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)

Secretary in charge: Janice

WITHOUT PREJUDICE

Our Ref Your Ref

: TKSF/L1500-ACC-45463.21/sf (mc)

: SLT 9817 D

Date

: 5 November 2021

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 BY EMAIL

Cc:

Popular Rent A Car Pte Ltd (Owner)

BY POST

501 Guillemard Road Singapore 399840

Dear Sirs

RE: ACCIDENT INVOLVING SMR 1931 H / SLT 9817 D ON 27/9/21 ALONG NEAR SUPREME

We are instructed by L H Car Rental Pte Ltd to notify you of a road traffic accident on 27/9/21 at about 10:10 hours at ALONG NEAR SUPREME involving our client's vehicle registration number SMR 1931 Hand vehicle registration number SLT 9817 D 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 1931 H is now at the following workshop:-

Lian Her Motors Blk 5038 Ang Mo Kio Industrial Park 2 #01-405

Singapore 569541

Contact: 9108 2728 Anthony

Yours faithfully,

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

M/s Teo Keng Siang LLC

encs

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 witholding 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	28/09/2021 11:00 (SGT)
Date of Accident	27/09/2021 10:10 (SGT)
Exact Location of Accident	Near Supreme, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

CMD1021L

verlicle Registration Number	 2MK 1931U
INSURED/POLICYHOLDER	
Is company?	 Yes

Toyota

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	(Office) +65-64817221

VEHICLE PARTICULARS

Vahiala Pagistration Number

Model	Noah
Variant	Hybrid
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	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	 Chee Lay Ting Angelea
NRIC No	SXXXX896Z

Date Of Birth	12/05/1971
Occupation	Outdoor
Date Of Driving Pass	06/08/2010
Driving experience	11 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96870756
Alt. Phone Number	-
Email Address	angela.chee88@gmail.com
Address	Blk510 Choa Chu Kang Street 51 #13-237
Address complement	
Postcode	680510
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any favoir wohield involved in the casidant?	NI ₂
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?	1.50
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
Soliciting/offering accident claims assistance:	110
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	110
ir yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
I was turning to Supreme court lane, when Car B SLT9817D swer	rve in, i try to avoid him, but he still bang into the front of my car.
ATTACHMENT(S)	
Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	
	Yes
Reasons for not uploading a video of the accident	NIL
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Will B. Ling M. H.	01 700 475
Vehicle Registration Number	SLT9817D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

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)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 4. The issue and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GM Records Management Centre established by the General Insurence Association
 of Singapore (GM) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

Lunderstand, 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.

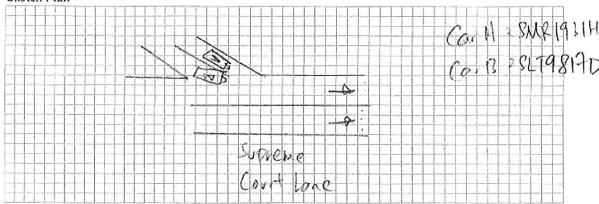
L.H CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel