

# TEO KENG SIANG LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #23-01 Peninsula Plaza Singapore 179098 Tel: 6333 4222 Fax: 6333 5676/5688  
ROC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@singnet.com.sg

(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/W949-ACC-49233.24/sf (mc)  
Your Ref : GBJ 5250 K  
Date : 1 November 2024

Secretary in charge: Janice

Tel : 6333 4222 (ext 62)  
Fax : 6333 5676 / 6333 5688  
Email : janice.kee@ksteoptr.com

To: India International Insurance Pte Ltd  
64 Cecil Street  
#04-05 IOB Building  
Singapore 049711  
Attn: Motor Claim Dept

**WITHOUT PREJUDICE**  
**BY EMAIL**

Dear Sirs

**RE: ACCIDENT INVOLVING SNP 9054 K / GBJ 5250 K ON 01/11/24 ALONG 1 KAKI BUKIT ROAD 1**

We are instructed by Gwee Wei Min to notify you of a road traffic accident on 01/11/24 at about 13:38 hours at ALONG 1 KAKI BUKIT ROAD 1 involving our client's vehicle registration number SNP 9054 K and vehicle registration number GBJ 5250 K 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 SNP 9054 K is now at the following workshop:-

**William Lee Car Aircon Engineering**  
No 2 Kaki Bukit Ave 2  
#01-33  
Singapore 417921  
Contact: Mr William 9455 7994 /  
Mr Benson Toh 90270498

Yours faithfully,



M/s Teo Keng Siang LLC  
encs

\*\*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 .....	01/11/2024 15:49 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/11/2024 13:38 (SGT)
Exact Location of Accident .....	1 Kaki Bukit Rd 1, Singapore 415934
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNP9054K
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GWEE WEI MIN
NRIC No .....	S7340261A
Email Address .....	DEVINGWEE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90689797
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Jetta
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1400
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P11058110R00

#### DRIVER

Name of Driver .....	GWEE WEI MIN
NRIC No .....	S7340261A
Date Of Birth .....	28/09/1973
Occupation .....	Outdoor
Driving Pass Date .....	25/03/1992
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	32 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90689797
Alt. Phone Number .....	-
Email Address .....	DEVINGWEE@GMAIL.COM
Address .....	324 CLEMENTI AVE 5 #02-231
Address complement .....	-
Postcode .....	320324
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	TAN WEN QING
Gender .....	Male

#### PASSENGER 2

Name .....	LEE KOK WAI WILLIAM
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

WHEN I WAS TRAVELLING ALONG KAKIT BUKIT ROAD 1 AT 1338HRS, MY CAR SLOWED DOWN TO A STOP AS THE FRONT CAR WAS SIGNALING TO TURN RIGHT. ONCE MY CAR WAS FULLY STOPPED , SUDDENLY MY REAR PORTION WAS KNOCKED VERY HARD AND THE SOUND WAS VERY LOUD

## 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 ..... GBJ5250K  
 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 ..... LEE KOK WAI WILLIAM  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SNP9054K  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... GWEE WEI MIN  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SNP9054K  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

Describe Circumstance of the Accident

When I was travelling along Kaki Bukit Rd 1 at 1338 hrs, my car slowed down for a stop as the front car was signaling to turn right. Once my car was fully stopped, suddenly my rear portion was knocked very hard and the sound was very loud.

Declaration

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

 1/11/24  
Policyholder's Signature / Date & Time  
1425 hrs.

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

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

**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.

 1/1/24  
Policyholder's Signature / Date & Time  
1425 hrs

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

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

Sketch Plan

