

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 : TKS/A1104-ACC-46831.22/sl (mc)
Your Ref : SHC 7614 Y
Date : 14 December 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 EMAIL

Cc: **CityCab Pte Ltd (Owner)**
383 Sin Ming Drive
Gas Building
Singapore 575717

BY POST

Dear Sirs

RE: ACCIDENT INVOLVING SND 9833 S / SHC 7614 Y ON 9/12/22 ALONG JUNCTION OF BUANGKOK EAST DRIVE TOWARDS BUANGKOK DRIVE

We are instructed by **Zoontrade Pte Ltd** to notify you of a road traffic accident on **9/12/22** at about **00:10 hours** **ALONG JUNCTION OF BUANGKOK EAST DRIVE TOWARDS BUANGKOK DRIVE** involving our client's vehicle registration number **SND 9833 S** and vehicle registration number **SHC 7614 Y** 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 **SND 9833 S** is now at the following workshop:-

Heng Yap Seng Auto Services
160 Sin Ming Drive Sin Ming Autocity #08-13
Singapore 575722
Person I/C : Beng
Contact : **9183 3008**

Yours faithfully,



M/s Teo Keng Siang LLC
Encs (By Email)

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)

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

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

SF0F22CA0002 / FALCON-AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 10/12/2022 10:14 (SGT)
SUBMITTED BY: Florence Loh
VERSION: 1 (10/12/2022 10:14 (SGT))

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	10/12/2022 10:14 (SGT)
Reported by	Driver
Date of Accident	09/12/2022 00:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION AT BUANGKOK EAST DRIVE GOING TOWARDS BUANGKOK DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND9833S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ZOOMTRADE PTE LTD
Company Reg No	2XXXXX589E
Email Address	leonard@cosmoautomobiles.com.sg
Mobile Phone No	(Phone) +65-83337808
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	NOAH HYBRID 1.8 XCVT
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 hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003171019

DRIVER

Name of Driver	CHUA TZE BOON
Passport No/FIN	SXXXX987D
Date Of Birth	28/04/1978

Occupation	Outdoor
Date Of Driving Pass	19/12/1998
Driving experience	24 YEARS
Gender	Male
Mobile Number	(Phone) +65-97224477
Alt. Phone Number	-
Email Address	vinsmail78@gmail.com
Address	BLK 466B SEMBAWANG DRIVE #11-331
Address complement	-
Postcode	752466
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	4
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	GRAB PASSENGER
Gender	Male

PASSENGER 2

Name	GRAB PASSENGER
Gender	Male

PASSENGER 3

Name	GRAB PASSENGER
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

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7614Y
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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 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.

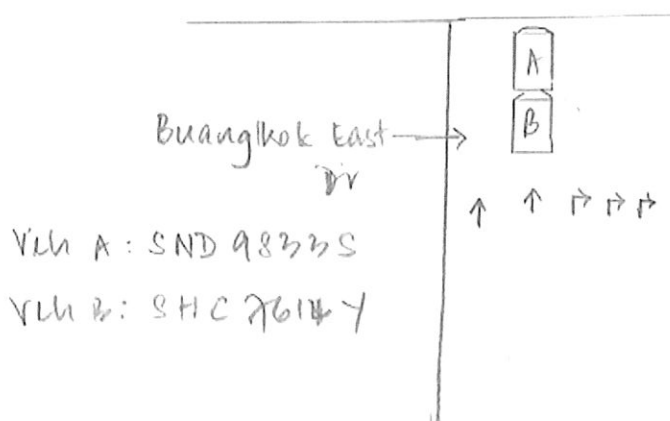

Policyholder's Signature / Date & Time


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


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

Sketch Plan

twos Buangkok Drive



Describe Circumstance of the Accident

DOA: 09/12/22, 00:10 along traffic light junction
at Bangkok East Drive going towards Bangkok
Drive.

I came to a stop at the traffic light junction
as traffic light turn red.

While waiting and stationary, all of a sudden
I felt an impact from my veh rear and realised
veh B had hit into my veh rear.

Nobody injured.

4 pax - grab passenger - 2M, 1F clean/dry.

Declaration

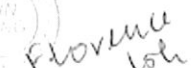
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time




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




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