

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/E479-ACC-44944.21/sl (mc)
Your Ref : SHC 4513 A
Date : 24 June 2021

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

To: **MS First Capital Insurance Limited**
36 Robinson Road
#16-01 City House
Singapore 068877
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY FAX 6507 3849 & BY EMAIL

Cc: SMRT Taxis Pte Ltd (Owner)
Hang Lau Tee (Driver)
C/o 60 Woodlands Industrial Park E4
Singapore 757705

BY POST ONLY

Dear Sirs

RE: ACCIDENT INVOLVING SKV 6604 Y / SHC 4513 A ON 22/6/21 ALONG KJE TOWARDS PIE

We are instructed by **Lim Wee Hong Raymond** to notify you of a road traffic accident on **22/6/21 at about 08:09 hours at ALONG KJE TOWARDS PIE** involving our client's vehicle registration number **SKV 6604 Y** and vehicle registration number **SHC 4513 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 **SKV 6604 Y** is now at the following workshop:-

Edwin Garage Automotive Pte Ltd
Blk 5032 Ang Mo Kio Industrial Park 2
#01-295
Singapore 569535
Contact: 9785 6612 Edwin

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	23/06/2021 13:52 (SGT)
Date of Accident	22/06/2021 08:09 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	KJE TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6604Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM WEE HONG RAYMOND
NRIC No	SXXXX201J
Email Address	RAYMONDLIMWH@GMAIL.COM
Mobile Phone No	(Phone) +65-96858224
Alternative Phone No	+65-96858224

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1798

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10222607R01
Cover Note Number	29/09/2020 - 28/09/2021

DRIVER

Name of Driver	LIM WEE HONG RAYMOND
NRIC No	SXXXX201J

Date Of Birth	27/07/1967
Occupation	Indoor
Date Of Driving Pass	16/03/1989
Driving experience	32 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96858224
Alt. Phone Number	+65-96858224
Email Address	RAYMONDLIMWH@GMAIL.COM
Address	300 CANBERRA RD
Address complement	#04-05
Postcode	750300
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 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CINDY YOONG
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4513A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	HANG LAU TEE
NRIC No	SXXXX695G
Contact Number	(Phone) +65-96925108
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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By the lodging 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.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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")


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


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.

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.

The information so collected under (d) above may be shared / disclosed:

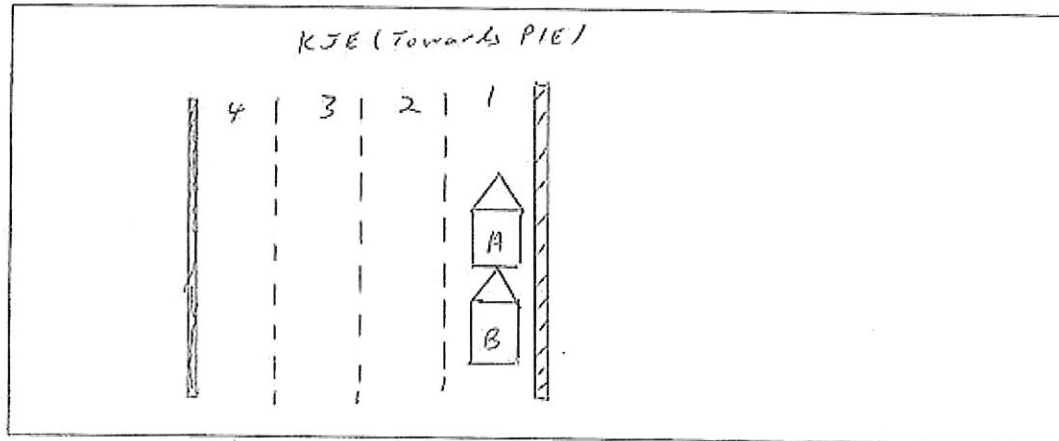
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Name:


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


Reporting Centre (Personal Signature)
Name:
NRIC/FIN No.:

Date of accident: 22/06/21 Time: 08:09 Location: KJE towards PIE
 My Vehicle A: SKV 6604Y Vehicle B: SHC 4513A Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22nd June 21, at 8:09am, I was travelling on KJE (lane 1) towards PIE, just after Sg. Sungai Tengah Rd Exit 5, the vehicle in front braked. I applied my brakes and managed to stop without any collision with the front vehicle. The vehicle (SHC 4513A) crashed into my vehicle rear with a bang. Resulting in my rear damaged. Vehicle (SHC 4513A) front bumper was also damaged.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD(TP) at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Edwin Garage
 Email address: _____
 & myself: _____
 Email address: raymondlimwh@gmail.com

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

DECLARATION

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

RA
 Policyholder's Signature
 Date & Time: _____

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


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

AH LIM MOTOR COMPANY