

# 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/Y582-ACC-MISC.22/yl (mc)  
Your Ref : SDV 2833 L  
Date : 18 April 2022

Secretary in charge : Yen Leng

Tel: 6333 4222 (ext 63)

Fax: 6333 5676/6333 5688

Email: yenleng.phua@ksteoptr.com

To: **Sompo Insurance Singapore Pte Ltd**  
50 Raffles Place  
#03-03 Singapore Land Tower  
Singapore 048623  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE**

**BYEMAIL: [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)**  
**& PDX# 8174**

Dear Sirs

**RE: ACCIDENT INVOLVING SGS 11 K / SDV 2833 L ON 2/4/22 ALONG ORCHARD ROAD & SCOTTS ROAD**

We are instructed by **Chin Keok Lian** to notify you of a road traffic accident on **02/04/2022** at about **12:15** hours **ALONG ORCHARD ROAD & SCOTTS ROAD** involving our client's vehicle registration number **SGS 11 K** and vehicle registration number **SDV 2833 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 **SGS 11 K** is now at the following workshop:-

**Y2K AUDIO DESIGN**

Block 160 Sin Ming Drive  
#06-13 Sin Ming Auto City  
Singapore 575722

Person I/C : Mr C.F. Lee  
Contact : 6348 0060 / 9637 7738

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

Name of Surveyor:

Date of Survey:

Time of Survey:

Yours faithfully,

  
**Teo Keng Siang LLC**  
cc. Clients

## 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 ..... 05/04/2022 10:38 (SGT)  
Date of Accident ..... 02/04/2022 12:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... orchard rd and scotts rd  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGS11K

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHIN KEOK LIAN  
NRIC No ..... S0206945H  
Email Address ..... CHIN.JENNY@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-97354221  
Alternative Phone No ..... +65-97354221

#### VEHICLE PARTICULARS

Manufacturer ..... Porsche  
Model ..... Cayenne  
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 car  
Transmission ..... Auto  
CC ..... 2687

#### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SP2000782984  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHIN KEOK LIAN  
NRIC No ..... S0206945H

Date Of Birth .....	25/06/1954
Occupation .....	Indoor
Date Of Driving Pass .....	28/08/1974
Driving experience .....	47 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97354221
Alt. Phone Number .....	+65-97354221
Email Address .....	CHIN.JENNY@HOTMAIL.COM
Address .....	56 FULTON RD
Address complement .....	-
Postcode .....	578939
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 .....	Side Swipe
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) .....	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 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 .....	SDV2833L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	1

**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

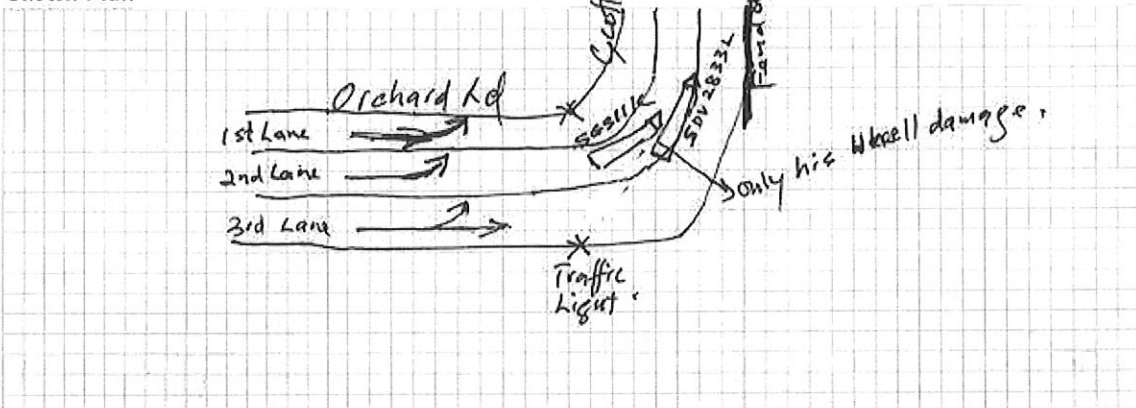
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

  
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

On 2/4/22, at above 12.15pm, I was driving along Orchard Road and turning into Scotts Road. I was on the second (100%) turning lane and while turning SDV 2833L was on the third turning lane.

While I was turning, SDV 2833L also turn but was rushing and cut into my lane and knock into my front right side of my car, damaging the signal light and side (right) panel.

He stop/hesitate a few seconds and drove off. I start to chase him till the next traffic light junction (stopped because of red light). I confronted him.

Aggressive man and ask me to report and drove off without give me his driving licence and contact number, etc.

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Witnessed by \_\_\_\_\_  
Personnel