

张景祥大律師樓
(律師兼公証及宣誓官)

TEO KENG SIANG LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 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 : TKS/B501-ACC-SMJ6539S/cc (mc)
Your Ref : SHC 3372 X
Date : 11 August 2020

Secretary in charge: Charlotte

Tel : 6333 4222

Fax : 6333 5676/6333 5688

Email: charlotte.choy@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**

NOTIFICATION OF ACCIDENT

ACCIDENT INVOLVING SMJ 6539 S / SHC 3372 X ON 4/8/20 ALONG JURONG WEST ST 64 BEF JURONG CENTRAL 3 JUNCT

We act for **Watercare Products Pte Ltd** in an accident above.

We are instructed by the abovenamed to notify you of a road traffic accident on **4/8/20** at about **5.50PM** **ALONG JURONG WEST ST 64 BEF JURONG CENTRAL 3 JUNCT** involving our client's motor vehicle **SMJ 6539 S** and motor vehicle **SHC 3372 X** driven by you or your authorized driver at the material time. A copy of the GIA/Traffic Police Report is enclosed. Kindly also let us have your GIA/Traffic Police report for our necessary.

As a result of the accident, our client's vehicle has been damaged. Before we 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, we shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle **SMJ 6539 S** is now at the following workshop: -

B'S PERFORMANCE PTE LTD

7 Soon Lee Street

iSpace #01-38

Singapore 627608

Contact Person: Frankie Chow (86991616)

Yours faithfully



M/S TEO KENG SIANG LLC
c.c. B's Performance Pte Ltd

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

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 Authorised 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 Report	05/08/2020 13:51
Date Of Accident	04/08/2020 17:50
Exact Location Of Accident	JURONG WEST ST 64 BEF JURONG CENTRAL 3 JUNCT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6539S
Insured/Policyholder	
Name Of Registered Owner	WATERCARE PRODUCTS PTE LTD
Co Reg No	2XXXXX910Z
Email Address	KELVIN@TTT.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65659983

Vehicle Particulars

Manufacturer	BMW
Model	M5-4.4 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2292533
Cover Note Number	

Driver

Name of Driver	TAN TUAN THYE
NRIC No	SXXXX412F
Date Of Birth	07/06/1976
Occupation	INDOOR
Date Of Driving Pass	11/12/2001
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93626876
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	669B JURONG WEST ST 64 #11-82
Postcode	642669
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : ALARIC TAN GENDER: : MALE
Passenger 2	NAME: : TEA HUI YUN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3372X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG LEONG PORE
NRIC/Passport Number	SXXXX896F
Contact Number	90020751
Address	
Postcode	

SKETCH PLAN

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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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



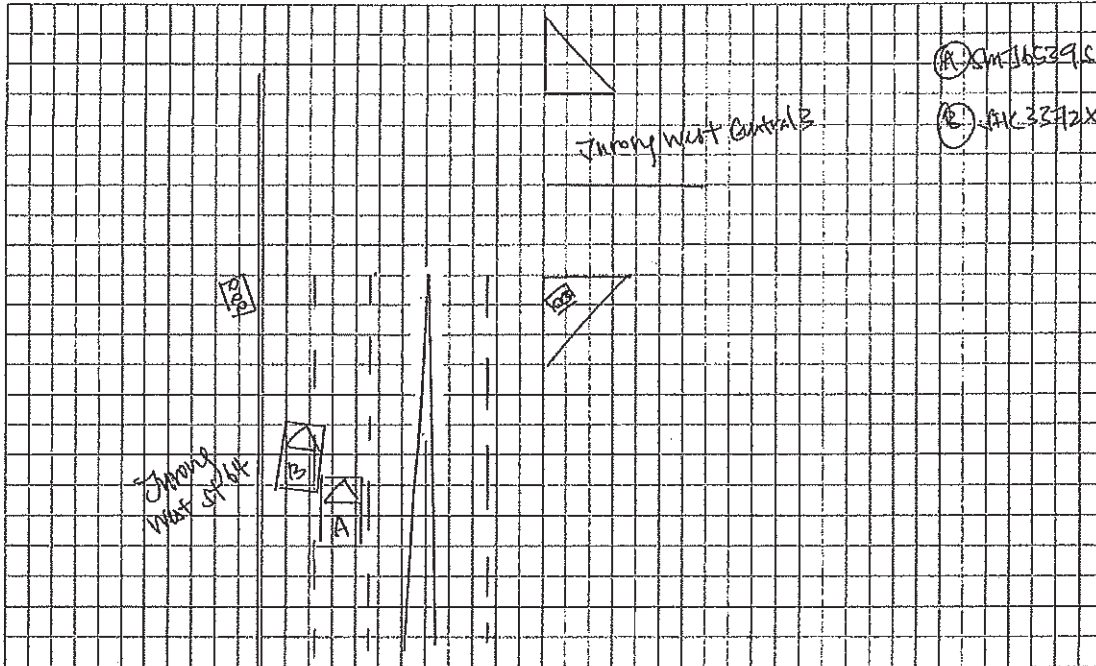
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/08/2000 at around 1750 hrs, I was travelling along Jurney west at 40.
While near to the traffic junction of Jurney west Central 3 & I was on my lane
straight, but however vehicle B cut into my lane & collided onto my front left
portion.

I was employ under this company & was authorise to drive the car when accident happened.



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



Policyholder's Signature _____
Date & Time: _____

GLARMC SketchPlatform_V3

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

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☐ Claim own policy
☐ Claim third party
☒ Claim OD / ~~at~~ at other workshop BSPechma
☐ For record purpose

Policy No. P229X23

Insurer AAA Veh. No. RMJ65291

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: