Amount			0	(2.30)
Total Amount Due	(GST Inclusive)			(31.00)

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# TAX INVOICE

Date of Request: 17/05/2023 Your Ref No: 519738.D

Dear Sir/Madam,

Date of Accident: 01/12/2022 10:00 (SGT)

Vehicle No: FBB6655L

Place of Accident: Jurong West Street 61, 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\$)
SLG8678M	Jurong West Street 61, Singapore	(31.00)	1	(28.70)
GST Amount		•		(2.30)
Total Amount Due	(GST Inclusive)			(31.00)

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Thank you.

This is a computer generated document and requires no signature.





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221201/7076

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2022 23:11			Vide Report No.:	Station Diary No.	
Informar	nt's Partici	ulars		KEN BEST STEWARDS	
Name of Informant: LIM KOK HWA			Address:		
ID Type / ID No.: NRIC NO / S6898084D		84D	Contact No.: Home/Office:	Mobile:	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 54	Date of Birth: 23/03/1968	Type of Informant: Rider		
Race: Chinese		···	Language: English	Institution / School Name:	
Occupation: Food delivery			Driving Licence Information: Class: Date of Expiry:		

	Injune	D:-1-	TD. F.		
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2022 10:05	Type of Location	
Location:		110	01/12/2022 10.03		
JURONG WE	ST STREET 61				
Weather:		Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	ion:		6	Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBB6655L	Motorcycle	YAMAHA	XMAX 300 ABS CVT	Blue		0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB6655L	NTUC Income Insurance Co-Operative Limited	5127208070	29/04/2022	28/04/2023





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

2 of 3 Report No. T/20221201/7076

### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved				NEW EV	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Ped	destrian	Cross	sina: NA
Rider						
Name	LIM KOK HWA	LIM KOK HWA				S6898084D
Related Vehicle	FBB6655L (Motorcy	FBB6655L (Motorcycle)			ct No.	
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	1
No. of Days gran	ted Medical Leave	03	Degree of		Serio	ous

### Brief Details.

On the stated date and time I vehicle FBB6655L was travelling straight along Jurong West St 61. As I approached the X-junction, I slowed down and came to a stop as there was a stationary vehicle in front of me.

Before I came to a complete stop, a vehicle SML9139H who was on the opposite direction crashed onto the centre divider and hit onto my vehicle front right portion.

I then fell to my left and my left leg was pinned by my bike.

Some passerby then pulled me out and helped me to the side of the road.

I later realised that a taxi SHA7256H had hit onto the right rear portion of SML9139H, causing the vehicle to lost control and mounted the centre divider and thus crashed into my bike and another vehicle SLG8678M that was in front of me.

Taxi who was on the same road as me wanted to make a discretionary right turn, taxi did not wait for the traffic to clear 1st and thus hit onto SML9139H that was moving straight.

Later ambulance and TP came and I was conveyed to NTFGH A&E for treatment for my leg injuries and I was given 3 days MC.

After my discharge I start to feel pain on my neck, right rib, right hand and lower back areas. I will be following up with a doctor soon.





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

3 of 3 Report No. T/20221201/7076

### CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2022 23:11
Officer In Charge Of Case: TP / TPIB / TAN JUN YAN Contact No.: 65476311	Classification Of Case:
NP168	

# 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 witholding 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 16/05/2023 16:50 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 01/12/2022 10:05 (SGT) Exact Location of Accident Jurong West Street 61, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

No

Vehicle Registration Number FBB6655L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No Alternative Phone No

LIM KOK HWA S6898084D

VEHICLE PARTICULARS

Manufacturer

Model 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?

Vehicle Category Transmission

CC

Yamaha

XMAX 300 ABS CVT

Employment

No - Claiming third party

Motorcycle Auto 292

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited 5127208070

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LIM KOK HWA S6898084D 23/03/1968 Outdoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Yes

22/02/1993 29 YEARS AND 10 MONTHS Male



No

Chain Collision

Clear Dry

No 4

Yes Yes

Yes

No

Yes

Traffic Police (Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865 No

No

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

SML9139H

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)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHA7256H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi 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)

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLG8678M 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)

### **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person LIM KOK HWA Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? FBB6655L Were seat belts worn?

Was this injured conveyed to hospital by ambulance? Yes

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 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)
- l 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' law yers/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' law yers/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 Parsonal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vellicle A: FBB 6655L

Villide B: SML 9139H

valuele C: SHA7256H

WhicleD: SLG 8678M

Showy west steart 61

Describe Circumstances of the Accident

ICENSEPLATE: FBB 6655 L	ACCIDENT DATE & TIME: 01/12/2022 3 1005 HRS
ONTACT NUMBER:	E-MAIL ADDRESS:
OCATION: Jurong West Street	61
Please Refer To Police	Report No. 7/20221201/7076
	•
-	
	OUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UNDER YOU	UR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.
ease state:	
( ) Claim Own Policy ( ) Claim	n Third Party (Claim ODTP at other workshop) () Reporting Only

