

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: KSTBOCO@singnet.com.sg
(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKS/B501-ACC-43988.20/cc
Your Ref : SHC 3372 X
Date : 8TH October 2020

Secretary in charge: Charlotte

Tel : 6333 4222 (ext 72)
Fax : 6333 5676/6333 5688
Email : Charlotte.choy@ksteoptr.com

To: **INDIA INTERNATIONAL INSURANCE PTE LTD WITHOUT PREJUDICE**
64 Cecil Street
#04-05 IOB Building
Singapore 049711
Attn: Motor Claim Dept
BY PDX# 8172

cc: **COMFORT TRANSPORTATION PTE LTD BY CERTIFICATE OF POSTING**
383 Sin Ming Drive
Gas Building
Singapore 575717
(For your information only)

Dear Sirs,

RE: ACCIDENT INVOLVING SMJ 6539 S / SHC 3372 X ON 04/08/20 ALONG JURONG WEST STREET 64 BEFORE JURONG CENTRAL 3

We are instructed by **WATERCARE PRODUCTS PTE LTD** to claim damages against you in connection with a road accident **ON 04/08/20 ALONG JURONG WEST STREET 64 BEFORE JURONG CENTRAL 3** involving our client's motor vehicle registration number **CLIENT'S SMJ 6539 S** and motor vehicle registration number **DEFENDANT'S SHC 3372 X** driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows:

• Cost of Repair	\$ 9,737.00
• Pre Repair fees (\$180 x 2 days)	\$ 360.00
• Rental fees plus GST (\$180 x 21 days)	\$ 3,780.00
• Towing fee	\$ 192.60
• LTA search fee	\$ 7.49
• GIA report / search fee	\$ 29.00
• Surveyor report fee	\$ 681.00
• Costs incl. GST	\$ 1,284.00
Total	<u>\$16,071.09</u>

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A copy each of the following supporting documents is enclosed:

- GIA report from **CLIENT'S SMJ 6539 S**;
- LTA search on **DEFENDANT'S SHC 3372 X**
- Rental Agreement / Invoice;
- Towing Invoice;
- Repairer's bill.
- Surveyor's report.
- Photographs of damage of **CLIENT'S SMJ 6539 S** – 61 copies.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,



Teo Keng Siang LLC
encs.

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	
Email 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)

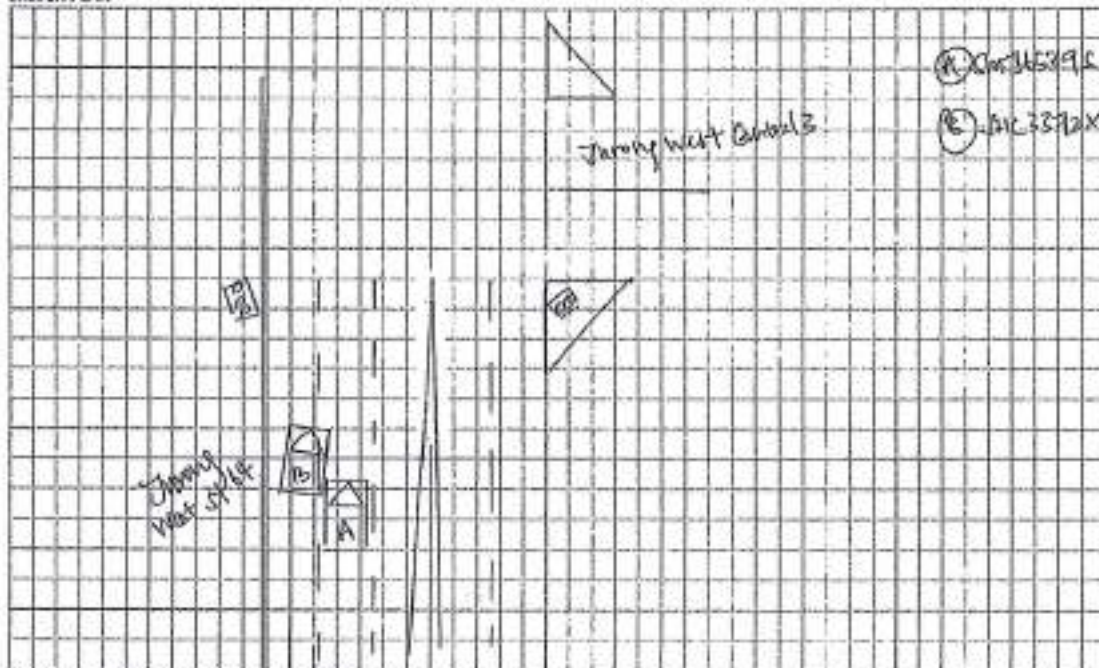
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

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 Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/08/2000 at around 1950 hrs, I was travelling along Jarrow West St. At the time near to the traffic junction of Jarrow 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 authorised to drive the car when accident happened.



[Handwritten signature]

DECLARATION

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



Policyholder's Signature
Date & Time:

GARRICK Road/Roseham, VS

[Handwritten signature]

Driver's Signature
(If driver is not the policyholder)

Date & Time:

3

<input type="checkbox"/> Claims own policy	
<input type="checkbox"/> Claims third party	
<input checked="" type="checkbox"/> Claims OD / other workshop	B. S. Performance
<input type="checkbox"/> For record purposes	
Policy No.	82292523
Insurer	AAI
Web No.	001652915

Reporting Centre Personnel's Signature
Name:

MRC/PIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

