

# 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-46322.22/sl (mc)  
Your Ref : SHA 8751 M  
Date : 25 July 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**

Cc: **CityCab Pte Ltd (Owner)**  
**Tan Kok Tai (Driver)**  
C/o 383 Sin Ming Drive  
Gas Building  
Singapore 575717

**BY POST**

Dear Sirs

**RE: ACCIDENT INVOLVING SLK 8085 C / SHA 8751 M ON 24/7/22 ALONG ANG MO KIO AVE 4 BEFORE ANG MO KIO ST 13**

We are instructed by **226 Eating House Pte Ltd** to notify you of a road traffic accident on **24/7/22 at about 09:50 hours at ALONG ANG MO KIO AVE 4 BEFORE ANG MO KIO ST 13** involving our client's vehicle registration number **SLK 8085 C** and vehicle registration number **SHA 8751 M** 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 **SLK 8085 C** 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	24/07/2022 11:39 (SGT)
Reported by	Driver
Date of Accident	24/07/2022 09:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ANG MO KIO AVENUE 4 BEFORE ANG MO KIO STREET 13
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8085C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	226 EATING HOUSE PTE LTD
Company Reg No	201012239Z
Email Address	CHIAHONGQUAN@GMAIL.COM
Mobile Phone No	(Phone) +65-98518085
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	Private car
Transmission	Auto
CC	2400

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5124449640

#### DRIVER

Name of Driver	CHIA HONG QUAN
NRIC No	S9327970J
Date Of Birth	08/08/1993

Occupation .....	Indoor
Date Of Driving Pass .....	23/08/2018
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98518085
Alt. Phone Number .....	-
Email Address .....	CHIAHONGQUAN@GMAIL.COM
Address .....	BLK 513D YISHUN STREET 51 #09-337
Address complement .....	-
Postcode .....	764513
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 - Major/Minor Rd
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	CALEB CHIA
Gender .....	Male

#### PASSENGER 2

Name .....	SIM HEE GOON
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

I WAS TRAVELLING STRAIGHT AT THE SAID LOCATION WHEN SUDDENLY A TAXI CAME OUT FROM THE CARPARK AND COLLIDED ONTO MY FRONT LEFT PORTION. NO INJURIES SUSTAINED & WE TOOK PHOTOS & EXCHANGE PARTICULARS BEFORE MOVING OFF.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA8751M
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	Yellow
Vehicle Category .....	Taxi
Name of Driver .....	TAN KOK TAI
NRIC No .....	S1273435B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

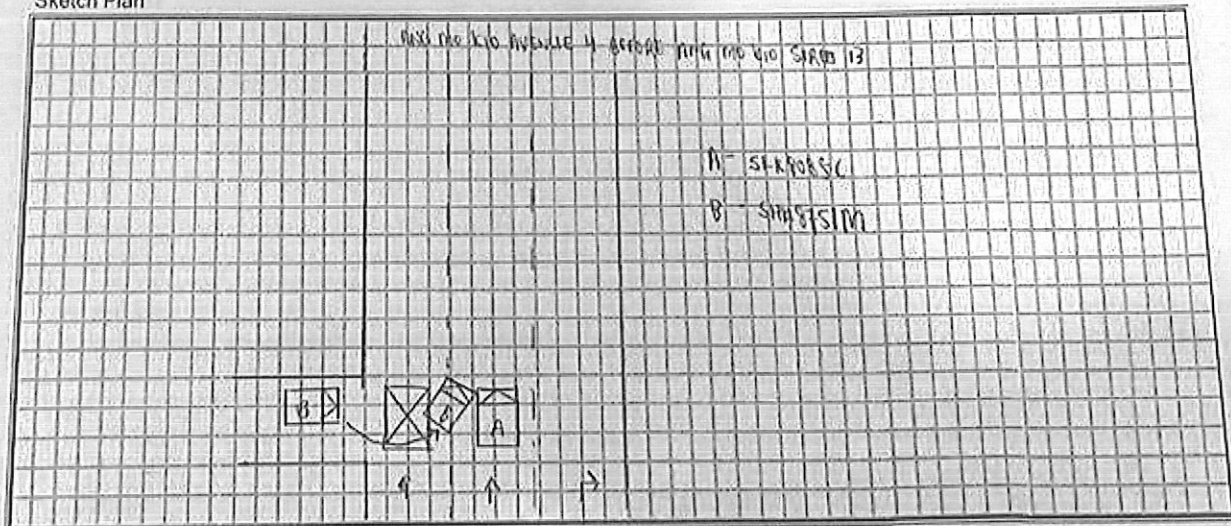
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

226 EATING HOUSE PTE LTD  
Business Reg No: 201012239Z  
BLK 226F ANG MO KIO AVENUE 1  
#01-697 KEBUN BARTU MALL  
SINGAPORE 566226

Driver's Signature (if driver is not the policyholder) / Date  
24/07/2021

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**





Describe Circumstance of the Accident

Refer to sketch

**Declaration**

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

**226 EATING HOUSE PTE LTD**

Business Reg No: 201012239Z

BLK 226F ANG MO KIO AVENUE 1

#01-697 KEBUN BARU MALL

SINGAPORE 660226

Policyholder's Name & Address

Driver's Signature (if driver is not the policyholder) / Date

& Time 24/07/2012

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)