

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 : TKS/H434-ACC-44789.21/sl (mc)
Your Ref : SFQ 8801 S
Date : 5 May 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 PDX# 8176 & FAX 6880 5501

Dear Sirs

RE: ACCIDENT INVOLVING GBD 3853 R / SFQ 8801 S ON 1/5/21 ALONG ANG MO KIO AVE 1

We are instructed by **Nana Thai Wok Restaurant LLP** to notify you of a road traffic accident on **1/5/21** at about **21:15 hours ALONG ANG MO KIO AVE 1** involving our client's vehicle registration number **GBD 3853 R** and vehicle registration number **SFQ 8801 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 **GBD 3853 R** is now at the following workshop:-

Heng Yap Seng Auto Services
160 Sin Ming Drive Sin Ming Autocity #08-13
Singapore 575722

Person I/C : Beng
Contact : **9183 3008**

Yours faithfully,



M/s Teo Keng Siang LLC
Encs (By Fax 6873 2017)

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

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

SL032153000G / Lai Huat (Meng Kee) Motor Pte Ltd
 ENTRY DATE & TIME: 03/05/2021 18:15 (SGT)
 SUBMITTED BY: LHMK -3
 VERSION: 1 (03/05/2021 18:15 (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 03/05/2021 18:15 (SGT)
 Date of Accident 01/05/2021 21:15 (SGT)
 Exact Location of Accident Ang Mo Kio Ave 1, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD3853R

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner Nana Thai Wok Restaurant LLP
 Company Reg No TXXXXX905G
 Email Address catherinegan@gmail.com
 Mobile Phone No (Phone) +65-63338263
 Alternative Phone No (Office) +65-63338263

VEHICLE PARTICULARS

Manufacturer Nissan
 Model Nv350
 Variant -
 Exact purpose for which vehicle was being used at time of accident Employment
 Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
 Vehicle Category Commercial vehicle
 Transmission Auto
 CC 3000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number 2070140069
 Cover Note Number -

DRIVER

Name of Driver Gan Choy Haa
 NRIC No SXXXX085H



Date Of Birth	08/10/1979
Occupation	Indoor
Date Of Driving Pass	05/11/2003
Driving experience	17 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92470816
Alt. Phone Number	-
Email Address	catherinegan@gmail.com
Address	Blk 649 Ang Mo Kio Ave 5 #03-3315
Address complement	-
Postcode	560649
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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	Cadoy Ellen Joy Dacumos
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to police report.

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	SFQ8801S
Vehicle Manufacturer	Toyota

Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Gan Choy Haa
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Neck
Injured person in which vehicle?	GBD3853R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-


INJURED 2

Name of injured person	Cadoy Ellen Joy Dacumos
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD3853R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

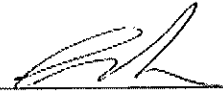
IMPORTANT NOTICE

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. 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 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.
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.


Policyholder's Signature / Date & Time

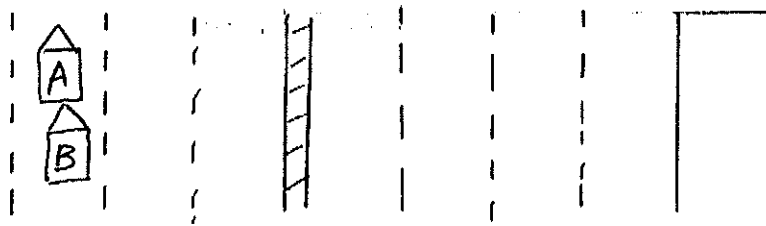
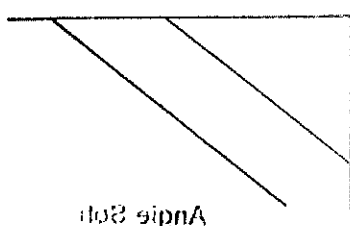
Sketch Plan

 3/5/21
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Angie Soh

A - GBD 3853 R
B - SFQ 8801 S



Describe Circumstances of the Accident

please refer to police report no. 7/20210503/2062

Declaration

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel **Angle Soh**



**SINGAPORE
POLICE FORCE**



T/20210503/2062

1 of 4

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20210503/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2021 14:57	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: GAN CHOY HAA			Address: APT BLK 649 ANG MO KIO AVENUE 5 #03-3315 SINGAPORE 560649	
ID Type / ID No.: NRIC NO / S7973085H			Contact No.:	Mobile: 92470816
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 41	Date of Birth: 08/10/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/05/2021 21:15	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: MOVING VEHICLE AGAINST STATIONARY VEHICLE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3853R	Van				Seriously Damaged	1
SFQ8801S	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**



T/20210503/2062

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Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20210503/2062

CONTINUATION OF REPORT

Passenger			
Name	CADDOY ELLEN JOY DACUMOS	ID No.	G8746172L
Related Vehicle	GBD3853R (Van)	Contact No.	87319086
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/05/2021	Date Discharge	03/05/2021
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	GAN CHOY HAA	ID No.	S7973085H
Related Vehicle	GBD3853R (Van)	Contact No.	92470816
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/05/2021	Date Discharge	03/05/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	WONG CHIEN HERN, LEDON	ID No.	S8800420E
Related Vehicle	SFQ8801S (Car)	Contact No.	98505385
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/05/2021, at about 9.15pm, I was driving my vehicle (together with my maid) along Ang Mo Kio Ave 1 towards Upper Thomson Road. I stopped my vehicle at the cross junction of the said road and Marymount Road due to red light. While my vehicle was stationary, suddenly another vehicle collided onto my rear portion. I went to take a look and took some pictures of the accident. Both drivers then agreed to drive forward further down the road to exchange particulars.

At that point of time, no one was injured. After exchanged particulars, we go our separate ways. However on 02/05/2021, both myself and my maid felt pain on our neck area as such decided to see a doctor on 03/05/2021 and was given 7 days (myself) and 4 days (my maid) MC respectively. Purpose to lodge this report is for insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20210503/2062

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20210503/2062

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210503/2062

4 of 4

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20210503/2062

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sr Staff Sgt AZMI BIN MOHAMED HAMZAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2021 14:57
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476179	Classification Of Case: SN 070
Authentication Stamp NP168	SIGNATURE