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel



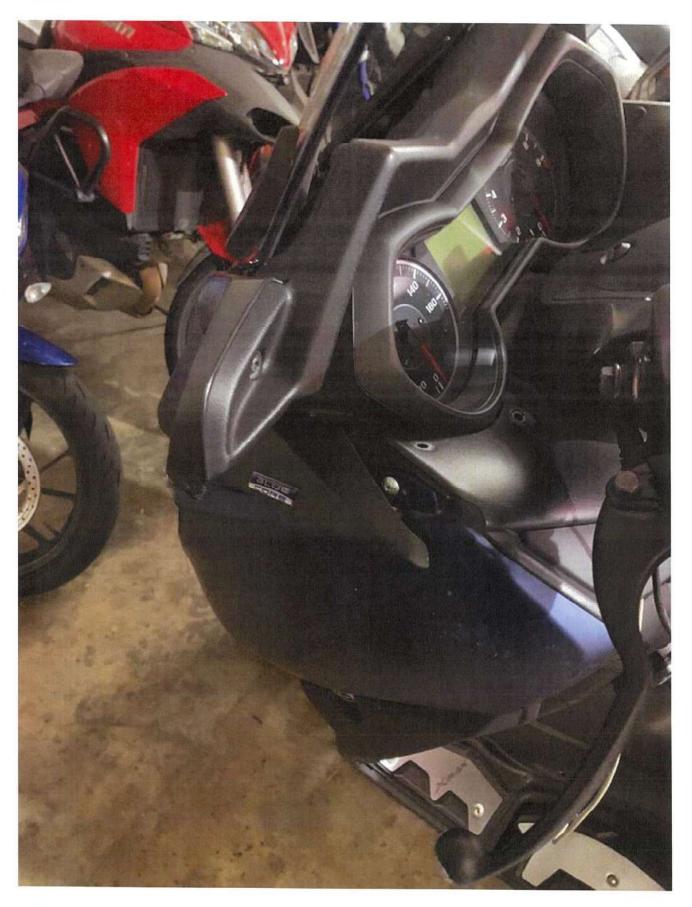


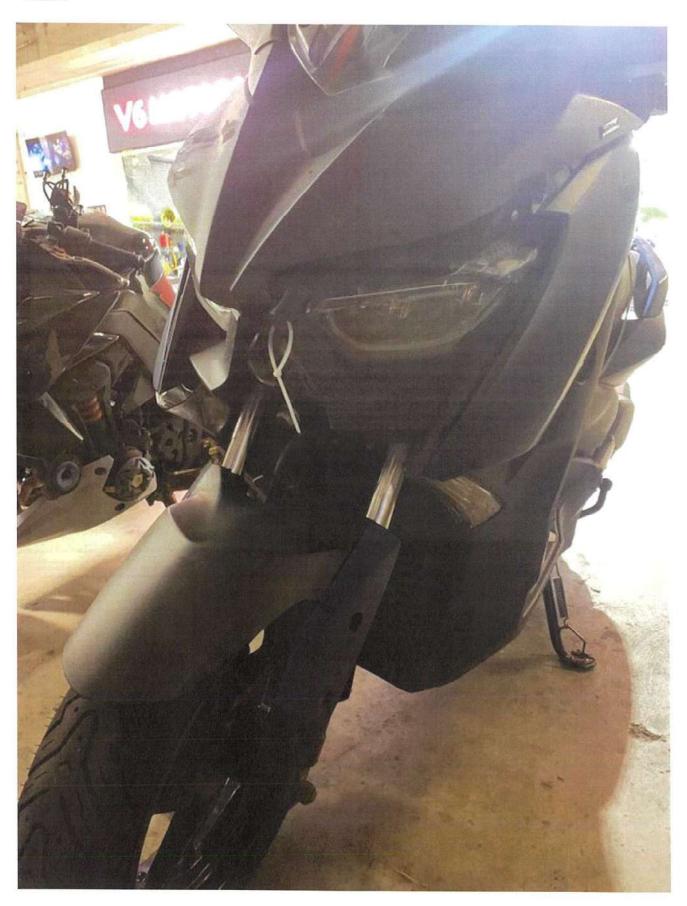


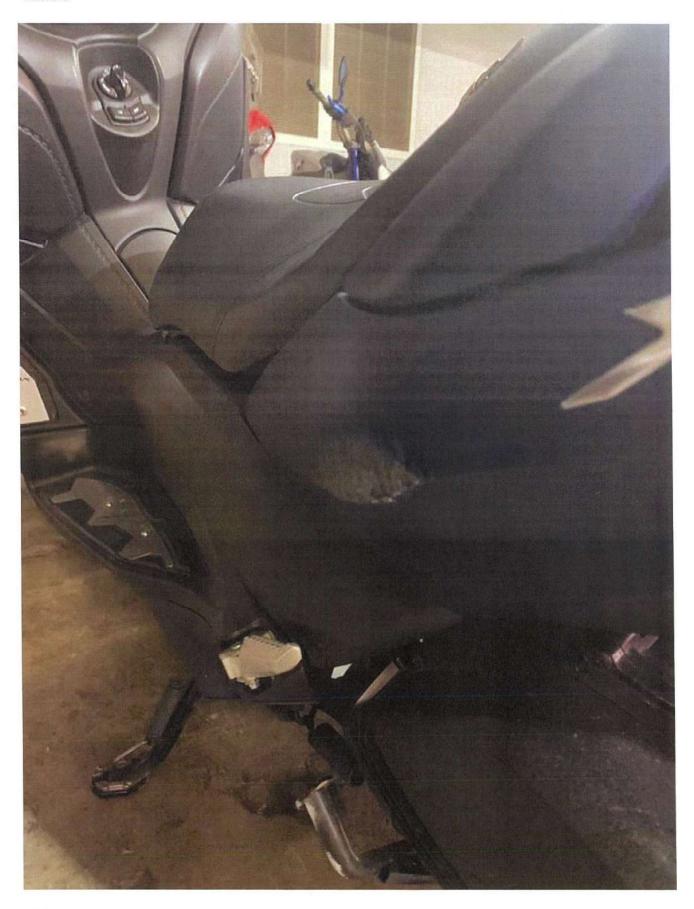




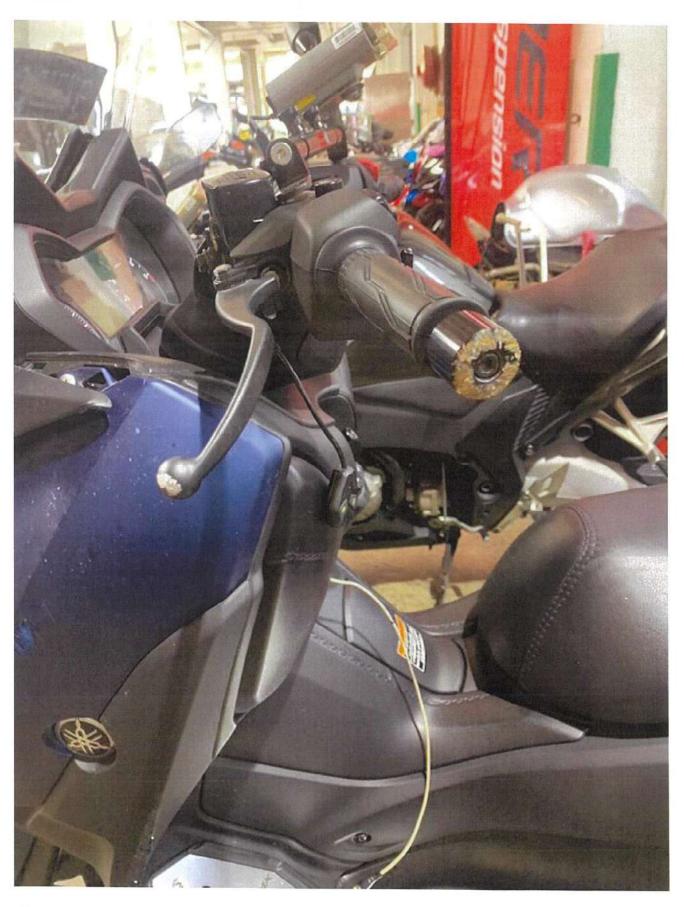






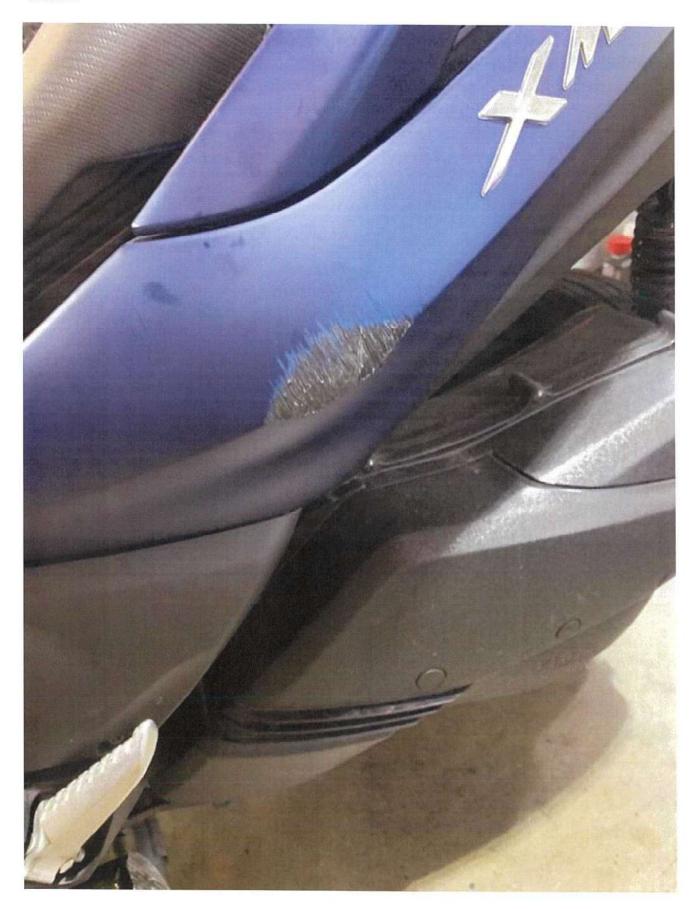
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20221201/7076

