

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-45773.22/sf (mc)
Your Ref : SHC 7866 L
Date : 4 February 2022

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: **CityCab Pte Ltd (Owner)**
Low Geok Teck (Driver)
C/o 383 Sin Ming Drive
Gas Building
Singapore 575717

BY POST

Dear Sirs

RE: ACCIDENT INVOLVING SMX 950 C / SHC 7866 L ON 26/1/22 ALONG SUNVIEW WAY JUNCTION OF PIONEER ROAD

We are instructed by **Ngooi Lay Leng** to notify you of a road traffic accident on **26/1/22** at about **19.25 hours** at **ALONG SUNVIEW WAY JUNCTION OF PIONEER ROAD** involving our client's vehicle registration number **SMX 950 C** and vehicle registration number **SHC 7866 L** 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 **SMX 950 C** 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

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)

****Survey was conducted by:-**

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol



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 27/01/2022 13:39 (SGT)
Date of Accident 26/01/2022 19:25 (SGT)
Exact Location of Accident Sunview Way, Singapore
Additional Location Information SUNVIEW WAY JUNCTION OF PIONEER RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX950C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NGOOI LAY LENG
NRIC No SXXXX043F
Email Address kangsongliang12@gmail.com
Mobile Phone No (Phone) +65-97461467
Alternative Phone No +65-97461467

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5123830852
Cover Note Number 5123830852

DRIVER

Name of Driver KANG SONG LIANG
NRIC No SXXXX104B



| | |
|--|---------------------------------|
| Date Of Birth | 30/08/1965 |
| Occupation | Outdoor |
| Date Of Driving Pass | 09/01/1987 |
| Driving experience | 35 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-97461467 |
| Alt. Phone Number | - |
| Email Address | kangsongliang12@gmail.com |
| Address | APT BLK 822 WOODLANDS STREET 82 |
| Address complement | #08-435 |
| Postcode | 730822 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

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 26/01/2022 @ARD 1925 HRS , I WAS TRAVELLING ALONG SUNVIEW WAY TOWARDS PIONNER WALK, AS I WAS TURNING RIGHT INTO PIONEER RD, I STOPPED AT THE JUNCTION TO GIVE WAY TO PEDESTRIAN CROSSING THE ROAD. SUDDENLY , I FELT AN IMPACT FROM THE REAR OF MY VEHICLE. I GOT OUT OF MY VEHICLE AND REALISED THAT VEH (B) SHC7866L HAD COLLIDED INTO 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 | SHC7866L |
| Vehicle Manufacturer | - |

| | |
|---|---------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | LOW GEOK TECK |
| NRIC No | SXXXX967F |
| 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

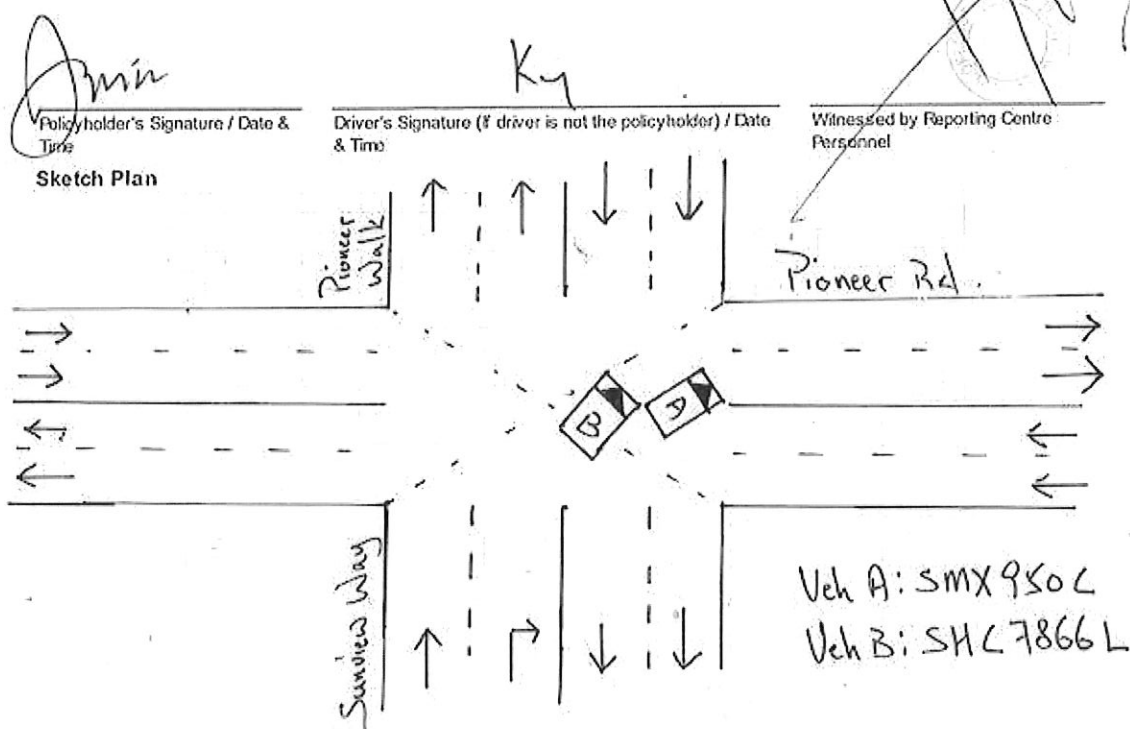
INJURED 1

| | |
|---|-------------------------|
| Name of injured person | KANG SONG LIANG |
| Gender | Male |
| Phone No | (Phone) +65-97461467 |
| Address | BLK 822 WOODLANDS ST 82 |
| Address Complement | #08-435 |
| Post Code | 730882 |
| Approximate Age Years Old | 57 |
| Injuries Sustained | NECK AND BACK |
| Injured person in which vehicle? | SMX950C |
| 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.
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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/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' 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.

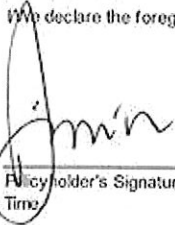



Describe Circumstances of the Accident

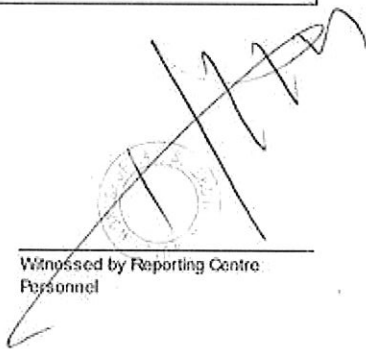
On 26/1/2022 @ ard @ 1925hrs, I was travelling along Sunview Way towards Pioneer Walk. As I was turning right into Pioneer Rd, I stopped at the junction to give way to the pedestrian crossing the road. Suddenly, I felt an impact from the rear of my vehicle. I got out of my vehicle and realised that veh(B) SHC 7866L had collided into my vehicle rear portion.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel