

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/A343-ACC-47448.23/sl
Your Ref : SH 8694 C
Date : 7 June 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 SLJ 4635 Y / SH 8694 C / (FBE 7888 J) ON 06/06/23 ALONG PIE TOWARDS CHANGI (ALONG BUKIT TIMAH HIGHWAY)

We are instructed by **La Rentals Pte Ltd** to notify you of a road traffic accident on **06/06/23** at about **12:45 hours ALONG PIE TOWARDS CHANGI (ALONG BUKIT TIMAH HIGHWAY)** involving our client's vehicle registration number **SLJ 4635 Y** and vehicle registration number **SH 8694 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 **SLJ 4635 Y** 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	07/06/2023 12:49 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2023 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI (ALONG BUKIT TIMAH HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4635Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LA RENTALS PTE LTD
Company Reg No	201838059Z
Email Address	FIONA@LAYAUTO.COM
Mobile Phone No	(Phone) +65-87973443
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120184988-02

DRIVER

Name of Driver	A RAMESH
NRIC No	S7524464I
Date Of Birth	29/07/1975
Occupation	Outdoor

Date Of Driving Pass	19/08/2008
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87811975
Alt. Phone Number	-
Email Address	JACHINRAMESH@GMAIL.COM
Address	226 SERANGOON AVENUE 4 #03-145
Address complement	-
Postcode	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SH8694C
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	A RAMESH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	47
Injuries Sustained	LOWER BACK SPRAIN LEFT ARM CONTUSION
Injured person in which vehicle?	SLJ4635Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

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 Name & Use A Time

[Signature]

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

07/06/2022

[Signature]

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

MOHAMMAD EIDHMAN and MOHAMMAD SULAIMAN

Sketch Plan

A-SLJ48354
B-SH869AL

PIE TOWARDS
CHANG (ALONG BUKIT TIMAH HIGHWAY)

1

PETER M. GARDNER

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

07/06/2023

MOHAMMAD RIHAN
BIN MOHAMMAD RIHAN


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



1750230607/0008

1 of 4

Report No: 1750230607/0008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
07/08/2023 11:18

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: A RAMESH		Address: 226 SERANGOON AVENUE 4 #03-145 SINGAPORE 550226	
ID Type / ID No.:	NRIC NO / 875244641	Contact No.:	Home/Office: Mobile: 87511975
Nationality: SINGAPORE CITIZEN		Email: JACHINRAMESH@GMAIL.COM	
Sex:	Male	Age:	47
Date of Birth:	29/07/1975	Type of Informant:	Driver
Race:	Indian	Language:	English
Occupation:	Grab Car Driver	Driving Licence Information:	Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive:	No	Date/Time of Accident:	06/08/2023 12:45	Type of Location:	PIE Expressway
Location: PIE towards Changi (along Bukit Timah Highway)							
Weather: Cloudy		Road Surface: Dry					
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate			
Type of Collision: Between Moving Vehicles - Head To Rear						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of
FBE7888J	Motorcycle	SUZUKI				0
SH8894C	Car	HYUNDAI				0
SLJ4635Y	Car					0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



170233060117006

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Report No: 170233060117006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	A RAMESH	ID No.	575244641
Related Vehicle	SLJ4635Y (Car)	Contact No.	87811975
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	RAHAIZAD	ID No.	NIL
Related Vehicle	NIL	Contact No.	96448570
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	TAI GEOK ENG	ID No.	NIL
Related Vehicle	NIL	Contact No.	96957896
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 06/06/23 at about 1245 hrs I was driving along PIE Expressway towards Changi carrying one passenger in my grab car. As I was driving along Bukit Timah highway I was in the extreme right lane of the expressway and I was travelling at about 80km. One motorbike travelling in front of me suddenly jam stopped his motorbike, as I was travelling at 80km I had to jam my brake to make a sudden stop in order for my car not to knock him down. I managed to stop my car without knocking the motorbike down. Suddenly a taxi reg no: SH 8694C hit the rear portion of my car causing major damage to my vehicle. The taxi driver and I came out of our vehicles and communicated with the motorbike rider. I was injured



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408664
Tel No: 65470000



T202300077000

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Report No: T202300077000

CONTINUATION OF REPORT

because of this accident. The Erma towing vehicle came with one officer and they towed the bike and my car. The taxi driver drove off as his taxi had not much damage. later after that, I went to the hospital to consult the doctor and I was given 3 days of MC.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



17223660171006

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Report No: 17223660171006

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case;
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
07/06/2023 11:16

Classification Of Case:

NP168