

# 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-45772.22/sf (mc)  
Your Ref : SJU 9052 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: Auto & General Insurance (Singapore) Pte Ltd**  
190 Clemenceau Avenue  
#03-01, Singapore Shopping Centre  
Singapore 239924  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE**  
BY EMAIL

**Cc: Thashalan Raveendran (Owner & Driver)**  
29 Transit Road  
#05-22  
Singapore 778905

BY POST

Dear Sirs

**RE: ACCIDENT INVOLVING GBD 1691 D / SJU 9052 L ON 23/1/22 ALONG SERANGOON ROAD, SLIP ROAD TO PIE (TUAS)**

We are instructed by **Zoomoov Pte Ltd** to notify you of a road traffic accident on **23/1/22** at about **12:45 hours** at **ALONG SERANGOON ROAD, SLIP ROAD TO PIE (TUAS)** involving our client's vehicle registration number **GBD 1691 D** and vehicle registration number **SJU 9052 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 **GBD 1691 D** 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 ..... 24/01/2022 14:56 (SGT)  
Date of Accident ..... 23/01/2022 12:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SERANGOON RD, SLIP RD TO PIE (TUAS)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD1691D

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ZOOMOOV PTE LTD  
Company Reg No ..... 2XXXXX212E  
Email Address ..... MIGUEL@ZOOMOOV.COM  
Mobile Phone No ..... (Phone) +65-97238148  
Alternative Phone No ..... +65-97238148

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 1461

#### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 21-MW006065-R06  
Cover Note Number ..... 15/07/2021 - 14/07/2022

#### DRIVER

Name of Driver ..... RAVICHANDRAN VAIRAVARAJ  
Passport No/FIN ..... GXXXX442X

Date Of Birth .....	15/03/1989
Occupation .....	Outdoor
Date Of Driving Pass .....	16/05/2018
Driving experience .....	3 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97238148
Alt. Phone Number .....	-
Email Address .....	MIGUEL@ZOOMOOV.COM
Address .....	BLK 445 ANG MO KIO AVE 10 #02-1649
Address complement .....	-
Postcode .....	560445
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### 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 .....	SJU9052L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	THASHALAN RAVEENDRAN
NRIC No .....	SXXXX828B
Contact Number .....	-
Address .....	-

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

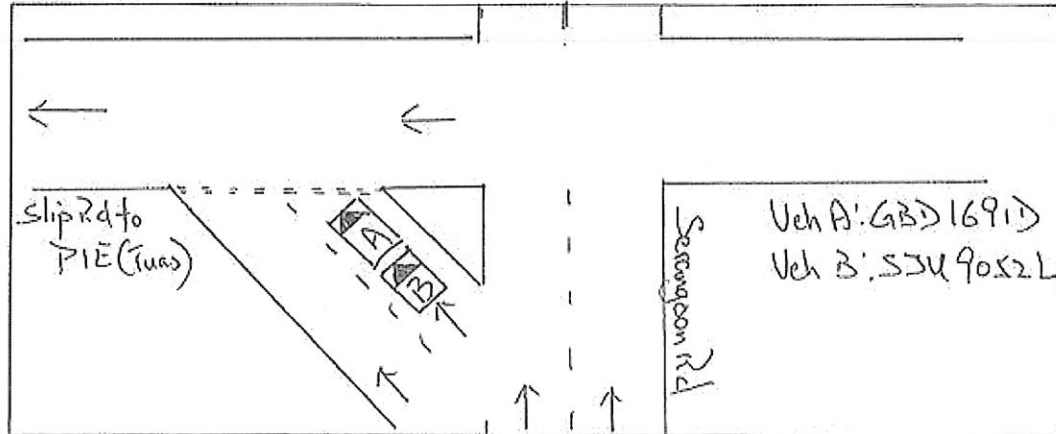
#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	RAVICHANDRAN VAIRAVARAJ
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK PAIN
Injured person in which vehicle? .....	GBD1691D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

Date of accident: 23/1/2022 Time: 12H45 Location: Serangoon Rd, slip rd to PIE (Tuas)  
 My Vehicle A: GBD 1691D Vehicle B: SJU 9052L Vehicle C:  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/1/2022 @ ard 12H45hrs, I was travelling along Serangoon Rd towards Upper Serangoon Rd. At the slip rd to PIE (Tuas), I stopped at the give-way line waiting for the main rd traffic to clear. While waiting, suddenly I felt a strong impact from the rear of my vehicle. I got out of my vehicle and realised that veh(B) SJU 9052L had collided into my vehicle rear portion.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Massiv Trading & Auto

Email address: massivetrading@gmail.com

& myself

Email address: Vairavaraj1989@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

ZOOVIOOV PTE. LTD.  
 (Company Registration No. 201332212E)

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

# SKETCH PLAN

## IMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

ZOOMOOV PTE. LTD.  
(Company Registration No. 201332427)

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

