

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

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Email: KSTEOCO@singnet.com.sg

(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/M492-ACC-47508.23/sf (mc)
Your Ref : SHA 5300 B
Date : 26 June 2023

Secretary in charge: Janice

Tel : 6333 4222 (ext 62)

Fax : 6333 5676 / 6333 5688

Email : janice.kee@ksteopttr.com

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

WITHOUT PREJUDICE
BY EMAIL

Cc: Comfort Transportation Pte Ltd (Driver)
Chan Joo Khoon (Driver)
C/o 383 Sin Ming Drive
Gas Building
Singapore 575717

BY POST

Dear Sirs

RE: ACCIDENT INVOLVING SLA 496 E / SHA 5300 B ON 24/6/23 ALONG KALLANG ROAD, JUNCTION WITH HORNE ROAD

We are instructed by **Oh Ming Xuan** to notify you of a road traffic accident on **24/6/23** at about **14:24 hours** at **ALONG KALLANG ROAD, JUNCTION WITH HORNE ROAD** involving our client's vehicle registration number **SLA 496 E** and vehicle registration number **SHA 5300 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 **SLA 496 E** is now at the following workshop:-

Massive Trading & Auto
Blk 5038 Ang Mo Kio Industrial Park 2
#01-405
Singapore 569541
Contact: 9108 2728 Anthony

Yours faithfully,



M/s Teo Keng Siang LLC
encs

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

Personal Particulars of Owner & Driver (Vehicle 1)

Date of Accident: 24.06.2023 (2023) (Country) Time of Accident: 11.24 (24 HR-FORSTAD)
Vehicle No: SLA496E Vehicle Make & Model: Nissan Sylphy Private Hire (Y) (M)
Exact Location of Accident: Kallang Rd, junction with Horne Rd
Policyholder's Name / IC No: Oh Ming Xuan S93487223
Driver's Name / IC No: (As Above) (X)
Driver's Contact No: 96688673 Company Contact No (Company Veh Only):
Driver's Address: 311 308 C Anchorvale Rd #12-26 S(543308)
Email address: omingxuan1993@gmail.com Insurance Company: JtuC

Relationship between Owner & Driver: (Please CIRCLE one only)
Owner (X) Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: *CC 1600
What do you wish to claim? (Please TICK one only)

[] Own Insurance [X] Other Vehicle (The one you want to claim against) [] Reporting (For Record Purpose)
Exact purpose for which the vehicle was being used at time of accident? Occupation (nature of job) [X] Indoor [] Outdoor
[] Private use [] Work purpose *No. of Passengers (Including Driver): 01

*Passenger Name: Gender: Male / Female
*Passenger Name: Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)
[X] Clear & Dry [] Raining & Wet [] After-Rain & Wet [] Drizzling & Wet / Others:

Was there any video captured by your Car Camera? [] Yes [X] No (LIV)
Any Injuries: [X] Yes [] No (If YES) Injured Person's Name: Oh Ming Xuan
Injuries Sustain: Neck & Back Injured Person in Which Vehicle: SLA496E
Police Report filed: [] Yes [X] No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Chan Joo Khoo S0105410D Vehicle No: SHA5300B
Driver's Contact No: Insurance Company:
2. Driver's Name / IC No (If Any): Vehicle No:
Driver's Contact No: Insurance Company:
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:

VEH CATEGORY
PRIVATE
PRIVATE-HIRE
(COMMERCIAL)