张景祥大律師樓
(律师兼公证及宣誓官)

# Teo Keng Siang LLC

**Advocates & Solicitors • Notary Public • Commissioner For Oaths**

111 North Bridge Road #23-01 Peninsula Plaza Singapore 179098 Tel: 6333 4222 Fax: 6333 5676 / 5688
ROC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@singnet.com.sg
(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKS/A1104-ACC-46968.23/sl (mc)
Your Ref : SHA 2405 C
Date : 19 January 2023

**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**

Dear Sirs

**RE: ACCIDENT INVOLVING SMV 9577 Z / SHA 2405 C ON 14/1/23 ALONG NORTH BRIDGE ROAD**

We are instructed by **Zoontrade Pte Ltd** to notify you of a road traffic accident on **14/1/23** at about **19:40 hours ALONG NORTH BRIDGE ROAD** involving our client's vehicle registration number **SMV 9577 Z** and vehicle registration number **SHA 2405 C** 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 **SMV 9577 Z** 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**

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

_____
Signature

Yours faithfully,

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

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

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

A1104

SF0F231G0002 / FALCON-AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 16/01/2023 16:21 (SGT)
SUBMITTED BY: Jacqueline Ng
VERSION: 1 (16/01/2023 16:21 (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 witholding 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 | 16/01/2023 16:21 (SGT) |
| Reported by | Both |
| Date of Accident | 14/01/2023 19:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | NORTH BRIDGE ROAD |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SMV9577Z |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | Yes |
| Name Of Registered Owner | ZOOMTRADE PTE LTD |
| Company Reg No | 202029589E |
| Email Address | LEONARD@COSMOAUTOMOBILES.COM.SG |
| Mobile Phone No | (Phone) +65-83337808 |
| Alternative Phone No | - |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Toyota |
| Model | Voxy |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 2000 |

### INSURANCE COMPANY

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

### DRIVER

| | |
|---|---|
| Name of Driver | LIM HAN JIANG ERIC |
| NRIC No | S8608153I |
| Date Of Birth | 04/03/1986 |
| Occupation | Outdoor |

| | |
|---|---|
| Date Of Driving Pass | 03/01/2009 |
| Driving experience | 14 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-96440413 |
| Alt. Phone Number | - |
| Email Address | LEONARD@COSMOAUTOMOBILES.COM.SG |
| Address | BLK 624 JURONG WEST ST 61 #13-131 |
| Address complement | - |
| Postcode | 640624 |
| 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 - Change/cross lane |
| 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) | 6 |
| 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 | PASSENGER |
| Gender | Female |

PASSENGER 2

| | |
|---|---|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 3

| | |
|---|---|
| Name | PASSENGER |
| Gender | Male |

PASSENGER 4

| | |
|---|---|
| Name | PASSENGER |
| Gender | Male |

PASSENGER 5

| | |
|---|---|
| Name | PASSENGER |
| Gender | Male |

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 SKETCH PLAN

REPAIR AT OWNER'S WORKSHOP

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 | SHA2405C |
| 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 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. The 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.
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.

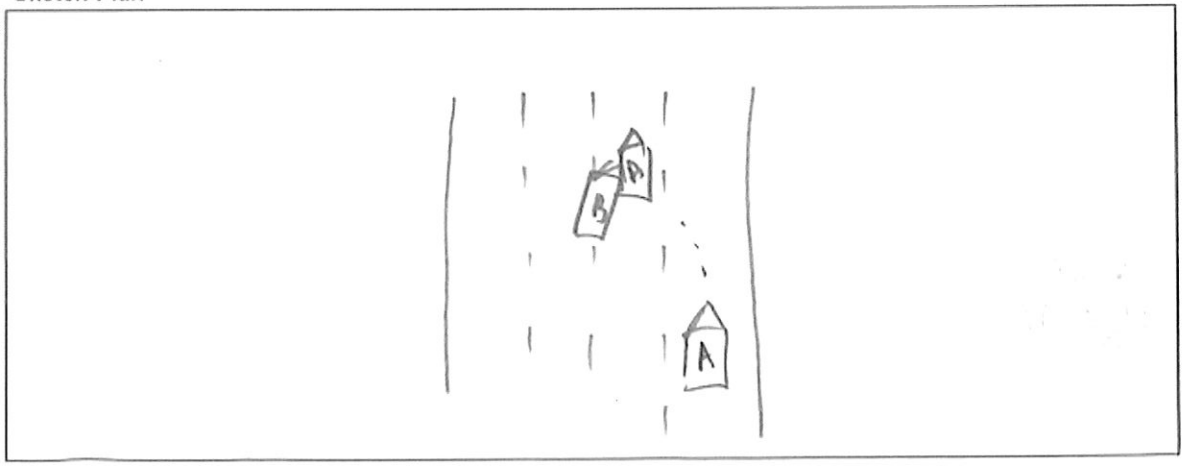
(collectively the "**Purposes**")

(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 | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
|---|---|---|

**Sketch Plan**



SKETCH PLAN #2

**Describe Circumstances of the Accident**

The time of accident start at 7.45pm not raining. ~~Area at~~ Accident happen 286 Worth Bridge Road. I was drving at the ~~4 lane~~ 4 lane going to the 3 lane wife with signal light on a stationery comfort taxi at 4 2 lane try to cut to 3 lane accident hit my car.

**Declaration**

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

ZOOMTRADE PTE LTD

FALCON AIR AUTO SERVICES PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel