

# 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/E479-ACC-46986.23/sl (mc)  
Your Ref : SHC 8432 Z  
Date : 30 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 FAX 6880 5501 & BY EMAIL**

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

**BY POST**

Dear Sirs

**RE: ACCIDENT INVOLVING SKG 2471 T / SHC 8432 Z ON 26/1/23 ALONG BKE TOWARDS WOODLANDS AVE 12**


We are instructed by **Teo Kim Lye** to notify you of a road traffic accident on **26/1/23 at about 13:44 hours at ALONG BKE TOWARDS WOODLANDS AVE 12** involving our client's vehicle registration number **SKG 2471 T** and vehicle registration number **SHC 8432 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 **SKG 2471 T** is now at the following workshop:-

Edwin Garage Automotive Pte Ltd  
Blk 5032 Ang Mo Kio Industrial Park 2  
#01-295  
Singapore 569535  
Contact: 9785 6612 Edwin

Yours faithfully,

  
**M/s Teo Keng Siang LLC**  
Encs

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

Name of Surveyor:

Date of Survey:

Time of Survey:

## 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	27/01/2023 13:04 (SGT)
Reported by	Both
Date of Accident	26/01/2023 13:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOWARD WOODLANDS AVE 12
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2471T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO KIM LYE
NRIC No	S1677692J
Email Address	teokimlye@gmail.com
Mobile Phone No	(Phone) +65-92729678
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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 car
Transmission	Auto
CC	2362

#### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10549895R01

#### DRIVER

Name of Driver	TEO KIM LYE
NRIC No	S1677692J
Date Of Birth	16/01/1964
Occupation	Indoor

Date Of Driving Pass	30/11/1999
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92729678
Alt. Phone Number	-
Email Address	teokimlye@gmail.com
Address	BLK 608 WOODLANDS RING ROAD #11-243
Address complement	-
Postcode	730608
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 - 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)	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 SKETCH PLAN

#### 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	SHC8432Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-90089846

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

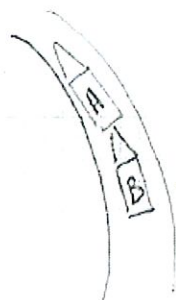
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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.

 27/1/23  
Policyholder's Signature / Date & Time  
11.30 am

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

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

Sketch Plan



Woodland Ave 12


A: SKG2471T 1  
B: SHC8A52Z

**Describe Circumstance of the Accident**

When exiting from BKE to Woodlands Ave 12, I was about to heading to the traffic light. Suddenly the front car was breaking at a almost stop, I then do an emergency break. ~~The~~ My car was almost hitting the front car, then I felt a sudden hit on my back of my car. The front car didn't stop and drive away. Anyway, I didn't hit on the front car.

**Declaration**

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

 27/1/23

Policyholder's Signature / Date & Time

11-30am

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



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