

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/L1000-ACC-45132.21/sf (mc)
Your Ref : SJY 1356 S
Date : 16 Aug 2021

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

To: AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16 Singapore 079120
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY EMAIL

Dear Sirs

RE: ACCIDENT INVOLVING SMT 2285 Y / SJY 1356 S ON 13/8/21 ALONG TAMPINES AVE 10


We are instructed by AVS Vision Pte Ltd to notify you of a road traffic accident on 13/8/21 at about 17.15 hours at ALONG TAMPINES AVE 10 involving our client's vehicle registration number SMT 2285 Y and vehicle registration number SJY 1356 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 SMT 2285 Y is now at the following workshop:-

L H Express Motor Trading
Blk 5038 Ang Mo Kio Industrial Park 2
#01-405
Singapore 569541
Contact Person: 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	14/08/2021 11:06 (SGT)
Date of Accident	13/08/2021 17:15 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	TAMPINES AVENUE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT2285Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AVS VISION PTE.LTD.
Company Reg No	2XXXXX272E
Email Address	audiogod_dk@hotmail.com
Mobile Phone No	(Phone) +65-92397621
Alternative Phone No	+65-92397621

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1300

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121041446
Cover Note Number	5121041446

DRIVER

Name of Driver	KOO YEE PENG
NRIC No	SXXXX809I



Accident report SS1Q218E0001

Date Of Birth	12/11/1982
Occupation	Outdoor
Date Of Driving Pass	18/03/2003
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92397621
Alt. Phone Number	-
Email Address	audiogod_dk@hotmail.com
Address	BLK 144 TAMPINES STREET 12
Address complement	#06-398
Postcode	521144
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 vehicle 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 13 AUG 2021 AT 5:15PM STOP CAR ON TAMPINES AVE 10 DUE TO TRAFFIC RED LIGHT. SUDDENLY SJX 1356 S BANG ON MY CAR (SMT 2285 Y) BACK BONET AREA.

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	SJY1356S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN KIM CHONG
Contact Number	(Phone) +65-98158486
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	KOO YEE PEN G
Gender	Male
Phone No	(Phone) +65-92397621
Address	BLK 144 TAMPINES ST 12
Address Complement	#06-398
Post Code	521144
Approximate Age Years Old	39
Injuries Sustained	ON THE BACK AND HEAD
Injured person in which vehicle?	-
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/leaf packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (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.



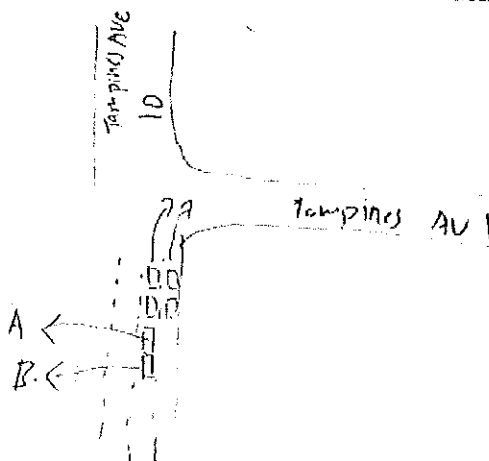
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-547 2285Y
B-554 1356S



Describe Circumstances of the Accident

On 13 Aug 2021 at 5:15pm Stop car on Tampines Ave 10 due to traffic red light. Suddenly SSY 13565 bang on my car (Sms 27854) back heart area.

Please Tick

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

Declaration

We declare the foregoing particulars are true in every respect.

Name of Workshop: L-H Express Motor Trading
Email Address: lhkeeb1@yahoo.com.sg



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel