张景祥大律師樓
(律师兼公证及宣誓官)

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/E482-ACC-44015.20/sl
Your Ref : SHA 3011 Z
Date : 19 October 2020

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

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

WITHOUT PREJUDICE
BY PDX 8172 & FAX 6224 4174

PDX Intercompany Exchange Pte Ltd
010809001751
FROM TEO KENG SIANG LLC
PDX Box No. 8902

Dear Sirs

RE: ACCIDENT INVOLVING SLR 5195 B / SHA 3011 Z ON 17/10/20 ALONG BLK 159 ANG MO KIO AVENUE 4 OPEN SPACE CAR PARK

We are instructed by **Choo Choon Lock** to notify you of a road traffic accident on **3/5/19** at about **15:40 hours ALONG BLK 159 ANG MO KIO AVENUE 4 OPEN SPACE CAR PARK** involving our client's vehicle registration number **SLR 5195 B** and vehicle registration number **SHA 3011 Z** 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 **GU 9963 T** 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 FAX 6481 2265)

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

_____
Signature

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 thereafter.

ACCIDENT STATEMENT	
Date Of Report	17/10/2020 13:51
Date Of Accident	17/10/2020 09:26
Exact Location Of Accident	BLK 150 ANG MO KIO AVENUE 4 OPEN SPACE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR5105B
Insured/Policyholder	
Name Of Registered Owner	CHOO CHOON LOCK
NRIC No	SXXXX716B
Email Address	CHOOCHOONLOCK9@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91798773
Alternative Phone No	OFFICE-91798773
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV 1.5LX CVT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	6118574230
Cover Note Number	
Driver	
Name of Driver	CHOO CHOON LOCK
NRIC No	SXXXX716B
Date Of Birth	18/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1991
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91798773
Fax Number	
Contact Number	OFFICE-91798773
EMail Address	CHOOCHOONLOCK9@GMAIL.COM

Address	BLK 105 #03-306 ANG MO KIO AVENUE 4 SINGAPORE KEBUN BARU HEIGHTS
Postcode	560105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 the 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?	
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)	1

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 ATTACHED, REMARKS TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

Attachment(s)

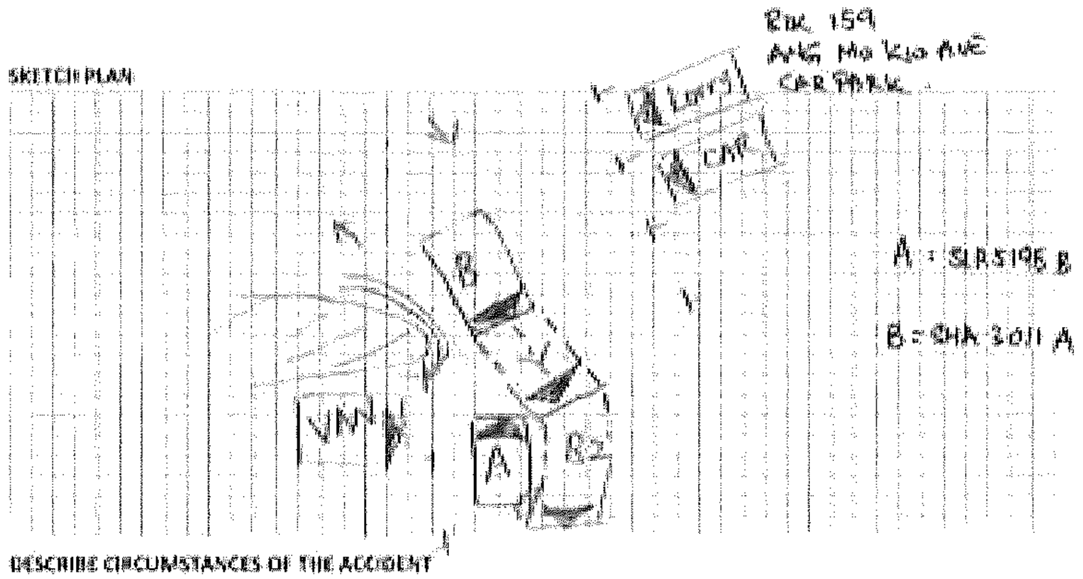
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons	VIDEO FOOTAGE WILL SEND TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3011Z
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO ATTACHED
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Vehicle A heading to exit
Carpark at BLK 159 ANG MO KIO AVE 4

suddenly Vehicle B came from the different
direction and very near to my lane.
so, I stationery to give way, but Vehicle B
cut onto my lane and damages my rear

I have video footage to attach to claim hit.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time 17/06/2018	(If driver is not the policyholder)	Name
	Date & Time	NRIC/FIN No

Sketch Plan #2 Pg. 1

SKETCH PLAN

4/16

IMPORTANT NOTICE

1. Please report promptly 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. The report will be forwarded by the insurers to the GIA Reporting 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 the 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 claim 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.

Policyholder's Signature
Date & Time: [illegible]

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

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