



# C RAMESH LAW PRACTICE

ADVOCATES & SOLICITORS  
UEN No. 53294818A

1 Pickering Street  
Level 8 Suite 2  
Great Eastern Centre  
Singapore 048659  
Tel: 68141873  
Fax: 68153273

Email: [info@cr-lawpractice.com](mailto:info@cr-lawpractice.com)

*We do not accept service of Court Documents via facsimile*

21<sup>st</sup> June 2023

Our Reference: CR/DE-PD/23-4033

Your Reference: TBA (SKR8455T)

**Great American Insurance Company**

3 Temasek Ave

#16-01, Centennial Tower

Singapore 039190

By Email: [motorclaims@sg.gaig.com](mailto:motorclaims@sg.gaig.com)

**Attention: Motor Claims Department**

**NOTICE OF ACCIDENT**

Dear Sir,

We are instructed by our client to *notify* you of a road traffic accident on 16.06.2023 at about 1640hrs along Beach Road involving our client's vehicle registration number SMH1897B and vehicle registration number SKR8455T driven by your insured driver at the material time. A copy of Singapore accident Statement/traffic police report filled is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

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

Address : 23 Kaki Bukit Avenue 4  
Kaki Bukit Vicom, #04-01  
Singapore 415933

Phone No. : 8322 4153 / 8141 8585

Please let us hear from you by the stipulated time.

Yours faithfully

**C RAMESH LAW PRACTICE**  
Encl.

**FOR SURVEYOR**

Please initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor

(Name & signature)

Date & time of inspection

## 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	19/06/2023 17:36 (SGT)
Reported by	Actual Driver
Date of Accident	16/06/2023 16:40 (SGT)
Exact Location of Accident	Beach Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1897B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUSTO ENTERPRISE (S) PTE LTD
Company Reg No	202018064W
Email Address	AL.MOTORWERKZ@GMAIL.COM
Mobile Phone No	(Phone) +65-93371048
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120714280-02-000039

#### DRIVER

Name of Driver	QUEK CHOR WAH
NRIC No	S7525874G
Date Of Birth	31/08/1975
Occupation	Outdoor

Date Of Driving Pass	26/03/2005
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89090978
Alt. Phone Number	-
Email Address	AL.MOTORWERKZ@GMAIL.COM
Address	327 YISHUN RING ROAD #07-1310
Address complement	-
Postcode	760327
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230617/7025.

## 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 ..... SKR8455T  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... CARLES LEO  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... VEHICLE B  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... QUEK CHOR WAH  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SMH1897B  
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.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that:  
(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

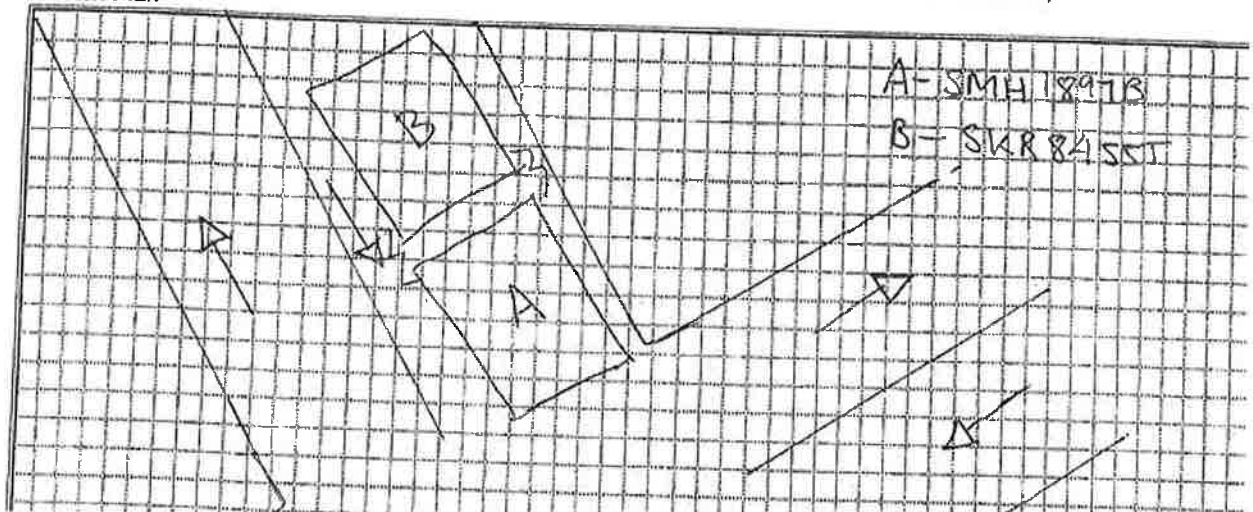
Policyholder's Signature / Date & Time



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

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

**Sketch Plan**



**Describe Circumstance of the Accident**

Please refer to attached police report.

**Declaration**

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

*S.*

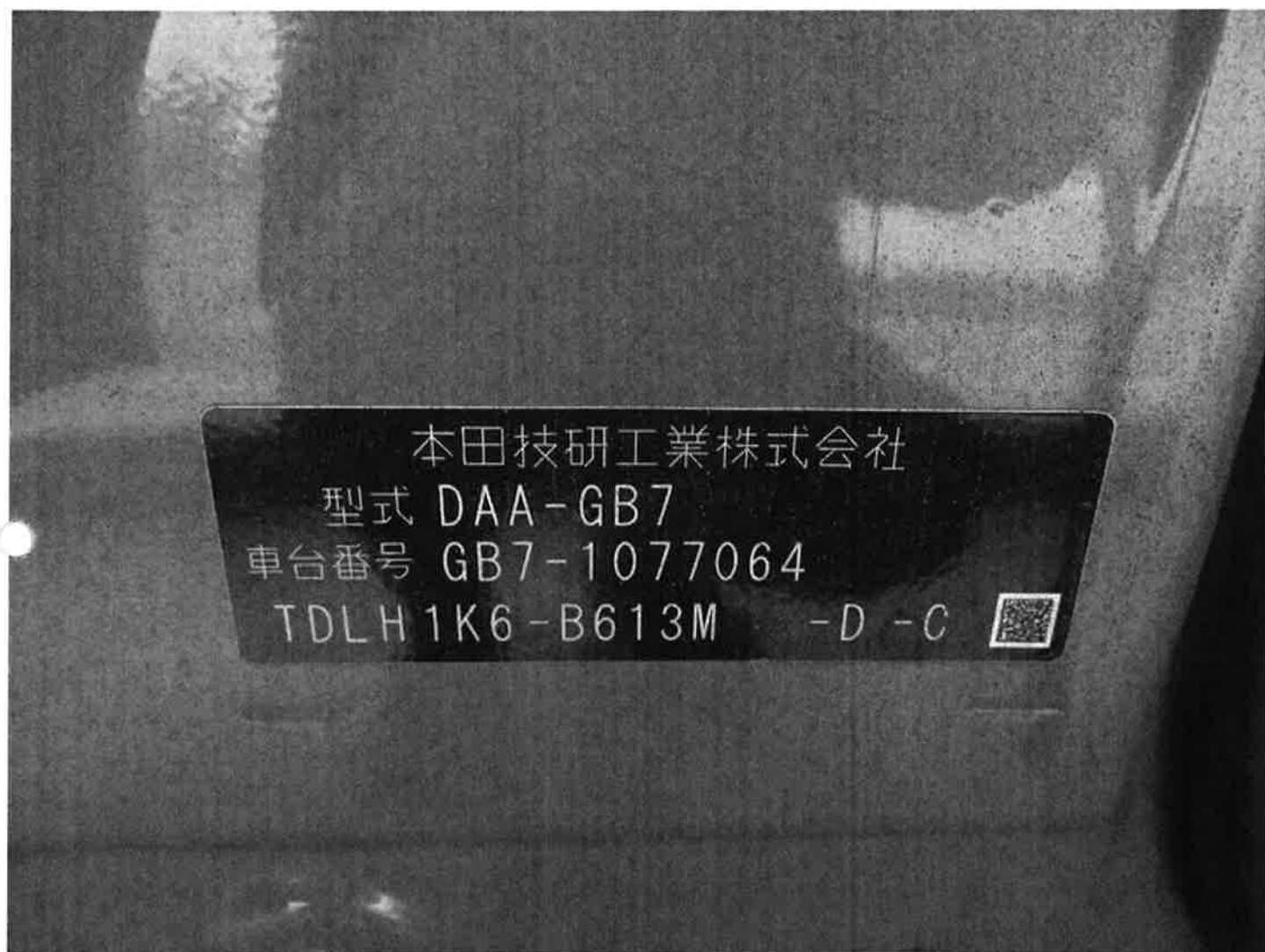


Policyholder's Signature / Date & Time

*[Signature]*

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

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




















**SINGAPORE  
POLICE FORCE**


T/20230617/7025

1 of 3

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

Report No. T/20230617/7025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/06/2023 12:48		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: QUEK CHOR WAH			Address: 327 YISHUN RING ROAD #07-1310 SINGAPORE 760327		
ID Type / ID No.: NRIC NO / S7525874G			Contact No.: Home/Office: Mobile: 89090978		
Nationality: SINGAPORE CITIZEN			Email: JSQ_3108@YAHOO.COM.SG		
Sex: Male	Age: 47	Date of Birth: 31/08/1975	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			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: 16/06/2023 16:40	Type of Location: X-Junction
Location:  BEACH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKR8455T	Car	VOLKSWAGO N	Golf	Black	Slightly Damaged	0
SMH1897B	Car	HONDA	Freed	Blue	Slightly Damaged	3



**SINGAPORE  
POLICE FORCE**



T/20230617/7025

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

2 of 3

Report No. T/20230617/7025

## 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	QUEK CHOR WAH	ID No.	S7525874G
Related Vehicle	SMH1897B (Car)	Contact No.	89090978
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/06/2023	Date	17/06/2023
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

I was travelling along middle road toward Nicolle highway. At the x-junction, as the traffic light turn red , I stop my vehicle smh1897b and waited. Suddenly a huge impact from my rear of mine vehicle, I alighted and notice that it was vehicle skr8455t collided onto my rear of my vehicle smh1897b.

I felt pain on back of my neck , shoulder n my back.