Date/Time Report Made: 01/12/2022 23:11			Vide Report No.:				Station Diary No.:				
Informant's	Particul	ars		Same	15000						
Name of Info				Addre	SS:						-
LIM KOK HWA											
ID Type / ID No.: NRIC NO / S6898084D				Contact No.: Home/Office: Mobile							
Nationality: SINGAPORE CITIZEN			Email:								
	Age: 54	Date of 23/03/	of Birth: 1968	Type of Informant:							
Race: Chinese				Langu				Institut	ion / Sc	hool	Name;
Occupation: Food delivery				Driving Licence Information: Class: Date of				f Expiry:			
JURONG W	EST ST	REET 6	1								
Weather:				Road Surface:				Road Speed Limit:			
Traffic Flow:				Traffic Control:				Traffic Volume:			
Type of Collision:								Anyone conveyed by ambulance: Yes			
Details of V	ehicle lı	nvolved	1								
Vehicle No.	Туре		Make	Model			Color C		Conditio No		of
FBB6655L	Motoro	cycle	YAMAHA	1	XMAX 30 ABS CV1		Blue		0		
Details of V	ehicle I	nsuran	ce								
Vehicle No.					Ins	urance No	E	Effective	2	Expiry Date	
FBB6655L	NTUC Income Insurance Co-Operative				perative				29/04/20	022	28/04/202



T/20221201/7076

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20221201/7076

### CONTINUATION OF REPORT

Any Pedestrian II	rvolved: No					
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Rider						
Name	LIM KOK HWA			ID No	).	S6898084D
Related Vehicle	FB86655L (Motorcycle)			Conta	act No.	
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days granted Medical Leave 03			Degree o	Degree of Serio		ous

### Brief Details.

On the stated date and time I vehicle FBB6655L was travelling straight along Jurong West St 61.

As I approached the X-junction, I slowed down and came to a stop as there was a stationary vehicle in front of me.

Before I came to a complete stop, a vehicle SML9139H who was on the opposite direction crashed onto the centre divider and hit onto my vehicle front right portion.

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221201/7076

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2022 23:11
Officer In Charge Of Case: TP / TPIB / TAN JUN YAN Contact No.: 65476311	Classification Of Case:
NP168	

SA1822C20004 / Abwin Service Pte Ltd ENTRY DATE & TIME: 02/12/2022 17:02 (SGT) SUBMITTED BY: Claims VERSION: 1 (02/12/2022 17:02 (SGT))

# 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 witholding of material facts may allow insurance companies to repudiate policy liability.

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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.

### **ACCIDENT STATEMENT**

Date of Submission 02/12/2022 17:02 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 01/12/2022 09:55 (SGT) Exact Location of Accident Jurong West Street 61, Singapore Additional Location Information JURONG WEST STREET 61 TOWARDS 63 JUNCTION Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SML9139H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

VEHICLE PARTICULARS

Manufacturer Model

Variant

Vehicle Category Transmission

CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

DRIVER

Name of Driver NRIC No Address

Address complement

Postcode

Does Driver Own Other Vehicles?

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Income Insurance Limited

5125760979

Toyota

Private hire

C-hr

Auto

1800

TAN KAY LEONG (CHEN JIALIANG) 457E

TAN KAY LEONG (CHEN JIALIANG)

No

Collision - Cross Junction



Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Was anybody injured in the Accident?

Was any other vehicle or property damaged?

Yes

Number of Passengers (Including Driver)

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

CIRCUMSTANCES OF ACCIDENT

### PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SHA7256H

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver

 Insurance Company Name

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Insurance Company Name

FBB6655L

Motorcycle

Insurance Company Name

FBB6655L

Motorcycle

Insurance Company Name

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Insurance Company Name

SLG8678M

Private Care

Private care

Insurance Company Name

### **INJURED PERSONS DETAILS**

INJURED 1

Name of injured person TAN KAY LEONG (CHEN JIALIANG)
Gender Male



Phone No			
Injured person	in	which	vehicle?

SML9139H

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 sossible. Any wiful 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.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for erchiving 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' tawyers/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.

(v) 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, involces, 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 administency, 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, maylare 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 of agents

(including their lawyershaw firms), which may be sted outside of Singapore, for one or more of the above Purpose

Sketch Plan

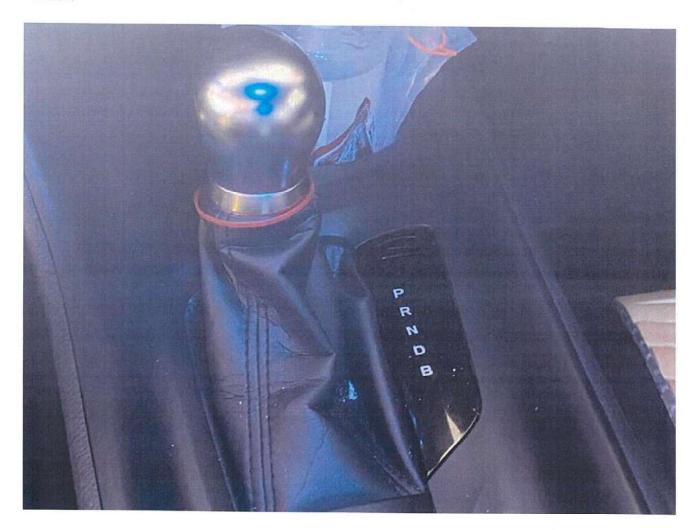
Describe Circumstance	of the Accident
	DIMOT FICE OF STORY CONTRACT TO THE WAY
	PLIPIT FEER IS DELKE REPORT NO = T/26001/201/2014

Declaration time declare the foregoing particulars are true in every respect

Witnessed by Reporting Centre Personnel (Name as in NRIGHD card)





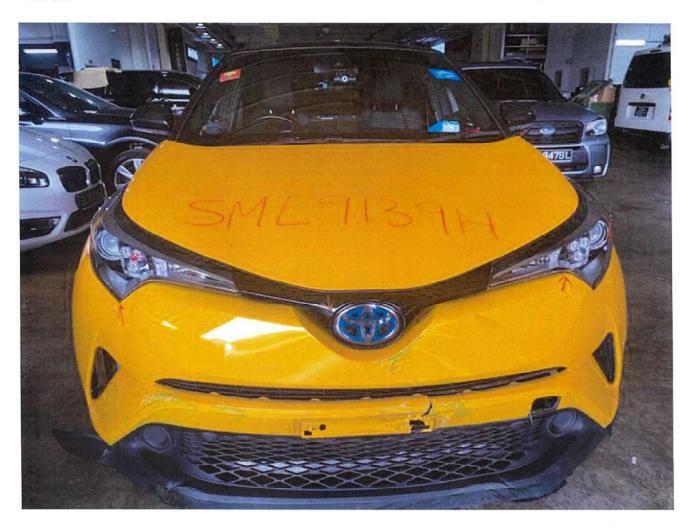




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20221202/7014

Date/Time F 02/12/2022	leport Made: 12:20		Vide Report No				S	Station Diary No	
Informant's	Particulars								
Name of Informant: TAN KAY LEONG ID Type / ID No: NRIC NO /		Address:							
			$\supset$						
					Mobile	bile.			
Nationality: SINGAPOR	E CITIZEN		Email				)		
Sex:	Age: Date	e of Birth: 8/1979	Type of Informant: Vehicle Owner						
Race: Chinese			TO THE PARTY OF TH			Instituti	ution / School Name:		
Occupation: OTHER		Driving Licence Information. Class: 3 Date of				of Expiry:			
JURONG W Weather:	EST STREET	61		Surface:			Road	I Speed Limit	
Traffic Flow			Dry Traffic Control:				Traffic Volume:		
Type of Collision:							Anyo	Anyone conveyed by ambulance:	
Details of V	ehicle Involve	ad .							
Vehicle No.	a hand of the factor of the second se	Make	N.	Model	Color	Col	nditio	No of	
FBB6655L	Motorcycle					00	- William	0	
SHA7256H	Car							0	
SLG8678M	Car							0	
	Car							0	



Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20221202/7014

CONTINUATION OF REPORT

Any Pedestrian I	rvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Vehicle Owner						
Name	TAN KAY LEONG		ID No	١.	457E	
Related Vehicle	SML9139H (Car)			Conta	act No.	
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		MIL	
No. of Days granted Medical Leave		03	Degree	of	Serio	ous

#### Brief Details.

ON THE STATED DATE & TIME, I WAS DRIVING MY VEHICLE (A) SML 9139 H TRAVELLING ALONG JURONG WEST 61 ST TWDS 63 JUNCTION WITH 1 MALE AS MY GRAB PASSENGER, I WAS DRIVING MY VEHICLE (A) ON LANE 2 WHILE I'M GOING STRAIGHT. VEHICLE (B) SHA 7256 H FROM OPPOSITE SIDE U-TURN HIS VEHICLE AND HIT ONTO MY VEHICLE. AFTER VEHICLE (B) HIT ONTO MY VEHICLE I, MY VEHICLE LOST CONTROL AND LEAD TO MY VEHICLE HIT ONTO THE RAILING AND THE RAILING HIT ONTO VEHICLE (C) & (D).

