

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

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Email: KSTEOCO@singnet.com.sg
(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/M492-ACC-46602.22/sf (mc)
Your Ref : **GBC 3320 S**
Date : 10 October 2022

Secretary in charge: Janice

Tel : 6333 4222 (ext 62)
Fax : 6333 5676 / 6333 5688
Email : janice.kee@ksteoptr.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 SLX 7124 L / GBC 3320 S ON 7/10/22 ALONG COLEMAN ST TOWARDS HILL ST

We are instructed by **Chew Wee Tiong** to notify you of a road traffic accident **7/10/22** at about **18:30 hours** at **ALONG COLEMAN ST TOWARDS HILL ST** involving our client's vehicle registration number **SLX 7124 L** and vehicle registration number **GBC 3320 S** 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 **SLX 7124 L** 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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08/10/2022 (dd/mm/yy) Time of Accident: 18:30 (24-HR FORMAT)
 Vehicle No.: SIX 7124 L Vehicle Make & Model: Toyota Allion Private Hire (Y/N) (Y)
 Exact location of Accident: Coleman St towards Hill St
 Policyholder's Name / IC No.: Chew Wee Tiong 5177642X Z
 Driver's Name / IC No.: As above (As Above) ☐
 Driver's Contact No.: 97980753 Company Contact No (Company Veh Only): _____
 Driver's Address: Blk 368 Tampines St 34 #07-53 S(520368)
 Email address: tiong6948@gmail.com Insurance Company: Wtuc

Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Owner ☐ Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 01

*Passenger Name: _____

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No

Any Injuries? ☒ Yes / ☐ No (If YES) Injured Person's Name: Chew Wee Tiong

Injuries Sustain: Neck & Back

Injured Person in Which Vehicle: SIX 7124 L

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBL 3320 S

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

VEH CATEGORY

PRIVATE

PRIVATE-HIRE

COMMERCIAL