

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-45585.21/sf (mc)
Your Ref : SHC 3056 J
Date : 9 December 2021

Secretary in charge: Janice

Tel : 6333 4222 (ext 60)
Fax : 6333 5676 / 6333 5688
Email : janice.kee@ksteoptr.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)**
C/o 383 Sin Ming Drive
Gas Building
Singapore 575717

BY POST

Dear Sirs

RE: ACCIDENT INVOLVING SMR 7523 M / SHC 3056 J ON 7/12/21 ALONG 8A MARINA BLVD, MARINA BAY FINANCIAL CENTRE

We are instructed by **Boo Yong Kwang** to notify you of a road traffic accident on **7/12/21** at about **08.45 hours** at **ALONG 8A MARINA BLVD, MARINA BAY FINANCIAL CENTRE** involving our client's vehicle registration number **SMR 7523 M** and vehicle registration number **SHC 3056 J** 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

****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	07/12/2021 11:41 (SGT)
Date of Accident	07/12/2021 08:45 (SGT)
Exact Location of Accident	8A Marina Blvd, Marina Bay Financial Centre, Singapore 018984
Additional Location Information	MBF Tower 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7523M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BOO YONG KWANG
NRIC No	SXXXX321C
Email Address	s2709321c@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

Date Of Birth	26/06/1964
Occupation	Outdoor
Date Of Driving Pass	07/12/1984
Driving experience	37 YEARS
Gender	Male
Mobile Number	(Phone) +65-86496049
Alt. Phone Number	+65-86496049
Email Address	s2709321c@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 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 7.12.2021 @0845HRS , I DROPPED OFF MY PASSENGER AT MBF TOWER 2 AND PROCEEDED TOWARDS THE EXIT. AT THIS JUNCTURE, ONE TAXI SHC3056J FROM MY REAR AND COLLIDED ONTO MY VEHICLE REAR 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	SHC3056J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	BOO YONG KWANG
Gender	Male
Phone No	(Phone) +65-86496049
Address	APT BLK 258 SERANGOON CENTRAL DRIVE
Address Complement	#14-06
Post Code	550258
Approximate Age Years Old	57
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	SMR7523M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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. 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.

Policyholder's Signature / Date & Time
 12.2021 2 0845
 Sketch Plan

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

Witnessed by Reporting Centre Personnel

Msf
 1 Tower 2

A

(A) SMR 7528 M

B

(B) SHL 3056 J

Describe Circumstances of the Accident

On 7.12.2021 e 0845 hrs, I dropped off my passenger at MBF Tower 2, and proceeded towards the exit. At this juncture, a taxi SHC 30567 from my rear and collided into my vehicle rear portion.

Please Tick :

☐ Claim OD/TP at Sui Brothers

☒ Claim OD/TP at Other Workshop

☐ Reporting Only

Declaration

Name of W/Shop Massive Trading & Auto
Email Address

We declare the foregoing particulars are true in every respect.

Cheonganthony@yahoo.com.sg

Policyholder's Signature / Date & Time
7/12/2021 e 0845

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

Witnessed by Reporting Centre Personnel