AFTER ACCIDENT, TRAFFICE POLICE AND AMBULANCE WAS COMING AND AMBULANCE FETCH ME WENT TO (NG TENG FONG GENERAL HOSPITAL) MAKE MEDICAL TREATMENT, DOCTOR HAVE GIVEN ME 3 DAYS MC.

VEH (A) SML 9139 H VEH (B) SHA 7256 H

VEH (C) FBB 6655 L

VEH (D) SLG 8678 M



T/20221202/2014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221202/7014

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 / TAN JUN YAN Contact No.: 65476311

NP188

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

Date/Time: 02/12/2022 12:20

Classification Of Case:





#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

BOAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5125760979

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: 5ML9139H

Chassis Number

: ZYX102119498

2. Name of Policyholder

TAN KAY LEONG (CHEN JIALIANG)

3. Effective Date of Insurance

: 17 Feb 2022

4. Expiry Date of Insurance

16 Feb 2023

- 5. Persons or Classes of Persons entitled to drive#

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

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 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business
- (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

THE PROPERTY OF SECURE AND ADDRESS OF THE PERSON OF THE PE	to be the state of
EXCESS (SECTION 1)	: 552,000
EXCESS (SECTION 2)	: 5\$1,500
WINDSCREEN EXCESS	: 55100
ADDITIONAL EXCESS	N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO
INSURE WITH COE	: YES
NCD PROTECTION	: YE5
ROADSIDE ASSISTANCE AND WELLNESS COVER	YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN KAY LEDNG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency

: HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue

17 Feb 2022 13:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

SJ0G22C1000T-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 01/12/2022 16:10 (SGT) SUBMITTED BY: Weine Chieng VERSION: 2 (01/12/2022 17:07 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiote

3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of witholding or material facts thay allow insurance companies to reposite 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 01/12/2022 16:10 (SGT) Reported by Actual Driver Date of Accident 01/12/2022 10:00 (SGT) **Exact Location of Accident** 63 Jurong West Street 61, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHA7256H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

VEHICLE PARTICULARS

Manufacturer Model

Variant

Vehicle Category Transmission

CC

Toyota

Prius

Yes

Taxi Auto

1798

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

HSBC Life (Singapore) Pte. Ltd VFX/P2419138

DRIVER

Name of Driver NRIC No

Address

Address complement

Postcode

Does Driver Own Other Vehicles?

TEO SONG SENG 090A

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Chain Collision

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Was anybody injured in the Accident?

Was any other vehicle or property damaged?

Yes

Number of Passengers (Including Driver)

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

CIRCUMSTANCES OF ACCIDENT

ON 01.12.2022 AT ABOUT 1000HRS I WAS DRIVING MY VEHICLE A SHA7256H FETCHING MY PASSENGER TO SGH, MY VEHICLE A WAS STATIONARY ON THE RIGHT LANE OF JURONG WEST STREET 61 INTENDING TO MAKE A U TURN. VEHICLE B SML9139H (NOT SURE WHICH DIRECTION DIRECTION) THEN COLLIDED ONTO MY STATIONARY VEHICLE A FRONT RIGHT. VEHICLE B CONTINUED TO CRASHED INTO THE CENTRE RAILING AND COLLIDED ONTO VEHICLE C SLG8678M WHICH WAS BEHIND MY VEHICLE A. VEHICLE B CONTINUED TO COLLIDE INTO VEHICLE D FBB6655L WHICH WAS BEHIND VEHICLE C.

VEHICLE D BIKER WAS CONVEYED.

MY PASSENGER IS NOT INJURED AND HE HAD TO GET DESTINATION HIMSELF.

SCENE PHOTOS TAKEN BUT NO PARTICULARS EXCHANGED.

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SML9139H

Vehicle Manufacturer

Vehicle Model - Vehicle Variant -

Vehicle Colour

Vehicle Category Private hire
Name of Driver UNKNOWN

Insurance Company Name

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLG8678M

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Private hire
Name of Driver UNKNOWN

Insurance Company Name

#### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number FBB6655L

Vehicle Manufacturer Vehicle Model -

Vehicle Category Motorcycle
Name of Driver UNKNOWN

Insurance Company Name

# INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender

Phone No

Injured person in which vehicle?

MOTORCYCLIST

Male

FBB6655L

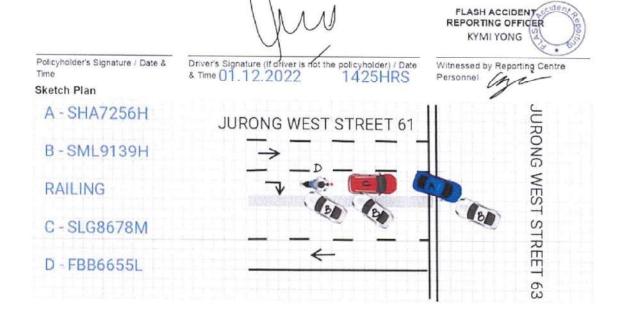
#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop 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 melor 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' law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited by tailed of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident

ON 01.12.2022 AT ABOUT 100HRS I WAS DRIVING MY VEHICLE A SHA7256H FETCHING MY PASSENGER TO SGH. MY VEHICLE A WAS STATIONARY ON THE RIGHT LANE OF JURONG WEST STREET 61 INTENDING TO MAKE A U TURN. VEHICLE B SML9139H (NOT SURE WHICH DIRECTION DIRECTION) THEN COLLIDED ONTO MY STATIONARY VEHICLE A FRONT RIGHT. VEHICLE B CONTINUED TO CRASHED INTO THE CENTRE RAILING AND COLLIDED ONTO VEHICLE C SLG8678M WHICH WAS BEHIND MY VEHICLE A. VEHICLE B CONTINUED TO COLLIDE INTO VEHICLE D FBB6655L WHICH WAS BEHIND VEHICLE C.

VEHICLE D BIKER WAS CONVEYED.

MY PASSENGER IS NOT INJURED AND HE HAD TO GET DESTINATION HIMSELF.

SCENE PHOTOS TAKEN BUT NO PARTICULARS EXCHANGED.

### Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (It driver's not the policyholder) / Date & Time 01.12.2022 1430HRS

REPORTING OFFICER

Witnessed by Reporting Centre

FLASH ACCIDENT















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SJ0G22C1000T \_\_\_\_\_ Vehicle Registration No: SHA7256H Name (as shown in MRIC): Comfort Transportation Pte Ltd\_NRIC/FIN/Passport No: 1XXXXX821R (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate \_\_ Singapore ( Contact (Tel):\_\_\_ \_ Mobile No.: \_ Email Address: \_\_ Date of Accident: 01/12/2022 \_\_ Time of Accident: 10:00 Place of Accident: 63 Jurong West Street 61, Insurance Company: AXA Insurance Singapore Pte Ltd (B) ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: UPDATE CLAIM STATUS Sitz Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date: 01.12.2022



SA1Z22C10006 / Appraisals Associates Pte Ltd ENTRY DATE & TIME: 01/12/2022 17:37 (SGT) SUBMITTED BY: Muhammad Afiq Bin Mohamed Kamal VERSION: 1 (01/12/2022 17:37 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- IMPORTANT NOTICE

  1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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.
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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.

