

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 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/E482-ACC-44741.21/sl
Your Ref : **SHC 7301 A**
Date : 22 April 2021

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

To: **AXA Insurance Singapore Pte Ltd**
8 Shenton Way
#07-01/02
AXA Tower
Singapore 068811
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY EMAIL

Dear Sirs

RE: ACCIDENT INVOLVING SMX 7182 G / SHC 7301 A ON 21/04/21 ALONG SEMBAWANG ROAD TOWARDS CHONG PANG

We are instructed by **Tan Cheng Chye William** to notify you of a road traffic accident on **21/4/21 at about 19:10 hours at ALONG SEMBAWANG ROAD TOWARDS CHONG PANG** involving our client's vehicle registration number **SMX 7182 G** and vehicle registration number **SHC 7301 A** 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 **SMX 7182 G** 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

****Survey was conducted by:-**

Name of Surveyor:

Date of Survey:

Time of Survey:

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	22/04/2021 15:30 (SGT)
Date of Accident	21/04/2021 19:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SEMBAWANG RD TWDS CHONG PANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX7182G
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INSURED POLICY HOLDER

Is company?	No
Name Of Registered Owner	TAN CHENG CHYE WILLIAM (CHEN QINGCAI)
NRIC No	SXXXX523B
Email Address	pl2mg@hotmail.com
Mobile Phone No	(Phone) +65-90702429
Alternative Phone No	+65-90702429

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rav4
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
Transmission	Auto
CC	2487

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120789278 (DRIVO CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	TAN CHENG CHYE WILLIAM (CHEN QINGCAI)
NRIC No	SXXXX523B



Date Of Birth	10/10/1977
Occupation	Indoor
Date Of Driving Pass	25/06/1996
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90702429
Alt. Phone Number	+65-90702429
Email Address	pl2mg@hotmail.com
Address	507 SEMBAWANG ROAD #04-49
Address complement	-
Postcode	757709
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 ON 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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

REFER TO STATEMENT ATTACHED.

ATTACHMENT (B)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SYSTEM UNABLE TO UPLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7301A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category
Name of Driver
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)

Taxi
JOHN THOMAS
SXXXX388G

INJURED PERSONS DETAILS

INJURED 1

Name of Injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

TAN CHENG CHYE WILLIAM (CHEN QINGCAI)
-
-
-
-
BACK PAIN
SMX7182G
Yes
No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any form 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 of the GIC 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 submission 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)

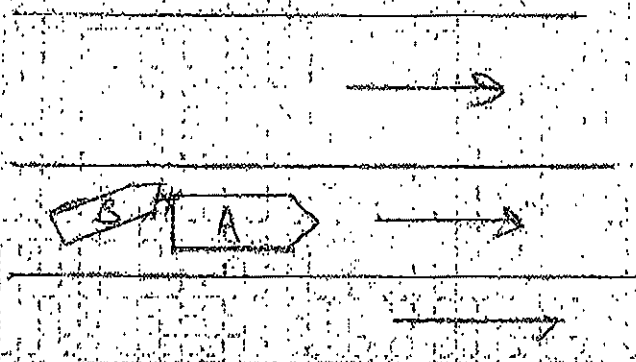
I understand, acknowledge, agree and consent that:

 - (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 my 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 Ministry of Transport 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 making 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 sum as well as on the external cover of envelopes/postal packages); and/or
 - (v) complying with applications for 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 based outside of Singapore, for one or more of the above Purposes.

 22/4/21
  22/4/21
 22 APR 2021

Policyholder's Signature / Date & Time
 Driver's Signature (if Driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel

Sketch Plan



Sembawang Rd →
 opposite Dieppe Barracks

Chong
 J. Chong
 J. Chong

Describe Circumstances of the Accident

Stoppage on Saturday Rd due to traffic light red.
 Location is along Saturday Rd. Just after the bridge over the river.
 After about 10 mins, a yellow taxi came from behind
 without stopping. He braked and then left. He hit the
 left back of my car.
 Thereafter, we took photos & I went to the doctor
 for some back ache and has 2 days MC.
 It happen on 21st April 2021 at around 7:10pm

Declaration

22 APR 2021

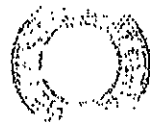
We declare the foregoing particulars are true in every respect.

WJF 22/4/21

Policyholder's Signature / Date & Time

WJF 22/4/21

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



Witnessed by Reporting Centre Personnel