

张景祥大律師樓
(律師兼公証及宣誓官)

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098
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/L1500-ACC-44858.21/sf (mc)
Your Ref : FBE 1536 P
Date : 24 May 2021

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

To: **Sompo Insurance Singapore Pte Ltd.**
50 Raffles Place
#03-03 Singapore Land Tower
Singapore 048623
Attn: Motor Claim Dept

WITHOUT PREJUDICE
BY EMAIL

Dear Sirs

RE: ACCIDENT INVOLVING SLV 4773 T / FBE 1536 P ON 11/5/21 ALONG CTE

We are instructed by **L H Car Rental Pte Ltd** to notify you of a road traffic accident on **11/5/21 at about 12:35 hours at ALONG CTE** involving our client's vehicle registration number **SLV 4773 T** and vehicle registration number **FBE 1536 P** 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 **SLV 4773 T** is now at the following workshop:-

Lian Her Motors
Blk 5038 Ang Mo Kio Industrial Park 2
#01-337
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

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 11/05/2021 16:30 (SGT)
Date of Accident 11/05/2021 12:35 (SGT)
Exact Location of Accident Near Whampoa Dr, Block 84, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV4773T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner L H Car Rental Pte Ltd
Company Reg No 2XXXXX761N
Email Address carrental.lh@gmail.com
Mobile Phone No (Phone) +65-97687073
Alternative Phone No (Home) +65-64817221

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMHCSNA00004222101
Cover Note Number -

DRIVER

Name of Driver Tan Kah Imm
NRIC No SXXXX140J

Date Of Birth	09/03/1956
Occupation	Outdoor
Date Of Driving Pass	07/04/1975
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92397813
Alt. Phone Number	-
Email Address	erictanpk@yahoo.com.sg
Address	2 Woodleigh Close #01-05
Address complement	-
Postcode	357900
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE1536P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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 Tan Kah Imm
 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? -

SKETCH PLAN

IMPORTANT NOTICE

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

L.H CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Car A = SLV9773T
 Car B = FBE1546P
 CTE

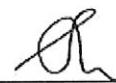
Describe Circumstances of the Accident

Please refer to police report.

Declaration

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

L.H CAR RENTAL PTE LTD



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210511/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210511/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2021 15:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN KAH IMM			Address: 2 WOODLEIGH CLOSE #01-05 SINGAPORE 357900		
ID Type / ID No.: NRIC NO / S1220140J			Contact No.: Home/Office: Mobile: 92397813		
Nationality: SINGAPORE CITIZEN			Email: xdetox31@gmail.com		
Sex: Male	Age: 65	Date of Birth: 09/03/1956	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Grab Driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2021 00:35	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBE1546P	Motorcycle	HONDA		Red	Seriously Damaged	0
SLV4773T	Car	TOYOTA	CHR	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210511/7025

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210511/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MUHAMMAD FARHAN BIN ADAM	ID No.	S9010051C
Related Vehicle	FBE1546P (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Driver			
Name	TAN KAH IMM	ID No.	S1220140J
Related Vehicle	SLV4773T (Car)	Contact No.	92397813
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/05/2021	Date	11/05/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE ABOVE STATED DATE AND TIME , I WAS TRAVELING ALONG CTE SLE BEFORE JALAN BAHAGIA EXIT .
I WAS TRAVELING STRAIGHT WHEN SUDDENLY VEHICLE FBE1536P COLLIDED ON TO MY VEHICLE REAR PORTION .
I THEN ALIGHTED TO EXCHANGE PARTICULAR WITH THE OTHER RIDER AND THEN PROCCEEDED TO CONSULT A DOCTOR AND RECIEVED 3 DAYS MC .
I AM MAKING THIS REPORT FOR MEDICAL AND INSURANCE PURPOSES .



**SINGAPORE
POLICE FORCE**



T/20210511/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210511/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
11/05/2021 15:13

Classification Of Case: