

张景祥大律師樓  
(律師兼公証及宣誓官)

# Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #23-01 Peninsula Plaza Singapore 179098  
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/A343-ACC-47355.23/sl (mc)  
Your Ref : SH 8028 B  
Date : 15 May 2023

**Secretary in charge: Shirley**  
Tel : 6333 4222 (ext 59)  
Fax : 6333 5676 / 6333 5688  
Email : shirley.loh@ksteoptr.com

To: **HSBC Life (Singapore) Pte Ltd**  
Robinson Road P.O. Box 1094  
Singapore 902144  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE**  
**BY EMAIL**

Dear Sirs

**RE: ACCIDENT INVOLVING SNB 4512 L / SH 8028 B ON 11/5/23 ALONG TELOK BLANGAH ROAD BEFORE HENDERSON ROAD JUNCTION**

We are instructed by **Lay Auto Leasing Pte Ltd** to notify you of a road traffic accident on **11/5/23** at about **19:11 hours ALONG TELOK BLANGAH ROAD BEFORE HENDERSON ROAD JUNCTION** involving our client's vehicle registration number **SNB 4512 L** and vehicle registration number **SH 8028 B** 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 **SNB 4512 L** is now at the following workshop:-

**LAY AUTO GARAGE**  
48 Toh Guan Road  
#02-104 Enterprise Hub  
Singapore 608586  
Contact Person: Ms Fiona 8797 3443

Yours faithfully,



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

\*\*Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

\_\_\_\_\_  
Signature

 **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 .....	13/05/2023 14:27 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	11/05/2023 19:11 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG TELOK BLANGAH ROAD BEFORE HENDERSON ROAD JUNCTION.
Country/State of Loss .....	Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number .....	SNB4512L
INSURED/POLICYHOLDER	
Is company? .....	Yes
Name Of Registered Owner .....	LAY AUTO LEASING PTE LTD
Company Reg No .....	201310521C
Email Address .....	Fiona@layauto.com
Mobile Phone No .....	(Phone) +65-87973443
Alternative Phone No .....	-

VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	C-hr
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 .....	1800

INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5126325143-01

DRIVER

Name of Driver .....	WANG KE
NRIC No .....	S8778115A
Date Of Birth .....	02/06/1987

Occupation .....	Indoor
Date Of Driving Pass .....	30/03/2012
Driving experience .....	11 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97596136
Alt. Phone Number .....	-
Email Address .....	Fiona@layauto.com
Address .....	BLK 3 BUKIT BATOK ST 25 #06-09
Address complement .....	-
Postcode .....	658881
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) .....	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 .....	SH8028B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	TAN WEI MENG

NRIC No ..... S7531183D  
Contact Number ..... (Phone) +65-81138080  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 3

PASSENGER 1

Name ..... UNKNOWN  
Gender ..... -

PASSENGER 2

Name ..... UNKNOWN  
Gender ..... -

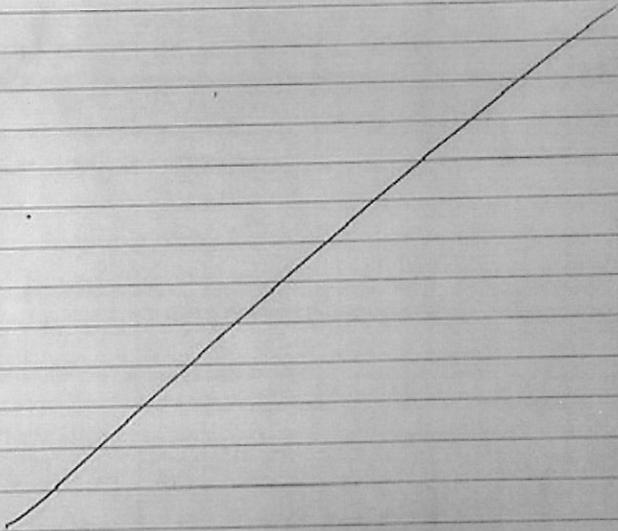
Describe Circumstance of the Accident

On the 11/5/2023 at about 7.11pm, I was driving car SNB4512L along Telok Blayah road. Traffic was heavy. I was on lane 4 out of the 5 lane road.

At one point, I came to a stop as the car ~~that~~ which was on lane 3, wanted to make a lane change to the left. So I stopped my car to give way to the said car. While my car SNB4512L was on stationary mode, suddenly this taxi SH8028B which was making a lane change at the rear, hit the rear part of my car SNB4512L.

So, the taxi SH8028B front side left, hit the rear right side of my car SNB4512L while ~~def.~~ making the lane change. I was not moving and was on stationary mode.

There were no injuries. That is all.



Declaration

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



*[Signature]*

13/5/2023  
e 1420ms

*[Signature]* Muhammad Nizar  
B. Aziz

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)

594388

**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 willful 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.



*[Handwritten Signature]*

13/5/2023  
214306

*[Handwritten Signature]* Muhammad Nizam  
B. U. A. I. M.

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) 5993777

**Sketch Plan**