# **ACCIDENT STATEMENT**

Date of Submission

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

01/12/2022 17:37 (SGT)

Actual Driver

01/12/2022 10:00 (SGT)

Jurong West Street 61, Singapore

JUNCTION OF JURONG WEST ST 63

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLG8678M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Yes

GRAB RENTALS PTE LTD

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Vehicle Category

Transmission

CC

Toyota

Prius

Private hire

Auto

1798

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

DRIVER

MSIG Insurance (Singapore) Pte. Ltd. 400001194

Name of Driver

NRIC No

Address

Address complement

Postcode

Does Driver Own Other Vehicles?

SIM CHENG KWEE 758D

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Collision - Cross Junction



Weather Conditions

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Was anybody injured in the Accident?

Was any other vehicle or property damaged?

Ves

Number of Passengers (Including Driver)

Translator's name

Translator's ID

Translator's phone number

Translator's email

CIRCUMSTANCES OF ACCIDENT

Original language used in the statement

ON 1.12.22 AT ABOUT 1000HRS, I WAS WAITING TO TURN INTO JURONG WEST ST 63 FROM ST 61. A TAXI SHA7256H HAD MADE A U-TURN AT THE JUNCTION WITHOUT SEEING AN ON-COMING VEHICLE SML9139H FROM THE OPPOSITE DIRECTION. THE LATTER HIT ONTO THE TAXI AND THE IMPACT CAUSED THE VEHICLE TO CROSS OVER THE ROAD DIVIDER AND HIT ONTO A MOTORCYCLE FBB6655L, WHICH WAS BEHIND ME. AS A RESULT, MY VEHICLE WAS HIT BY THE METAL ROAD RAILINGS ON THE CENTRE DIVIDER. I WAS NOT INJURED DURING THE INCIDENT. THE DRIVER OF SML9139H AND MOTORCYCLE FBB6655L WAS CONVEYED TO THE HOSPITAL.

TRAFFIC POLICE ARRIVED AT SCENE VIDE J/20221201/0047 AND MY SD CARD WAS SEIZED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Insurance Company Name

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

# **INJURED PERSONS DETAILS**

INJURED 1

Name of injured person UNKNOWN

Gender Phone No

Injured person in which vehicle? SML9139H

INJURED 2

Name of injured person UNKNOWN Gender

Phone No

Injured person in which vehicle? FBB6655L

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 8. Consent under the Fersonal Data Protection Act(PDPA)

I understand acknowledge, agree and consent that

(a) My insurer, my w orkshop 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 law yerslaw firms, the Monetary Authority of Singapore and any relevant povernment 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 recessary 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 exquiries by me.
- (w) 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 venicle(s) involved in this accident and the Insurers' taw yerulaw firms, maylare permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(e) my Personal information maylcan be disclosed by any of the Insurers and/or GA to their third party service provides or age (including their lawyers/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes,

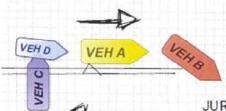
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date

1.12.22 @1415HRS

Witnessed by Reporting Cenile Personnel MERVYN



VEHICLE A - SLG8678M VEHICLE B - SHA7256H VEHICLE C - SML9139H VEHICLE D - FBB6655L

JURONG WEST ST 61 JUNCTION OF JURONG WEST ST 63 Describe Circumstances of the Accident

ON 1.12.22 AT ABOUT 1000HRS, I WAS WAITING TO TURN INTO JURONG WEST ST 63 FROM ST 61. A TAXI SHA7256H HAD MADE A U-TURN AT THE JUNCTION WITHOUT SEEING AN ON-COMING VEHICLE SML9139H FROM THE OPPOSITE DIRECTION. THE LATTER HIT ONTO THE TAXI AND THE IMPACT CAUSED THE VEHICLE TO CROSS OVER THE ROAD DIVIDER AND HIT ONTO A MOTORCYCLE FBB6655L, WHICH WAS BEHIND ME. AS A RESULT, MY VEHICLE WAS HIT BY THE METAL ROAD RAILINGS ON THE CENTRE DIVIDER. I WAS NOT INJURED DURING THE INCIDENT. THE DRIVER OF SML9139H AND MOTORCYCLE FBB6655L WAS CONVEYED TO THE HOSPITAL.

TRAFFIC POLICE ARRIVED AT SCENE VIDE J/20221201/0047 AND MY SD CARD WAS SEIZED.

