

张景祥大律師樓  
(律師兼公証及宣誓官)

# 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/H434-ACC-45469.21/sl (mc)  
Your Ref : SMH 3173 T  
Date : 8 November 2021

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

To: **China Taiping Insurance (Singapore) Pte Ltd**  
3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE**  
**BY FAX 6224 7478 / 6224 7175 & PDX# 8178**

Dear Sirs

**RE: ACCIDENT INVOLVING SNB 1212 Y / SMH 3173 T ON 5/11/21 ALONG CARPARK OPPOSITE BLK 276 YISHUN STREET 22**

We are instructed by **Lee Kim Nam Philip** to notify you of a road traffic accident on **5/11/21** at about **10:00 hours ALONG CARPARK OPPOSITE BLK 276 YISHUN STREET 22** involving our client's vehicle registration number **SNB 1212 Y** and vehicle registration number **SMH 3173 T** 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 **SNB 1212 Y** is now at the following workshop:-

Heng Yap Seng Auto Services  
160 Sin Ming Drive Sin Ming Autocity #08-13  
Singapore 575722  
Person I/C : Beng  
Contact : **9183 3008**

\*\*Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Yours faithfully,



**M/s Teo Keng Siang LLC**  
Encs (By Fax 6873 2017)

\_\_\_\_\_  
Signature

SS1721B50004 / SIN MING AUTOCARE BFG PTE LTD  
ENTRY DATE & TIME: 05/11/2021 16:21 (SGT)  
SUBMITTED BY: SMBFG Admin  
VERSION: 1 (05/11/2021 16:21 (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 willful 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	05/11/2021 16:21 (SGT)
Date of Accident	05/11/2021 10:00 (SGT)
Exact Location of Accident	Yishun Street 22, Singapore
Additional Location Information	CARPARK OPPOSITE BLK 276
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNB1212Y

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KIM NAM PHILLIP
NRIC No	SXXXX7971
Email Address	philliplee@skk.com.sg
Mobile Phone No	(Phone) +65-90660506
Alternative Phone No	+65-90660506

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116269549-01
Cover Note Number	-

#### DRIVER

Name of Driver	LEE KIM NAM PHILLIP
NRIC No	SXXXX7971

Date Of Birth	20/05/1981
Occupation	Outdoor
Date Of Driving Pass	02/11/2004
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-90600506
Alt. Phone Number	+65-90600506
Email Address	philliplan@skk.com.sg
Address	01, K 704 YISHUN AVENUE 5
Address complement	#06-242
Postcode	760704
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	Collided into Parked Vehicle
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

PLEASE REFER TO ATTACHED SKETCH PLANS.

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	SMH3173T
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAGATHESON S/O SUBRAMANIAM
NRIC No	SXXXX829Z
Contact Number	(Phone) +65-94386840
Address	-

Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (including Driver)

.....



Describe Circumstances of the Accident

While returning to my vehicle, Vehicle B hit against  
 my vehicle of which we exchange  
 insurance and took photo of the damage area.  
 Vehicle B driver agreed to claim against  
 his insurance for my vehicle.

Claim OD     Claim Third Party     Claim OD/TP at other workshop     Reporting Only

Please forward a copy of my efile accident report to:  
 My workshop: HYS  
 Email address:  
 Myself email:

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

We declare the foregoing particulars are true in every respect.

*[Signature]*  
 Policyholder's Signature / Date &  
 Time

15/4/2021

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



Witnessed by Reporting Centre  
 Personnel

*[Signature]*