

# **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

To:

HSBC Life (Singapore) Pte Ltd

Robinson Road P.O. Box 1094

Singapore 902144

Attn: Motor Claims Dept

Secretary in charge: Shirley

Tel

: 6333 4222 (ext 59)

Fax

: 6333 5676 / 6333 5688

Email

: shirley.loh@ksteoptr.com

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

- 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

- 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 PIE TOWARDS CHANGI (ALONG BUKIT TIMAH HIGHWAY Additional Location Information 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 Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category Transmission ..... Auto 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 S75244641 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	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	Production of the second state of the second s
NA Commission in the department of the second	N
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident	No 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	
parting of the barrendt	
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 Úbi 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 No

### DETAILS OF OTHER VEHICLE PROPERTY 1

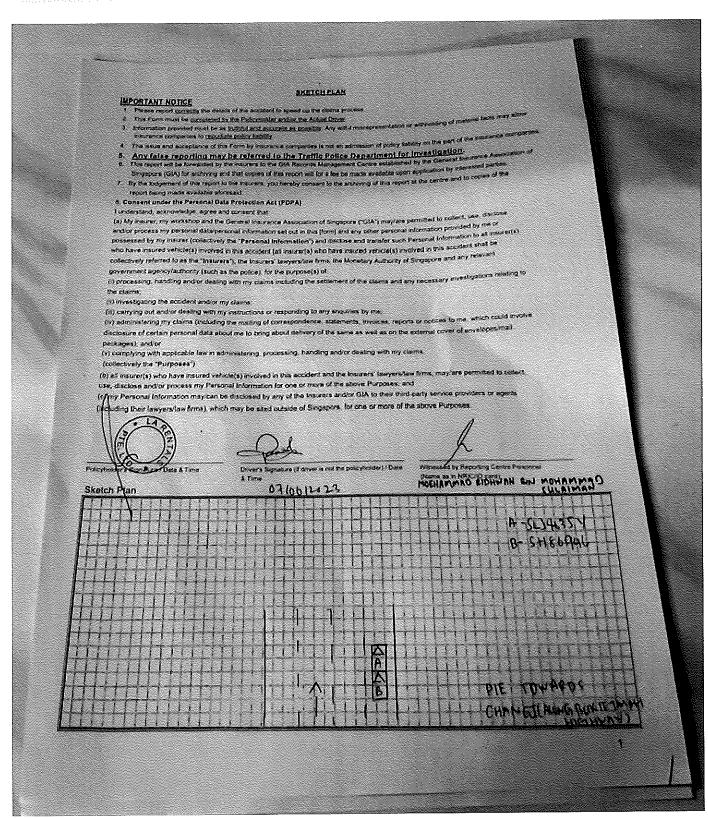


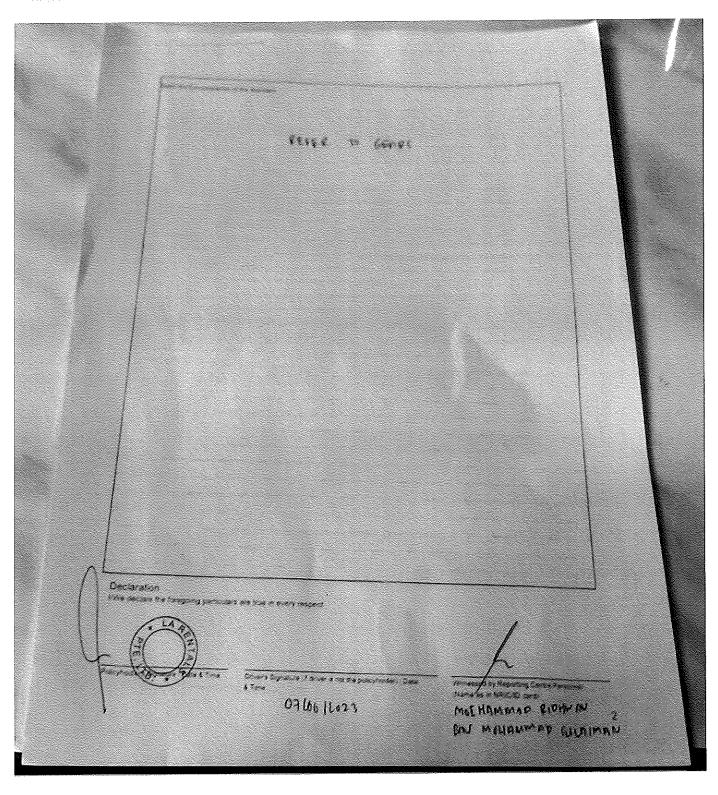
Vehicle Registration Number	SH8694C
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	_
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	=
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	A RAMESH
Gender	-
Phone No	•
Address	-
Address Complement	-
Post Code	4
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





A MARKE.	SINGAPORE POLICE FORCE  Police Stabon of Origin Tralis Police 10 Un Avenua 3 SINGAPORE 408865 Tel No. 65470000			TOTAL	
	REPORT OF A TRAFFIC ACCIDENT Data/Time Report Made 07/00/2023 11-18 Informant's Particulars Name of Informant A RAMESH  ID Type / ID No. NRIC NO / 87824464  Nationality, SINGAPORE CITIZEN  Sex: Age: Data of Birth: Maile 47 29/07/1976  Race: Indian Occupation; Grab Car Driver	Address: 226 SERANGOO Gontact No. Home/Office; Email: JACHINRAMES! Type of Informan Driver Language: English Oriving Licence I Glass;	PN AVENUE 4 #03-145 S Mobile: B H@GMAIL.COM II:	7811975	
	Traffic Flow:	Road Surface: Dry Traffic Control: Not Controlled	Date/Time of Accident: 06/08/2023 12:45	Type of Location: PIE Expressway  Traffic Volume: Modarate Anyone convayed by ambulance; No	
	Details of Vehicle Involved  Vehicle No. Type Make FBE7888J Motorcycle SUZUKI SH8694C Car HYUNDAI SLJ4635Y Car	Model	Gokor G	onditio   No. of	