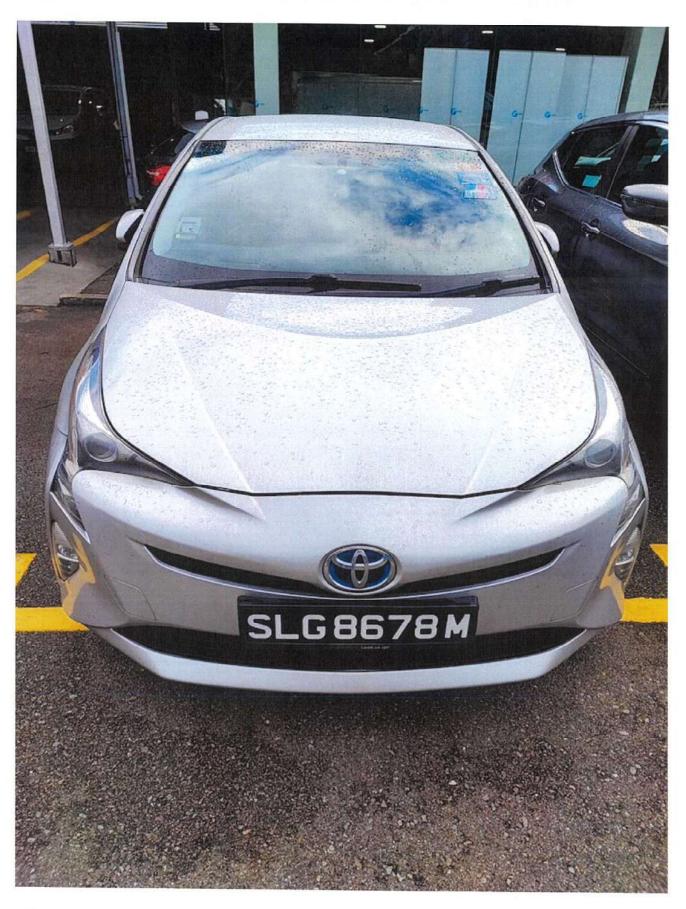
Declaration

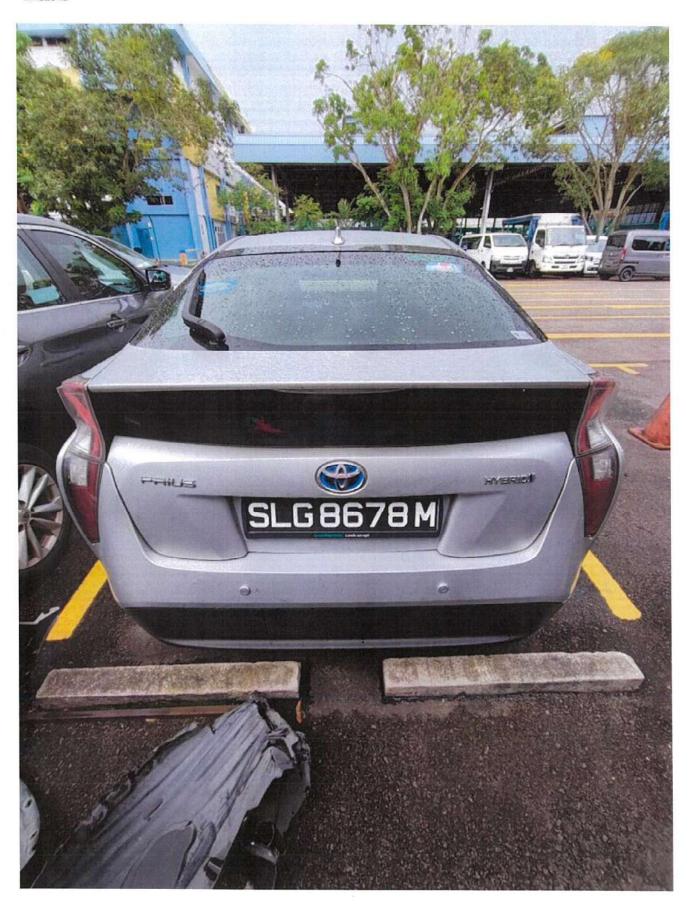
Policyholder's Signature / Date &

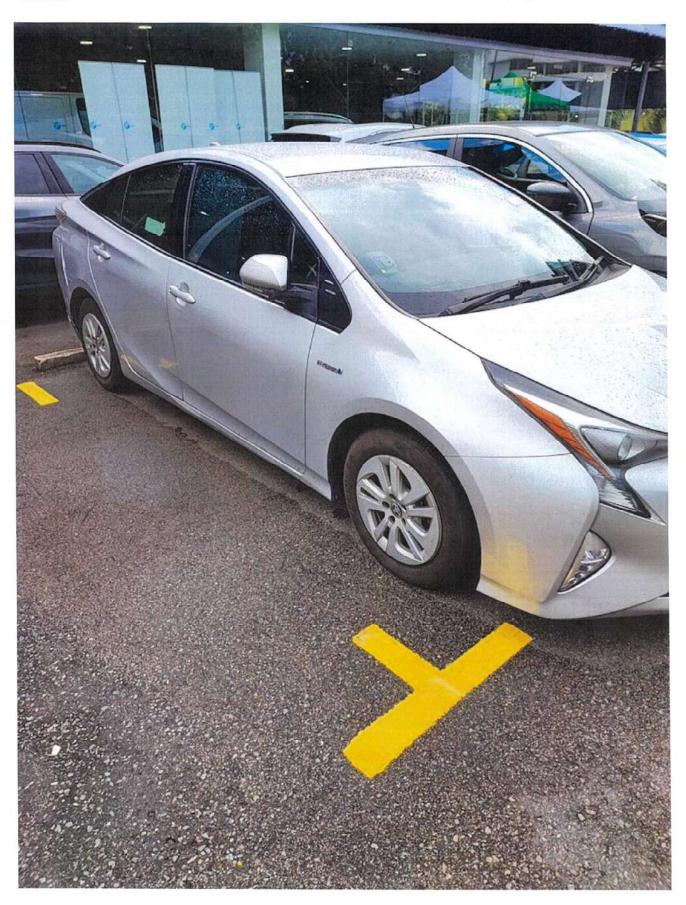
Driver's Signature (If driver is not the policyholder) / Date

