

# 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-46169.22/sf (mc)  
Your Ref : QX 501 T  
Date : 2 June 2022

**Secretary in charge: Janice**

Tel : 6333 4222 (ext 62)  
Fax : 6333 5676 / 6333 5688  
Email : janice.kee@ksteoptr.com

**To: Attorney – General ‘s Chambers**  
1 Upper Pickering Street  
Singapore 058288  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE**  
**BY PDX #8855**

**Cc: Singapore Police Force (Owner)**  
28 Irrawaddy Road  
New Phoenix Park  
Singapore 329560

**BY POST**

Dear Sirs

**RE: ACCIDENT INVOLVING SKT 4266 M / QX 501 T ON 31/5/22 ALONG CTE TOWARDS AYE AFTER BRADDELL EXIT**

We are instructed by **Lee Cheng Hai** to notify you of a road traffic accident on **31/5/22** at about **09:15 hours** at **ALONG CTE TOWARDS AYE AFTER BRADDELL EXIT** involving our client's vehicle registration number **SKT 4266 M** and vehicle registration number **QX 501 T** 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 **SKT 4266 M** 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	31/05/2022 13:42 (SGT)
Date of Accident	31/05/2022 09:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS AYE AFTER BRADDELL EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT4266M
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHENG HAI
NRIC No	SXXXX350G
Email Address	CHLEE0414@GMAIL.COM
Mobile Phone No	(Phone) +65-98009796
Alternative Phone No	+65-98009796

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Mobilio
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	5105586404-03
Cover Note Number	5105586404-03

#### DRIVER

Name of Driver	LEE CHENG HAI
NRIC No	SXXXX350G



Date Of Birth .....	14/04/1958
Occupation .....	Outdoor
Date Of Driving Pass .....	03/11/1976
Driving experience .....	45 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98009796
Alt. Phone Number .....	+65-98009796
Email Address .....	CHLEE0414@GMAIL.COM
Address .....	APT BLK 866 TAMPINES ST 83
Address complement .....	#05-221
Postcode .....	520866
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 .....	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 .....	UNKNOWN
Gender .....	Female

#### 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 31/05/2022 @ARDE 0915HRS , I WAS TRAVELLING ALONG CTE TOWARDS AYE. JUST AFTER BRADDELL RD EXIT,I WAS DRIVING AT A VERY SLOW SPEED DUE TO HEAVY TRAFFIC. SUDDENLY , I FELT AN IMPACT FROM THE REAR OF MY VEHICL4E. I GOT OUT OF MY VEHICLE AND REALISED A POLICE VEHICLE 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 .....	QX501T
Vehicle Manufacturer .....	-




Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
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) .....	-

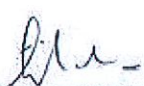


SKETCH PLAN

IMPORTANT NOTICE

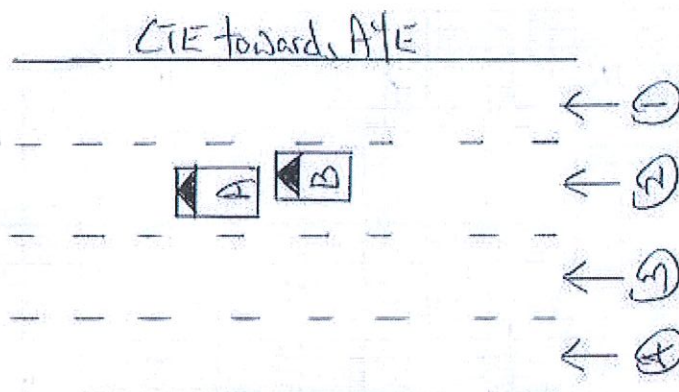
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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



Veh A: SKT 4266m  
Veh B: QX 501T



Describe Circumstances of the Accident

On 31/5/2022 @ ard 0915 hrs, I was travelling along CIE towards A/E. Just after Braddell rd exit, I was driving at a very slow speed due to heavy traffic. Suddenly, I felt an impact from the rear of my vehicle. I got out of my vehicle and realised a police vehicle had collided into my vehicle rear portion.

Please Tick :

- ☐ I Claim OD/TP at SU Brothers
- ☒ I Claim OD/TP at Other Workshop
- ☐ Reporting Only

Declaration

Name of W/Shop  
Email Address

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

