

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/A818-ACC-46910.23/sl (mc)
Your Ref : SLB 1263 Z
Date : 5 January 2023

Secretary in charge: Shirley
Tel : 6333 4222 (ext 59)
Fax : 6333 5676 / 6333 5688
Email : shirley.loh@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 FBT 15 D / SLB 1263 Z ON 1/1/23 ALONG NEW LOYANG LINK TOWARDS PASIR RIS DR 3

We are instructed by **Lim Chen Kai** to notify you of a road traffic accident on **1/1/23 at about 01:50 hours at ALONG NEW LOYANG LINK TOWARDS PASIR RIS DR 3** involving our client's vehicle registration number **FBT 15 D** and vehicle registration number **SLB 1263 Z** 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 **FBT 15 D** is now at the following workshop:-

ADVANCE REPUBLIC MOTOR PTE LTD
68 Kaki Bukit Avenue 6
#04-06, Ark@KB
Singapore 417896
Person I/C : Jimmy
Contact : 6384 4888 / 9450 9220

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Yours faithfully,



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

SN072313000N / Income Insurance Limited
 ENTRY DATE & TIME: 03/01/2023 14:47 (SGT)
 SUBMITTED BY: Tien Toh Kiat Henry
 VERSION: 1 (03/01/2023 14:47 (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	03/01/2023 14:47 (SGT)
Reported by	Both
Date of Accident	01/01/2023 01:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEW LOYANG LINK TOWARDS PASIR RIS DR 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT15D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHEN KAI
NRIC No	S8847179B
Email Address	KAI23V@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96641416
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T155
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	Motorcycle
Transmission	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125657753

DRIVER

Name of Driver	LIM CHEN KAI
NRIC No	S8847179B
Date Of Birth	27/11/1988
Occupation	Outdoor



Date Of Driving Pass	28/10/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96641416
Alt. Phone Number	-
Email Address	KAI23V@HOTMAIL.COM
Address	BLK 601B TAMPINES AVENUE 9 #12-818
Address complement	-
Postcode	522601
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 - Cross Junction
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

I WAS GOING STRAIGHT. THE TRAFFIC LIGHT WAS GREEN. VEHICLE B ON THE OPPOSITE DIRECTION MAKE A RIGHT TURN AND HIS FRONT COLLIDED INTO MY FRONT.

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	SLB1263Z
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	HO LI XIONG JEREMY

NRIC No	S8125338B
Contact Number	(Phone) +65-98559029
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.



03/01/2023 1440HRS



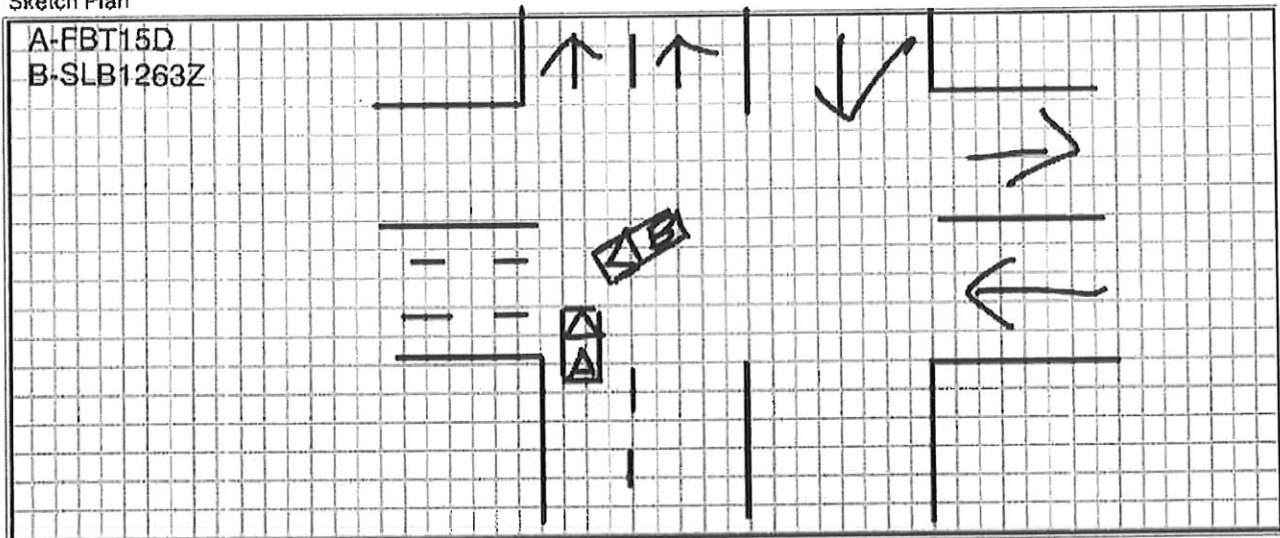
TEN TOH KIAT HENRY

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



2 of 2

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



03/01/2023 1440HRS

Policyholder's Signature / Date & Time

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



TIEN TOH KIAT HENRY

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

2