

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #23-01 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-46553.22/sf (mc)
Your Ref : YJ 5355 U
Date : 27 September 2022

Secretary in charge: Janice
Tel : 6333 4222 (ext 62)
Fax : 6333 5676 / 6333 5688
Email : janice.kee@ksteopr.com

To: **China Taiping Insurance (Singapore) Pte Ltd**
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY FAX 6224 7175 & BY EMAIL

Dear Sirs

RE: ACCIDENT INVOLVING GBL 9475 S / YJ 5355 U ON 23/9/22 ALONG BLK 8 MARSILING IND ESTATE ROAD 3

We are instructed by **Legacy Logistic Services** to notify you of a road traffic accident **23/9/22** at about **13:20 hours** at **ALONG BLK 8 MARSILING IND ESTATE ROAD 3** involving our client's vehicle registration number **GBL 9475 S** and vehicle registration number **YJ 5355 U** 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 **GBL 9475 S** 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 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 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	24/09/2022 15:18 (SGT)
Reported by	Driver
Date of Accident	23/09/2022 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 8 MARSILING IND ESTATE RD 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL9475S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEGACY LOGISTIC SERVICES
Company Reg No	5XXXX302A
Email Address	towbro264@yahoo.com
Mobile Phone No	(Phone) +65-90608860
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	SPRINTER 316CDI 3665 4X4 VAN
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	Commercial vehicle
Transmission	Manual
CC	2143

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCHHQ22-000114

DRIVER

Name of Driver	SHANKER S/O BALASUBRAMANIAM
NRIC No	SXXXX037G
Date Of Birth	30/07/1977
Occupation	Indoor

Date Of Driving Pass	06/01/2020
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90608860
Alt. Phone Number	-
Email Address	towbro264@yahoo.com
Address	BLK 26 MARSILING DR #03-221
Address complement	-
Postcode	730026
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SPOUSE OF OWNER
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	Hit and run / Vandalism / Damaged whilst parked
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 TO ATTACHED.

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	YJ5355U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97203785

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

VEH NO GRL 9475S
INSURER EQ
DATE OF ACC 23/09/22 1:20 PM

IMPORTANT NOTICE

- 1. Please report to the police the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and the Accidental 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 submission 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.

6. 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 be 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 insurers 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/mailed 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 be 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.

Legacy Logistic Services
53121302A

[Signature] 24/9/22

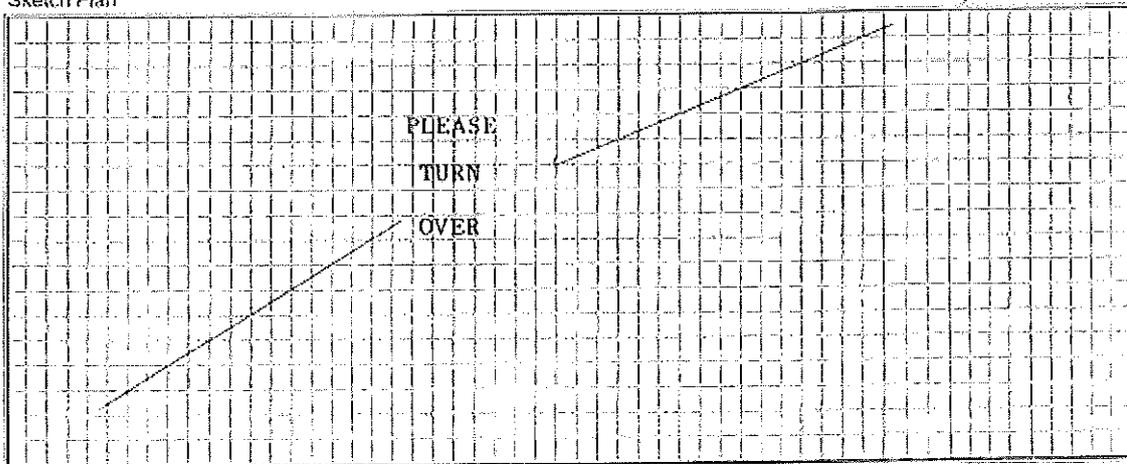
[Signature] 24/9/22
(WJ)

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 30 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only
 () Claim OD at other workshop ()

Sketch Plan:

BIK 8 MARSLING INDUSTRIAL ESTATE RD 3	
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On 23/09/22 AT APPROXIMATELY 1320HRS, I SHANKER DRIVING GBL9475S STOPPED AT MARSLING INDUSTRIAL ESTATE RD 3. A TOW TRUCK YT5355U WAS TOWING A LORRY YM7618H AND MAKING A LEFT TURN AS THE TRUCK YT5355U TURNED, THE TRUCK YM7618H ON TOW SWING OUT TO THE SIDE AND HIT MY VEHICLE GBL9475S.

Declaration

We declare the foregoing particulars are true in every respect.

Legacy Logistic Services
 53121302A

Policyholder's Signature (Date & Time)

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

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

[Signature] 24/9/22

[Signature] 24/9/22
 (WL)