

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/A1104-ACC-45786.22/sl (mc)
Your Ref : FBS 1371 Z
Date : 7 February 2022

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

Dear Sirs

RE: ACCIDENT INVOLVING SMX 3435 D / FBS 1371 Z ON 26/1/22 ALONG KALLANG AVE

We are instructed by **Drive Easy Rental Pte Ltd** to notify you of a road traffic accident on **26/1/22** at about **15:05 hours ALONG KALLANG AVE** involving our client's vehicle registration number **SMX 3435 D** and vehicle registration number **FBS 1371 Z** 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 3435 D** 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**

Yours faithfully,



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

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

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

SK0J221R0002-01 / K. KIM HIN AUTO PTE LTD
 ENTRY DATE & TIME: 27/01/2022 20:47 (SGT)
 SUBMITTED BY: Ng Meng Huat
 VERSION: 2 (28/01/2022 09:31 (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 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 20:47 (SGT)
 Date of Accident 26/01/2022 15:05 (SGT)
 Exact Location of Accident Singapore
 Additional Location Information KALLANG AVE
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX3435D

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner DRIVE EASY RENTAL PTE LTD
 Company Reg No 2XXXXX208G
 Email Address ADMIN@AEROGARAGE.COM.SG
 Mobile Phone No (Phone) +65-62669511
 Alternative Phone No (Office) +65-62669511

VEHICLE PARTICULARS

Manufacturer Honda
 Model Fit
 Variant -
 Exact purpose for which vehicle was being used at time of accident -
 Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
 Vehicle Category Private hire
 Transmission Auto
 CC 0

INSURANCE COMPANY

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

DRIVER

Name of Driver LIM KHENG HUAT
 NRIC No SXXXX0981

| | |
|--|---------------------------------------|
| Date Of Birth | 27/07/1963 |
| Occupation | Indoor |
| Date Of Driving Pass | 07/05/1994 |
| Driving experience | 27 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93852459 |
| Alt. Phone Number | - |
| Email Address | CHEKENA6613@GMAIL.COM |
| Address | BLK 618 JURONG WEST STREET 65 #12-434 |
| Address complement | - |
| Postcode | 640618 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | PASSENGER (GRAB) |
| 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

REFER SKETCH PLAN

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 | FBS1371Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |

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

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' 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.

Policyholder's Signature / Date & Time

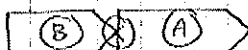
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PADANG JERINGAU

KALLANG AVE



A = SMX3435D
B = FBS1371Z

Describe Circumstances of the Accident

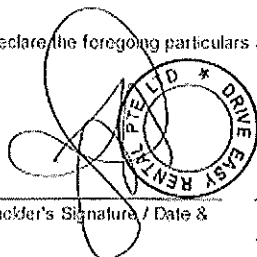
I have done my part on clarity of care while driving. However, got one of bicycle ~~at~~ suddenly come out. Once I brake the car, At the back FBS1371Z hit my car SMX3435D. Car roof is damaged due to accident.

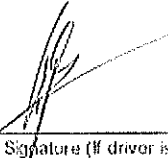
TP CLAIM: Other workshop

own veh: 2 person
TP veh: 1 person.

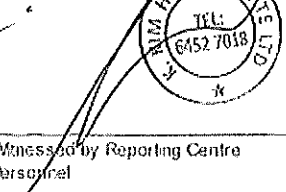
Declaration

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

27/1/2022
3:37


Witnessed by Reporting Centre Personnel

