

30<sup>th</sup> September 2021

**China Taiping Insurance (Singapore) Pte Ltd**  
Attn : Motor Claim Department

Dear Sir/Madam,

**Road Traffic Accident Involving SJS 2667 U (Our Ref) and SML 9155 K (Your Ref)**  
**Dated: 29<sup>th</sup> September 2021, Time around 1210HRS**  
**@ Traffic Junction of Sengkang East Avenue & Anchorvale Link**

We represent our client; BIZTEK LEASING, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SJS 2667 U and your insured's vehicle registration number: SML 9155 K. Enclosed herewith a copy of the Singapore Accident Statement / Traffic Police Report filed for your reference.

We hereby give you **NOTICE** that we are claiming against SML 9155 K for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

<b>Contact Person</b>	Eric Lee	8269 9999
<b>Email Address</b>	teamautopl@gmail.com	
<b>Survey Address</b>	<b>160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722</b>	

Kindly cc a copy of this letter to your insured for his/her acknowledgement.

  
Authorized Signatory

☐ Scene Pic  
☐ Auth Letter

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident 29/09/2021 Time (24 HRS) 12:10 Location of Accident Traffic Junction of Sengkang East Avenue & Anchorvale Link

### OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number SJS 2667 U  
Name of Policyholder Biztek Leasing  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) 53329851B  
Address 185 Tai Keng Gardens Singapore 534363  
Address  
Contact Number  
Email Address dav.biztekleasing@gmail.com  
Tel: Hp: 9832 1500

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model Hyundai HD Avante  
Type of Vehicle Saloon  
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks: Third Party Claim  
Vehicle category ☒ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company NTUC Income  
Type of Policy ☐ Comprehensive ☐ TP Fire & Theft ☒ Third party  
Fleet Policy ☐ Yes ☒ No  
Policy Number 5108794524-02-000004

### DRIVER

#### PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver Jackson Yeo Eng Wee  
NRIC/ FIN/ Passport S8155784E  
Date of Birth 11/10/1981  
Occupation Driver  
Driving Pass Date 04/07/2014  
Gender ☒ Male ☐ Female  
Contact Number  
Address Blk 549 Hougang Street 51 #06-182 S(530549)  
Address  
Email Address dav.biztekleasing@gmail.com  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured  
No. of Passenger in vehicle (including Driver) 1 (including Driver)  
Please state Passenger Names: Name: 1 Gojek passenger Gender: Male  
Name: Gender: Female  
Name: Gender: Female

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

NTUC Income

### GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions ☐ Clear ☐ Raining ☒ Others: Drizzling  
Road Surface ☒ Wet ☐ Dry ☐ Others:

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car) ☒ No ☐ Yes  
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes Ambulance ( No )  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any video captured? (in-car camera in YOUR CAR) ☒ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station.  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

SJS 2667 U

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)**

**Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION**

Vehicle Registration Number SML 9155 K  
Make/ Model/ Others  
Vehicle category ☒ Private ☐ Commercial ☐ Motorcycle  
Name of Driver Lau Kok Ghee  
NRIC/ FIN/ Passport S7511208D  
Contact Number 9877 5588

**Other Vehicle or Property 2 (VEHICLE C)**

Vehicle Registration Number  
Make/ Model/ Others  
Vehicle category ☐ Private ☐ Commercial ☐ Motorcycle  
Name of Driver  
NRIC/ FIN/ Passport  
Contact Number

**DETAILS OF WITNESS**

Name  
Phone / Email Address

**DETAILS OF INJURED PERSON 1**

Name  
Contact Number  
Injuries Sustained  
If Vehicle Occupants, state in which vehicle?  
Were Seat Belts Worn? ☐ Yes ☐ No  
Was Injured conveyed to hospital by ambulance? ☐ Yes ☐ No

**DETAILS OF INJURED PERSON 2**

Name  
Contact Number  
Injuries Sustained  
If Vehicle Occupants, state in which vehicle?  
Were Seat Belts Worn? ☐ Yes ☐ No  
Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

**Declaration**

I/We declare that the above particulars & information provided above are true in every aspect.

**BIZTEK LEASING**

UEN: 53329851B

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

## 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' 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.

**BIZTEK LEASING**

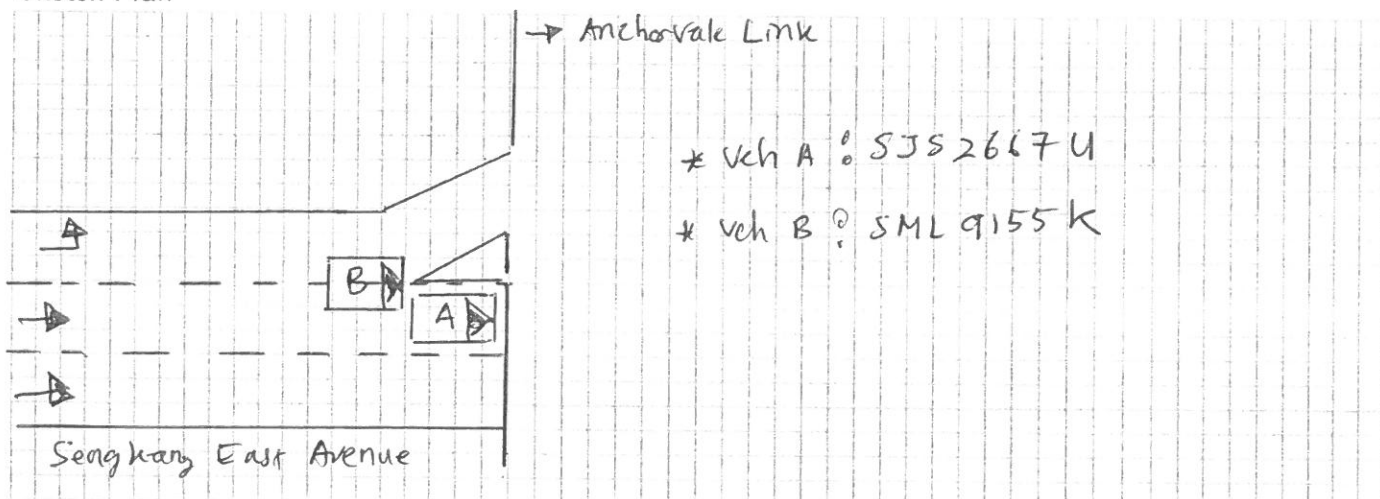
UEN: 53329851B

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was travelling at the stated venue.

Upon approaching the traffic junction, the traffic light was 'red' and I then stopped my vehicle. When I was stationary waiting for the traffic light to turn 'green', suddenly vehicle B collided onto the rear of my vehicle.

After the accident, vehicle B's driver requested for a private settlement.

I then proceeded to inform the owner's of vehicle A (rental company) about it.

We then tried to contact vehicle B's driver multiple times but were to no avail.


\* Email to teamautopl@gmail.com

Declaration

We declare the foregoing particulars are true in every respect.

  
**BIZTEK LEASING**  
UEN: 53329851B

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 30 Sep 2021 / 14:23:00

Receipt Date/Time : 30 Sep 2021 / 14:23:00

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210930-002146

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SML9155K				
As at 29 Sep 2021/12:10:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SML9155K Enquiry Fee 20210930142220944471	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
426569XXXXXX8100		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.