

# Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098  
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688

Email: KSTEOCO@singnet.com.sg

(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/E482-ACC-48733.24/sl  
Your Ref : GBM 2160 R  
Date : 13 June 2024

Secretary in charge: Shirley

Tel : 6333 4222 (ext 59)

Fax : 6333 5676 / 6333 5688

Email : shirley.loh@ksteoptr.com

To: China Taiping Insurance (Singapore) Pte Ltd  
3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE  
BY EMAIL**

Dear Sirs

**RE: ACCIDENT INVOLVING GBM 8823 Y / GBM 2160 R ON 11/06/24 ALONG PIE TOWARD CHANGI BEFORE STEVEN ROAD EXIT**

We are instructed by SYH Plumber And Electrical (Pte.) Ltd. to notify you of a road traffic accident on 11/06/24 at about 17:00 hours at ALONG PIE TOWARD CHANGI BEFORE STEVEN ROAD EXIT involving our client's vehicle registration number GBM 8823 Y and vehicle registration number GBM 2160 R driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer 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 note that our client's motor vehicle GBM 8823 Y is now at the following workshop:-

**Excel Motor**

Blk 5032 Ang Mo Kio Industrial Park 2

#01-297

Singapore 569535

Contact: 9619 0161 C.K. Tan (Ah Kee)

Yours faithfully,



M/s Teo Keng Siang LLC  
Encs (BY EMAIL)

**\*\*Survey was conducted by:-**

Name of Surveyor:

Date of Survey:

Time of Survey:

\_\_\_\_\_  
Signature

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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 First Submission .....        | 12/06/2024 18:24 (SGT)                    |
| Reported by .....                     | Actual Driver                             |
| Date of Accident .....                | 11/06/2024 17:00 (SGT)                    |
| Exact Location of Accident .....      | Singapore                                 |
| Additional Location Information ..... | PIE TOWARD CHANGI BEFORE STEVEN ROAD EXIT |
| Country/State of Loss .....           | Singapore                                 |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBM8823Y |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |  |
|--------------------------------|--|
| Is company? .....              | Yes                                    |
| Name Of Registered Owner ..... | SYH PLUMBER AND ELECTRICAL (PTE.) LTD. |
| Company Reg No .....           | 201407832H                             |
| Email Address .....            | syh.plumber@hotmail.com                |
| Mobile Phone No .....          | (Phone) +65-93726058                   |
| Alternative Phone No .....     | (Office) +65-97755856                  |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Hiace                     |
| Variant .....  | -                         |
| 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 .....   | 3000                      |

#### INSURANCE COMPANY

|   |                          |
|---|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 5128638938-01            |

#### DRIVER

|                      |             |
|----------------------|-------------|
| Name of Driver ..... | NG TEIK AUN |
| NRIC No .....        | S2757280D   |
| Date Of Birth .....  | 15/01/1963  |
| Occupation .....     | Outdoor     |

|  |                                  |
|--|----------------------------------|
| Driving Pass Date .....  | 10/06/1995                       |
| Driving experience .....   | 29 YEARS                         |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-86044148             |
| Alt. Phone Number .....  | -                                |
| Email Address .....  | syh.plumber@hotmail.com          |
| Address .....  | BLK 131 RIVERVALE STREET #12-868 |
| Address complement .....   | -                                |
| Postcode .....   | 540131                           |
| 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 .....   | 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) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

#### PASSENGER 1

|              |               |
|--------------|---------------|
| Name .....   | WENG ZI SHENG |
| Gender ..... | Male          |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### 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 ..... | GBM2160R |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |

|   |                           |
|---|---------------------------|
| Vehicle Colour .....                          | -                         |
| Vehicle Category .....                        | Private car               |
| Name of Driver .....                          | LIM KIM POH (LIN JIN BAO) |
| NRIC No .....                                 | S8331427C                 |
| 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 .....                              | NG TEIK AUN |
| Gender .....  | Male        |
| Phone No .....  | -           |
| Address .....   | -           |
| Address Complement .....                                  | -           |
| Post Code .....   | -           |
| Approximate Age Years Old .....                           | -           |
| Injuries Sustained .....                                  | -           |
| Injured person in which vehicle? .....                    | GBM8823Y    |
| Were seat belts worn? .....                               | Yes         |
| Was this injured conveyed to hospital by ambulance? ..... | No          |

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the making 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

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

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

**Sketch Plan**

|               |   |  |   |
|---------------|---|--|---|
| A. GRM 88 234 |   | A1e toward (right) before Selva Road End |   |
| B. GRM 21608  |   |  |   |
| A             | B | 3  | 2 |
|               |   |  | 1 |

vjun2022


1

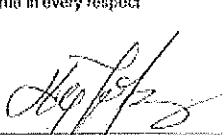
**Describe Circumstance of the Accident**


At 11/6/2024 At Above 17.00hrs I WAS driving along  
 the toward Cheng; before Section Road Exit H WAS ~~at~~ <sup>in</sup> the  
 Suddenly the vehicle (S/ GBN 2160E) collided on to my Rear portion of my  
 Vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NR/CID card)