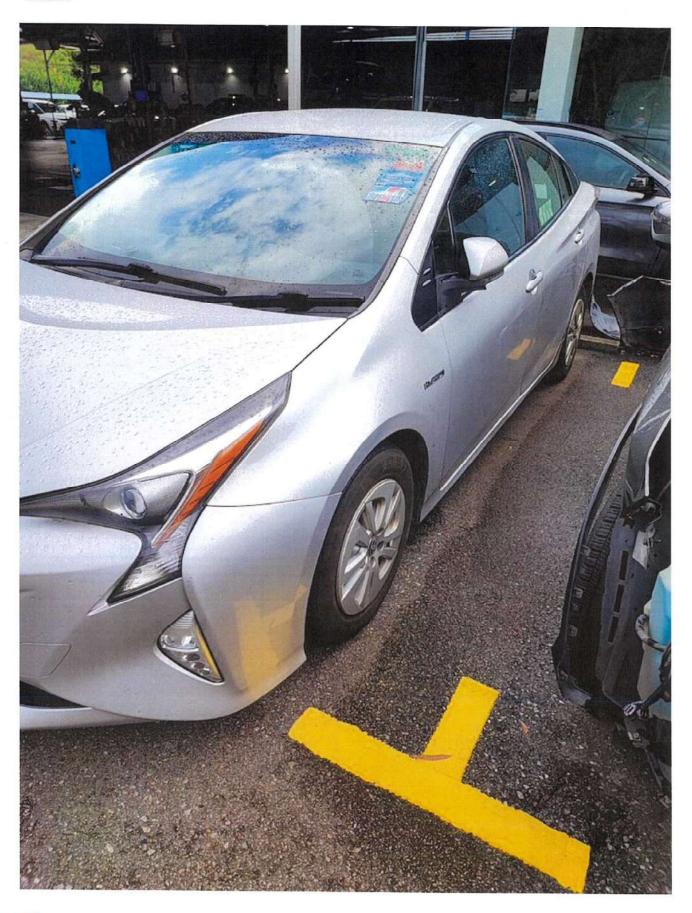
1.12.22 @1415HRS

Witnessed by Personnel MERVYN



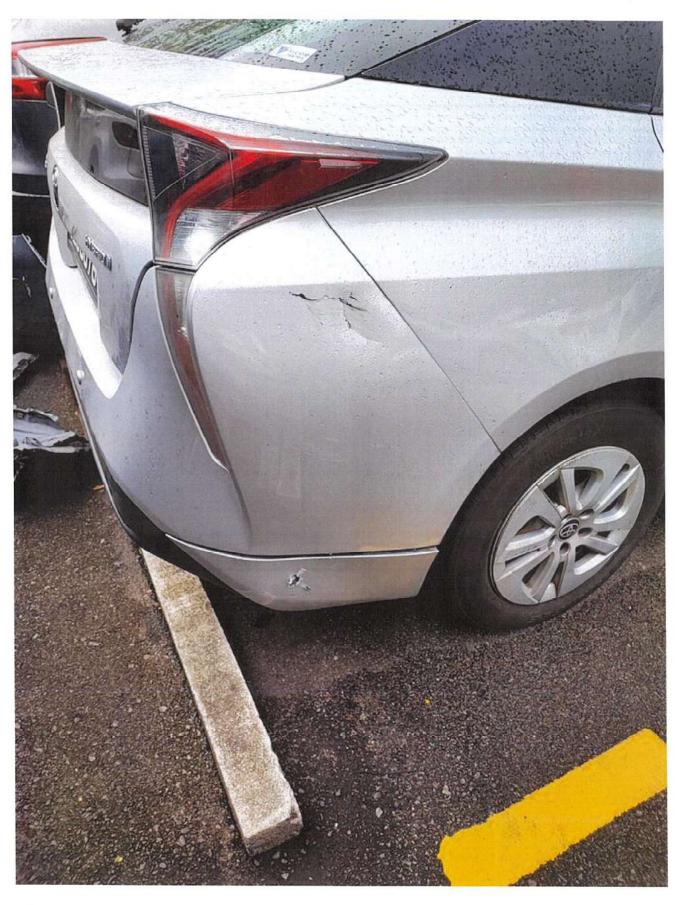




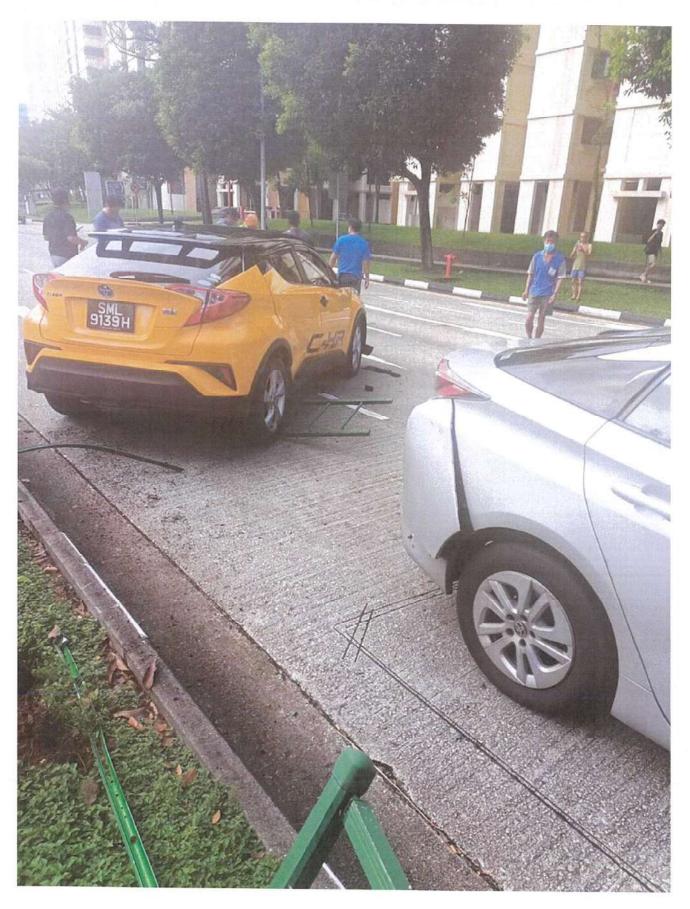


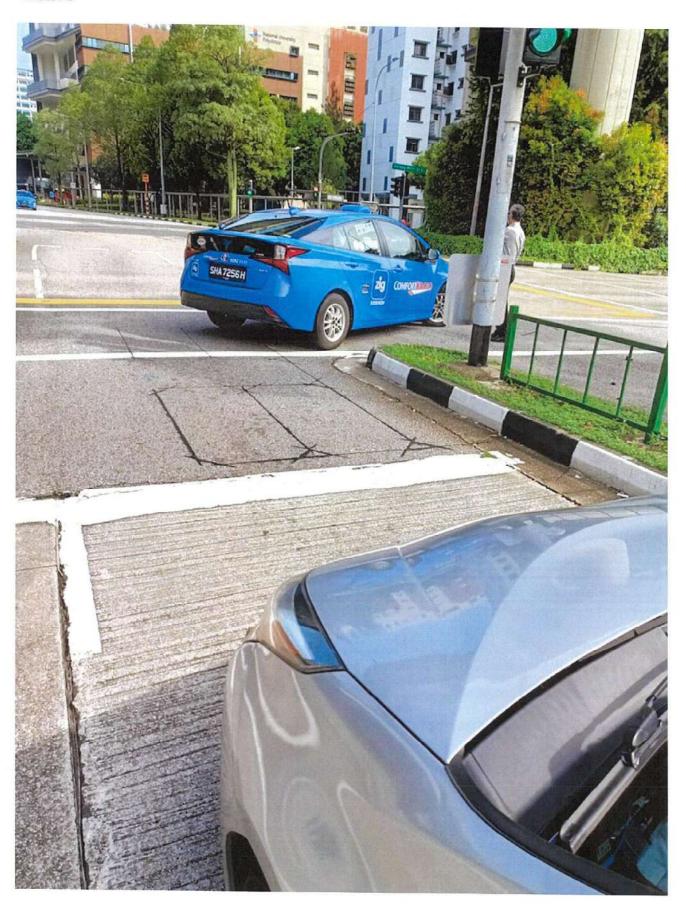


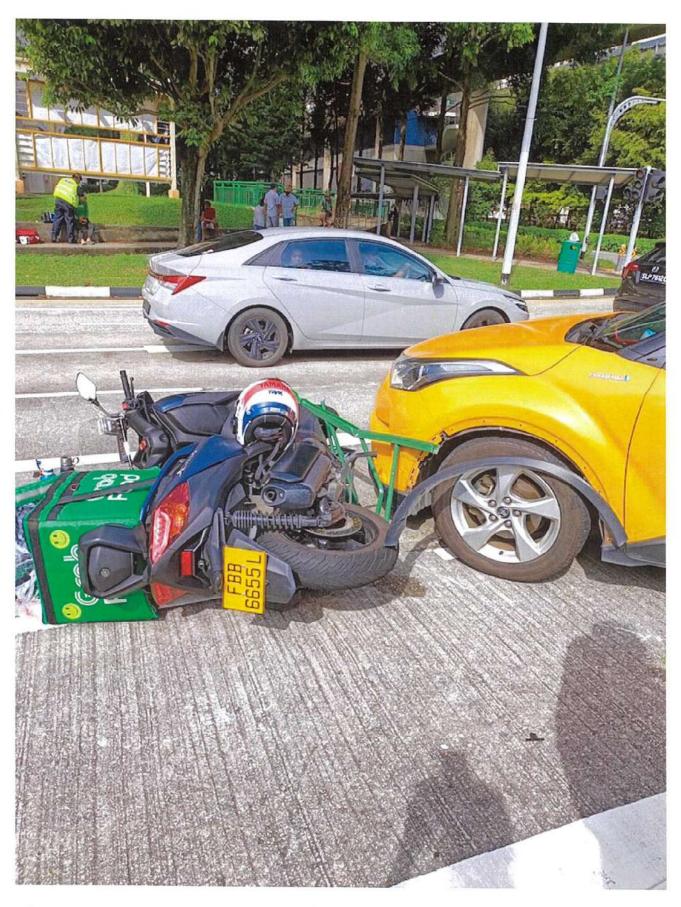


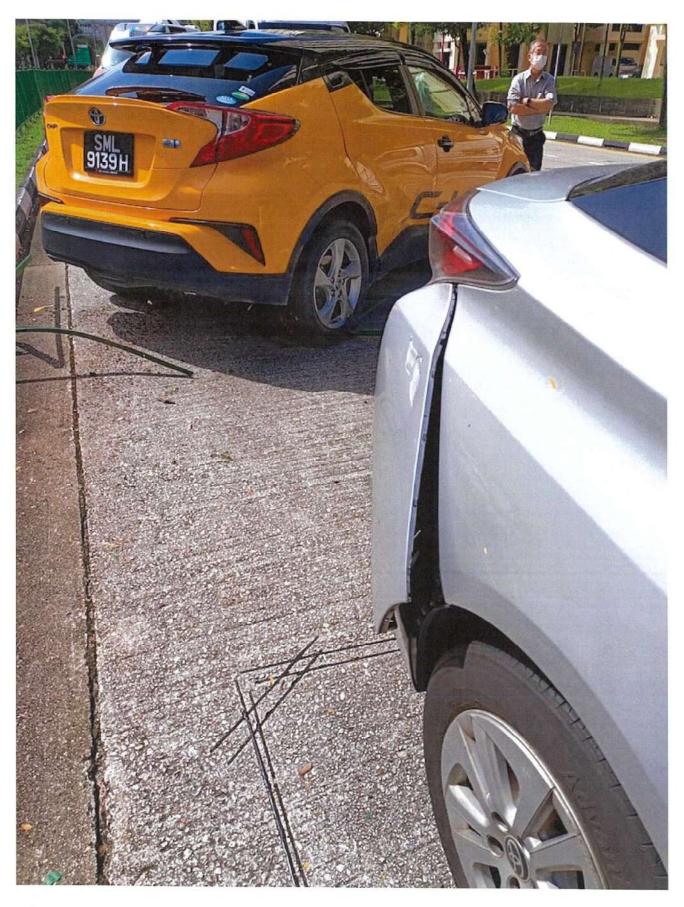


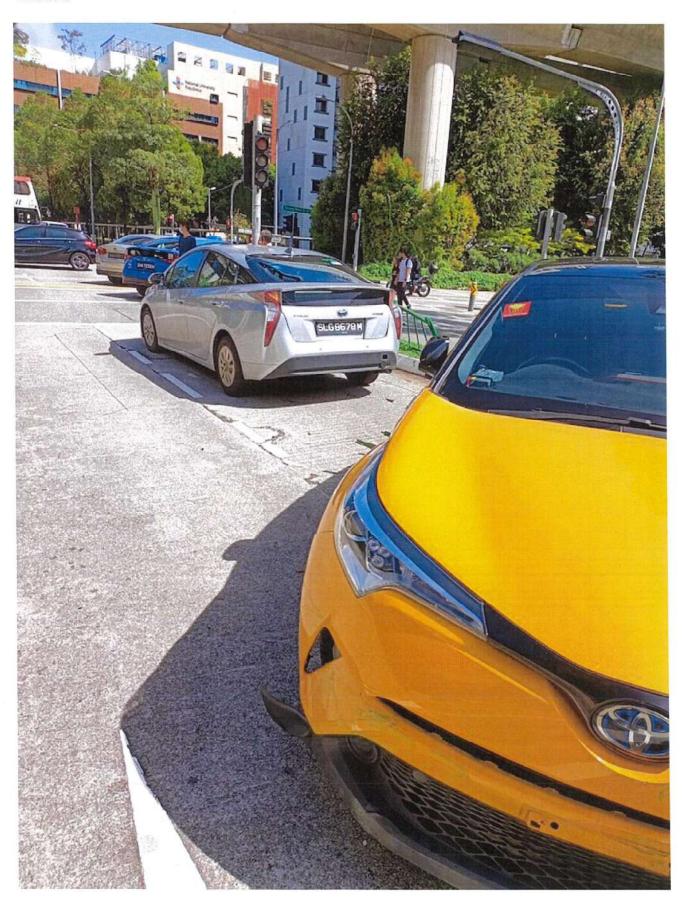


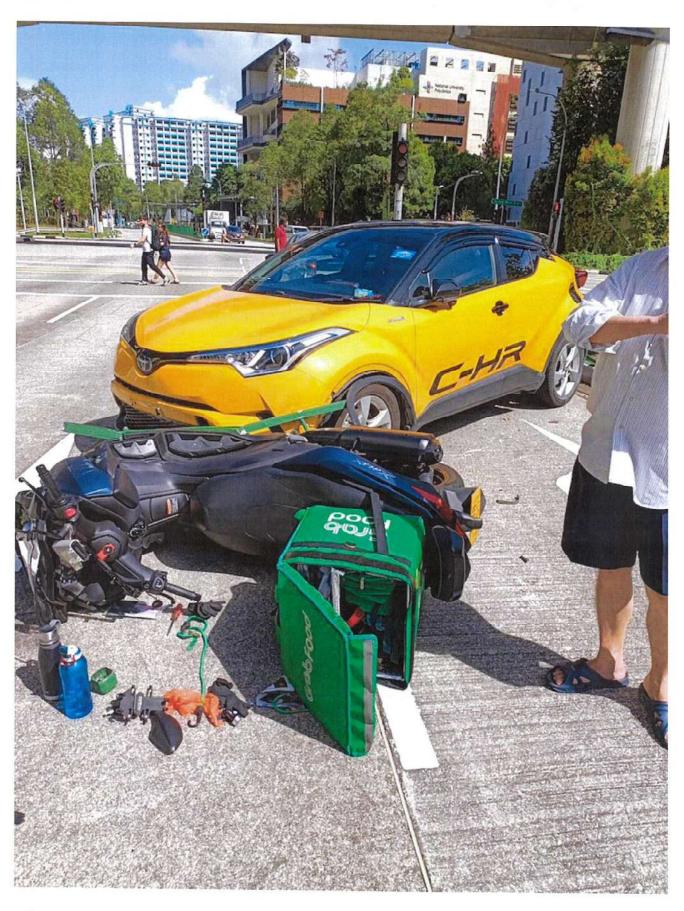
















Police Station Of Origin Bishan N P C 20 Bishan Street 23 SINGAPORE 579757 Tel No. 1800-5529999

Ted 1 Report No. 1/2022/1201/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 01/12/2022 15:59			Vide Report No J/20221201/0047	Station Diary No.	
Informa	nt's Particu	lars			
Name of Informant SIM CHENG KWEE			Address		
10 Type 110 No NRIC NO : \$72397580			Contact No.	Mobile	
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 50	Date of Birth 29/10/1972	Type of Informant		
Race Chinese			Language	Institution / School Name	
Occupation GRAB DRIVER			Driving Licence Information Class 28 2A 2 3.4.5	Date of Expry	

Type of Accident	Non-Injury Attended by Police	Drink Drive No	Date/Time of Accident 01/12/2022 10:00	Type of Location Straight Road	
Location JURONG WI	ST STREET 61				
Weather Clear		Road Surface Dry		Road Speed Limit	
		A Committee of the country of the co		Road Speed Limit	
Clear Traffic Flow One Way Type of Colli		A Committee of the country of the co	orking	Road Speed Limit Traffic Volume Moderate	

Vehide No.	Туре	Make	Model	Color		
FBB6655L	Motorcycle	YAMAHA			Condition	No of Passenger
	·	TAMAHA	ABS CVT	Blue		0
SHA7256H	Car	TOYOTA	PRIUS 5DR HATCHBAC			0
SLG8678M	Car	TOYOTA	PRIUS HYBRID 1 8	Sher		0



1/20201204/2078

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20221201/207.

