

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #23-01 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/A343-ACC-49323.24/sl (mc)
Your Ref : SHB 5905 B
Date : 25 November 2024

Secretary in charge: Shirley
Tel : 6333 4222 (ext 59)
Fax : 6333 5676 / 6333 5688
Email : shirley.loh@ksteoptr.com

To: **MS First Capital Insurance Limited**
36 Robinson Road
#16-01 City House
Singapore 068877
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY EMAIL

Dear Sirs

RE: ACCIDENT INVOLVING SMW 7522 P / SHB 5905 B / SHB 9888 R ON 21/11/24 ALONG CENTRAL BOULEVARD

We are instructed by **Hong Hong Beauty** to notify you of a road traffic accident on **21/11/24 at about 11:25 hours at ALONG CENTRAL BOULEVARD** involving our client's vehicle registration number **SMW 7522 P** and vehicle registration number **SHB 5905 B** 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 **SMW 7522 P** is now at the following workshop:-

LAY AUTO GARAGE
48 Toh Guan Road
#02-103/104 Enterprise Hub
Singapore 608586
Contact Person: Ms Fiona 8797 3443

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	22/11/2024 17:16 (SGT)
Reported by	Actual Driver
Date of Accident	21/11/2024 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CENTRAL BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW7522P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG HONG BEAUTY
Company Reg No	0752M
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 hire
Transmission	Auto
CC	1800
Vehicle Fuel	-
First Registration Date	08/12/2020
Chassis no	JTDBB3BE60J027887
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120103689-03

DRIVER

Name of Driver	LIAO XIAOHONG
NRIC No	
Date Of Birth	
Occupation	Indoor
Driving Pass Date	07/07/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	
Postcode	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SPOUSE OF PH OWNER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	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 FOR ACCIDENT 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	SHB5905B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MOHAMED NIZAR BIN RAMLI
NRIC No	
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB9888R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	RAIN DENNIS NGO
NRIC No	
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	LIAO XIAOHONG
Gender	Female
Phone No	
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	
Injuries Sustained	MEDICAL LEAVE 5 DAYS
Injured person in which vehicle?	SMW7522P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

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.



Police Officer's Signature / Date & Time

22/11/2024
15304125

Liability 22/11/2024
1534445
Driver's Signature (if driver is not the policyholder) / Date & Time

22/11/2024
1530425

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


Sketch Plan

A: SMW7522P
B: SHB5905B
C: SHB9888R

Describe Circumstance of the Accident

REFER TO POLICE REPORT
FOR ACCIDENT STATEMENT

Declaration
(We declare the foregoing particulars are true in every respect.)

 22/11/2024 1530HRS
Signature / Date & Time

22/11/2024 1530HRS
Liao Xiaohu
Driver's Signature (if driver is not the policyholder) / Date & Time

22/11/2024
Simon S
5990968
Witnessed by Reporting Centre Personnel
(Name as in NRCCID card)

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**SINGAPORE
POLICE FORCE**

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



T/20241121/7118

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Report No. T/20241121/7118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2024 20:15		Vide Report No.: A/20241121/0109		Station Diary No.:	
Informant's Particulars					
Name of Informant: Liao Xiaohong			Address:		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office:		Mobile:
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age:	Date of Birth:	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: grab driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/11/2024 11:25	Type of Location: Straight Road
Location: CENTRAL BOULEVARD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5905B	Motor car	TOYOTA	Prius	Brown	Slightly Damaged	1
SHB9888R	Motor car	TOYOTA	Alphard	White	Slightly Damaged	0
SMW7522P	Motor car	TOYOTA	Corolla	Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 85470000



T/20241121/7118

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Report No. T/20241121/7118

CONTINUATION OF REPORT

Passenger			
Name	UNKNOWN		ID No. NIL
Related Vehicle	SHB5905B (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury NIL
Driver			
Name	LIAO XIAOHONG		ID No. [REDACTED]
Related Vehicle	SMW7522P (Motor car)		Contact No. [REDACTED]
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ FERNVALE PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	21/11/2024		Date Discharge 21/11/2024
No. of Days granted Medical Leave (MC)	05		Degree of Injury Slight

Brief Details.

On 21/11/2024 at 1125hrs, I was driving my vehicle (SMW7522P) along Central Boulevard to head home. However, a taxi (SHB5905B) hit the rear of my vehicle while my vehicle is still moving. This had caused my vehicle to jerk forward but it did not collide onto anything.

Suddenly, another vehicle (SHB9888R) hit the rear of the taxi. Everyone came out of the vehicles and we exchanged particulars while waiting for the traffic police and ambulance to arrive.

The female taxi passenger complained of chest pain and was conveyed to hospital by ambulance.

Traffic police came down and advised us to lodge a police report with reference to A/20241121/0109.

I felt pain at my head and neck and went to ProHealth Medical Group @ Fernvale and received 5 days MC.

I had lodged a report T/20241121/7112 but there are errors in the report.



**SINGAPORE
POLICE FORCE**

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



T/20241121/7118

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Report No. T/20241121/7118

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
CHEN WEIXIANG, BEN
Contact No.: 94575539

This report is lodged at Sengkang NPC Kiosk 1
NP168

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

Date/Time:
21/11/2024 20:15

Classification Of Case: