

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/E479-ACC-45952.22/sl
Your Ref : SHD 4000 H
Date : 30 March 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 FAX 6880 5501 & BY EMAIL

Dear Sirs

RE: ACCIDENT INVOLVING SLS 1991 R / SHD 4000 H / (SLK 9697 E) ON 29/03/22 ALONG PIE TOWARDS TUAS BEFOR EXIT 17

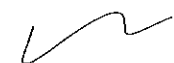
We are instructed by **Tan Zhao Hang Lester** to notify you of a road traffic accident on **29/03/22 at about 18:15 hours at ALONG PIE TOWARDS TUAS BEFOR EXIT 17** involving our client's vehicle registration number **SLS 1991 R** and vehicle registration number **SHD 4000 H** driven by you at the material 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 **SLS 1991 R** is now at the following workshop:-

Edwin Garage Automotive Pte Ltd
Blk 5032 Ang Mo Kio Industrial Park 2
#01-295
Singapore 569535
Contact: 9785 6612 Edwin

Yours faithfully,


M/s Teo Keng Siang LLC
Encs

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

Name of Surveyor:

Date of Survey:

Time of Survey:

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	30/03/2022 14:38 (SGT)
Date of Accident	29/03/2022 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TUAS B4 EXIT 17
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1991R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN ZHAO HANG LESTER
NRIC No	S9121145I
Email Address	lestertan91@gmail.com
Mobile Phone No	(Phone) +65-96836330
Alternative Phone No	+65-96836330

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	2000

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110179952100
Cover Note Number	-

DRIVER

Name of Driver	TAN ZHAO HANG LESTER
NRIC No	S9121145I

Date Of Birth	14/06/1991
Occupation	Indoor
Date Of Driving Pass	28/02/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96836330
Alt. Phone Number	+65-96836330
Email Address	lestertan91@gmail.com
Address	BLK 289 CHOA CHU KANG AVE 3
Address complement	#12-268
Postcode	680289
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	Chain Collision
Weather Conditions	Clear
Road Surface	SLIGHTLY WET

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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

I WAS ON LANE 1 ON PIE TWDS TUAS B4 EXIT 17.DUE TO THE TRAFFIC CONGESTED,VEH INFRT SLOWED DOWN AND I FOLLOWED SUIT.OUT OF A SUDDEN VEH B FROM BEHIND HIT ONTO MY REAR PORTION OF MY VEH.DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HOT ONTO THE REAR PORTION OF VEH C.

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	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4000H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHAN KUN TIONG

NRIC No	S2668604J
Contact Number	(Phone) +65-81113237
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK9697E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG ZHEN YANG
NRIC No	S9307520Z
Contact Number	(Phone) +65-93836296
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 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.

[Signature] 30/3/22 12:40pm
Policyholder's Signature / Date & Time

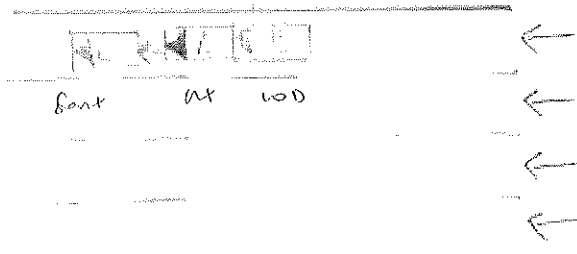
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 30/03/22
Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TURNS TURNS BY LEFT 17

A - SLS 1991R
SMD 4000H
7LK 9697E




Describe Circumstances of the Accident


I was on lane one on PIE towards Tuas near/before exit 17. Due to the traffic jam, vehicles in front slowed down and I followed suit. Out of a sudden SHD4000H slammed into the back of my vehicle despite having ample space between his vehicle and mine. ~~I couldn't brake~~ The impact lead to my vehicle hitting the one in front.

Declaration

(We declare the foregoing particulars are true in every respect.

 30/3/22 124pm
Policyholder's Signature / Date & Time

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

 30/03/22
Witnessed by Reporting Centre Personnel