I went to Mount Alvernia and I was given 5 days of MC 17/6 to 21/6.



**SINGAPORE  
POLICE FORCE**

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



T/20230617/7025

3 of 3

Report No. T/20230617/7025

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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

Date/Time:  
17/06/2023 12:48

Classification Of Case:

NP188

6/18/23, 10:19 PM

PHOTO-2023-06-18-21-07-50.jpg



## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5120714280-02-000039

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMH1897B  
 Chassis Number : GB71077064
2. Name of Policyholder : GUSTO ENTERPRISE (S) PTE. LTD.
3. Effective Date of Insurance : 21 Jan 2023
4. Expiry Date of Insurance : 20 Jan 2024
5. Persons 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/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 headings.  
 This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE. LTD.
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 : TAI THONG LEE TRADING (PRIVATE) LIMITED (00000612744)  
 Date of Issue : 25 Jan 2023 10:09 hrs

For INCOME INSURANCE LIMITED

Chief Executive



## GUSTO ENTERPRISE (S) PTE LTD

"Forging Forward with Fortitude"

Office : 215 Ubi Avenue 4, Singapore 408809 | Contact : +65 9337 1048 / +65 8767 5136

UEN NO : 202018064W



### LEASE AGREEMENT (CARS)

LESSEE'S PARTICULARS	
NAME	QUEK CHOR WAH (GUO CHUAHUA)
D.O.B	31 AUGUST 1975
ADDRESS	BLK 327 YISHUN RING ROAD #07-1310 SINGAPORE 760327
NRIC / PASSPORT NO.	S7525874G
CONTACT NO.	8909 0978
PURPOSE	PHV RENTAL
EMAIL ADDRESS	

MOTOR VEHICLE DETAILS :			
LICENSE PLATE NO.	SMH1897B	MAKE/MODEL	HONDA FREED HYBRID
LEASE AMOUNT (PER DAY)	\$80	TOTAL LEASE AMOUNT (PER WEEK)	\$560 + \$500 DEPOSIT
COMMENCEMENT DATE & TIME	09 JUNE 2023	RETURN DATE & TIME	09 DECEMBER 2023
AMOUNT OF FUEL UPON COLLECTION		AMOUNT OF FUEL UPON RETURN	

  
GUSTO ENTERPRISE (S) PTE LTD



  
LESSEE'S SIGNATURE