2 of 3

CONTINUATION OF REPORT

Details of V	The second liverage and the second	IAGG	CONTRACTOR OF STREET			DECT STATE OF THE PARTY OF
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SML9139H	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Yellow		0

## Brief Details.

On 01/12/22, 1000hrs, my vehicle was stationary at lane 1 (SLG8678M) along Jurong West 61 waiting to turn right towards Jurong West St 63. Subsequently, one vehicle (SML9139H) that was opposite of Jurong West 61 drove past and the taxi (SHA7256H) ahead of me conducted U-Turn and collided onto the rear of the vehicle. Due to the impact, the vehicle (SML9139H) lost control and collided onto the greer fence. The fence broke into half and had damage my vehicle as well as a motorcyclist (FBB6655L) that was behind me. I wish to inform that the Traffic Police officer had took my SD card for investigation and I had made a check on the damages of my vehicle and notice scratches on the rear right of my vehicle and the mounting of bumper had dislodged.





Police Station Of Ongin Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No. 1600-5529999

Report No. 1/2022/1201/2016

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

MPORTANT: Please attach a oddy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now please fax a pop, to 65474585 stating the report number as reference.

Signature of Officer Recording Tire Report.

Signature Of Informant

Signature Of Informant

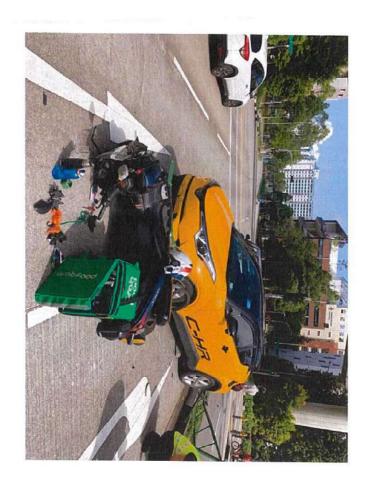
Date Time
01 12 2022 15 59

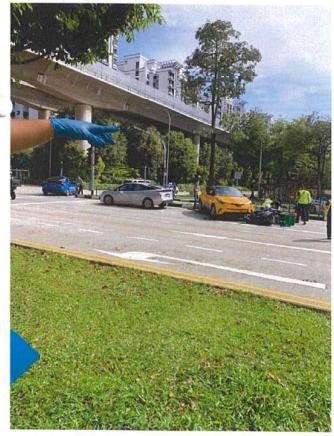
Cifficer in Charge Of Case
TP 07
SR STAFF SGT TAN JUN NAN
Contacting 65476311





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