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)

Secretary in charge: Janice

Our Ref : TKSF/M492-ACC-44442.21/sf (mc)
Your Ref : SKM 1134 S
Date : 8 February 2021

Tel : 6333 4222 (ext 60)
Fax : 6333 5676 / 6333 5688
Email : janice.kee@ksteoptr.com

To: **Auto & General Insurance (Singapore) Pte Ltd**
190 Clemenceau Avenue
#03-01, Singapore Shopping Centre
Singapore 239924
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY EMAIL

Dear Sirs

RE: ACCIDENT INVOLVING SKN 6375 A / SKM 1134 S ON 7/2/21 ALONG PIE TOWARDS CHANGI BEFORE BKE EXIT

We are instructed by **Juliswati Binte Samad** to notify you of a road traffic accident on **7/2/21** at about **11:20 hours** at **ALONG PIE TOWARDS CHANGI BEFORE BKE EXIT** involving our client's vehicle registration number **SKN 6375 A** and vehicle registration number **SKM 1134 S** 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 **SKN 6375 A** is now at the following workshop:-

Massive Trading & Auto
Blk 5038 Ang Mo Kio Industrial Park 2
#01-405
Singapore 569541
Contact: 9108 2728 Anthony

Yours faithfully,

M/s Teo Keng Siang LLC
encs

**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

SS1Q21280002 / GU Brothers Motor Workshop
ENTRY DATE & TIME: 08/02/2021 14:21 (SGT)
SUBMITTED BY: Gu Kia Wee
VERSION: 1 (08/02/2021 14:21 (SGT))

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 Submission	08/02/2021 14:21 (SGT)
Date of Accident	07/02/2021 11:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI BEFORE BKE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6375A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JULISWATI BINTE SAMAD
NRIC No	SXXXX387A
Email Address	julisofie-72@gmail.com
Mobile Phone No	(Phone) +65-90272456
Alternative Phone No	+65-90272456

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116386152
Cover Note Number	5116386152

DRIVER

Name of Driver	SAMSURI BIN SUKAIMI
NRIC No	SXXXX248C
Date Of Birth	25/07/1973
Occupation	Outdoor

Date Of Driving Pass	27/12/1994
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90272456
Alt. Phone Number	-
Email Address	julleaofle-72@gmail.com
Address	APT BLK 121 BUKIT BATOK CENTRAL
Address complement	#05-443
Postcode	650121
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MR MUHAMMAD FAIZAL BIN SAMAD
Gender	Male

PASSENGER 2

Name	MDM MASTURA BINTE KOLOOS
Gender	Female

PASSENGER 3

Name	MS ELLYSHA BINTE MUHAMMAD FAIZAL
Gender	Female

PASSENGER 4

Name	MS ERYNA BINTE MUHAMMAD FAIZAL
Gender	Female

PASSENGER 5

Name	MR HILMI BIN MUHAMMAD FAIZAL
Gender	Male

PASSENGER 6

Name	MS SOFINA BINTE SAMSURI
Gender	Female

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

ON 07/02/2021 @ ARD 1120HRS, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI.JUST BEFORE BKE EXIT, DUE TO SOME ROAD WORKS IN LANE ONE, THE CARS INFRONT SLOWING DOWN THUS I ALSO SLOW DOWN AND EVENTUALLY CAME TO A COMPLETE HALT. SUDDENLY, I FELT AN STRONG IMPACT FROM THE REAR OF MY VEHICLE. I GOT OUT OF MY VEHICLE AND REALISED THAT VEH B (SKM 1134S) HAD COLLIDED INTO MY VEHICLE REAR PORTION. I ALSO WISH TO STATE THAT I HAVE SIX PASSENGERS IN MY VEHICLE AT THE TIME OF ACCIDENT.

PASSENGERS : MR. MUHAMMAD FAIZAL BIN SAMAD
: MDM MASTURA BINTE KOLOOS
: MS ELLYSHA BINTE MUHAMMAD FAIZAL
: MS ERYNA BINTE MUHAMMAD FAIZAL
: MR HILMI BIN MUHAMMAD FAIZAL
: MS SOFINA BINTE SAMSURI

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM1134S
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN JIN HUI JOEL
NRIC No	SXXXX945A
Contact Number	(Phone) +65-98509597
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	FRONT PORITON
No. Of Passenger (Including Driver)	-

BKETOHILAN

IMPORTANT NOTICE

1. Please read carefully the terms of the proposal to cover by the Court 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 facts may allow insurance companies to repudiate claims/policy.
4. The issue and acceptance of this form by insurance companies is not an acknowledgement of policy liability on the part of the insurance companies.
5. Any false statement may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the CIA 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 the 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.

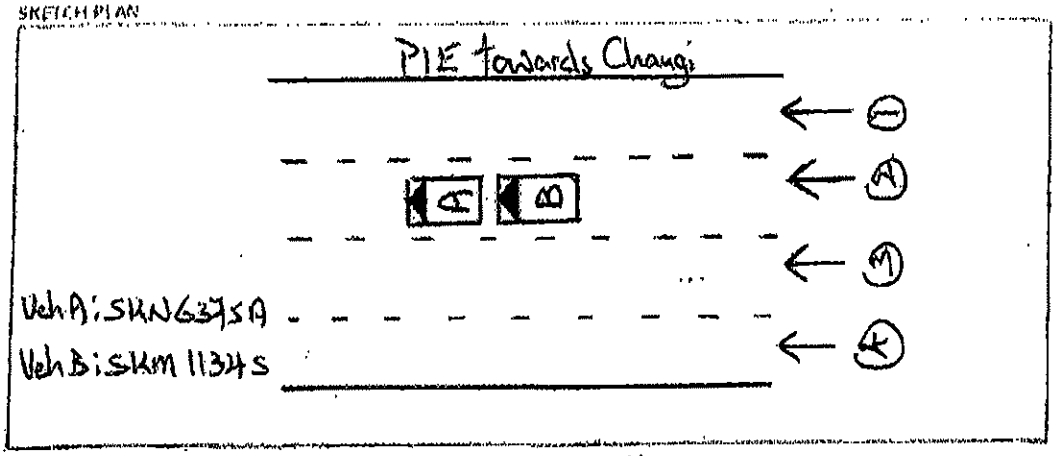
Policyholder's Signature
Date & Time

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

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

SKETCH PLAN2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/2/2021 @ ard 1120hrs, I was travelling along PIE towards Changi. Just before BKE exit, due to some road works in lane One, the cars infront slowing down thus I also slow down and eventually came to a complete halt. Suddenly, I felt an strong impact from the rear of my vehicle. I got out of my vehicle and realised that veh B(SKM1134S) had collided into my vehicle rear portion. I also wish to state that I have six passengers in my vehicle at the time of the accident.

Passengers : Mr Muhammad Faizal Bin Samad
Mdm Mastura Binte Kaloos
Ms Ellysha Binte Muhammad Faizal
Ms Eryna Binte Muhammad Faizal
Mr Hilmi Bin Muhammad Faizal
Ms Sofina Binte Samsuri

☐ Claim OD/TP at Su Brothers ☑ Claim OD at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my offle accident report to :
My workshop : Massive Trading & Auto
Email address :
& myself :
Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Officer / Examiner's Signature
Name
NRIC/FIN No.