

# 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/M492-ACC-44963.21/sf (mc)  
Your Ref : SHC 1633 G  
Date : 1 July 2021

**Secretary in charge: Janice**

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

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

**WITHOUT PREJUDICE**  
**BY FAX 6880 5501 & BY EMAIL**

Cc: **Comfort Transportation Pte Ltd (Owner)**  
Ong Chew Leng (Driver)  
C/o 383 Sin Ming Drive  
Gas Building  
Singapore 575717

**BY POST**

Dear Sirs

**RE: ACCIDENT INVOLVING SMR 7523 M / SHC 1633 G ON 29/6/21 ALONG BLK 524 ANG MO KIO ST 52 (CARPARK)**

We are instructed by **Boo Yong Kwang** to notify you of a road traffic accident on **29/6/21** at about **16:40 hours** at **ALONG BLK 524 ANG MO KIO ST 52 (CARPARK)** involving our client's vehicle registration number **SMR 7523 M** and vehicle registration number **SHC 1633 G** 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 **SMR 7523 M** 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

Teo Keng Siang  
LL.M(Singapore),  
LL.B (Hons) (Singapore)

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

Name of Surveyor:

Date of Survey:

Time of Survey:

\_\_\_\_\_  
Signature

Wong Yong Sheng, Kenneth  
LL.B (Hons) University of Bristol

SS1Q216U0002 / SU Brothers Motor Workshop  
 ENTRY DATE & TIME: 30/06/2021 11:44 (SGT)  
 SUBMITTED BY: Su Kia Wee  
 VERSION: 1 (30/06/2021 11:44 (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	30/06/2021 11:44 (SGT)
Date of Accident	29/06/2021 16:40 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	BLK 524 ANG MO KIO STREET 52 ( CARPARK )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR7523M

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BOO YONG KWANG
NRIC No	SXXXX321C
Email Address	S2709321@gmail.com
Mobile Phone No	(Phone) +65-86496049
Alternative Phone No	+65-86496049

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115694815-01
Cover Note Number	5115694815-01

#### DRIVER

Name of Driver	BOO YONG KWANG
NRIC No	SXXXX321C



Accident report SS1Q216U0002

Date Of Birth	26/06/1964
Occupation	Outdoor
Date Of Driving Pass	07/12/1984
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86496049
Alt. Phone Number	+65-86496049
Email Address	S2709321@gmail.com
Address	APT BLK 258 SERANGOON CENTRAL DRIVE
Address complement	#13-06
Postcode	550258
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 on collision
Weather Conditions	Raining
Road Surface	Wet

## 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 vehicle 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	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 29/06/2021 @ARD1640HRS, I WAS TRAVELLING ALONG BLK 524 ANG MO KIO ST 52 GOING TO EXIT THE CARPARK. I WAS DRIVING STRAIGHT IN MY LANE WHERE SUDDENLY THERE WAS A COMFORT TAXI ( SHC1633G) FAILED TO STOP AT THE WHITE LINE , DASHED OUT FROM THE LEFT SIDE AND COLLIDED INTO MY VEHICLE FRONT PORTION.

## ATTACHMENT(S)

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	KIV
Was there any audio recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1633G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ONG CHEW LENG
NRIC No	SXXXX485A
Contact Number	(Phone) +65-85814741
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

3. Please report this into the Police and the Police will conduct an investigation.
4. The Police will be responsible for the investigation of the accident and the driver's liability.
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I understand, acknowledge, agree and consent that:

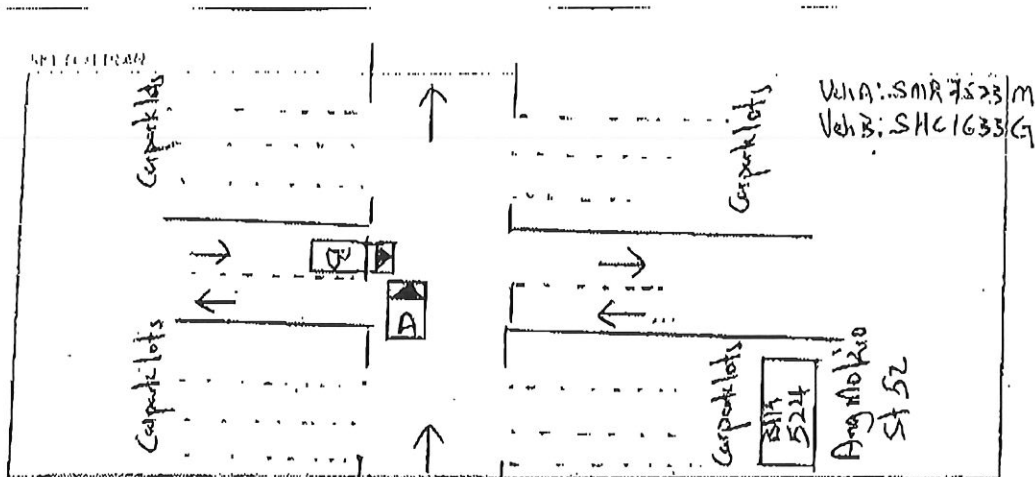
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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 purposes 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 Person's Signature  
Name  
Date & Time:

## SKETCH PLAN #2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/6/2021 @ arcl 1640hrs, I was travelling along Blk 524 Ang Mo Kio St 52 going to exit the carpark. I was driving straight in my lane when suddenly there was a comfort taxi (SHC 1633 G) failed to stop at the white line, slashed out from my left side and collided into my vehicle front portion.

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

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

My workshop: Massive Trading & Auto

Email address: massiveid@gmail.com

& myself

Email address:

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.

Policyholder's Signature  
Date & Time

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

Reporting Centre's Signature  
Name  
Date & Time

