

# TEO KENG SIANG LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #23-01 Peninsula Plaza Singapore 179098 Tel: 6333 4222 Fax: 6333 5676/5688  
ROC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@singnet.com.sg

(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/L1500-ACC-47595.23/sf (mc)  
Your Ref : SLD 7506 Z  
Date : 20 July 2023

**Secretary in charge: Janice**

Tel : 6333 4222 (ext 62)  
Fax : 6333 5676 / 6333 5688  
Email : janice.kee@ksteoptr.com

**To: Allianz Insurance Singapore Pte Ltd**  
79 Robinson Road  
#09-01  
Singapore 068897  
Attn: Motor Claims Dept/

**WITHOUT PREJUDICE  
BY EMAIL**

Dear Sirs

**RE: ACCIDENT INVOLVING SLS 4117 D / SLD 7506 Z ON 19/07/23 ALONG NORTH CANAL ROAD TOWARDS CTE/AYE**

We are instructed by **L H Car Rental Pte Ltd** to notify you of a road traffic accident on **19/07/23** at about **13:30 hours** at **ALONG NORTH CANAL ROAD TOWARDS CTE/AYE** involving our client's vehicle registration number **SLS 4117 D** and vehicle registration number **SLD 7506 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 **SLS 4117 D** is now at the following workshop:-

Lian Her Motors  
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

## 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	19/07/2023 18:17 (SGT)
Reported by	Actual Driver
Date of Accident	19/07/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH CANAL ROAD TOWARDS CTE/AYE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4117D
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	L.H CAR RENTAL PTE LTD
Company Reg No	200009761N
Email Address	CARRENTAL.LH@GMAIL.COM
Mobile Phone No	(Phone) +65-82990599
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00009092300

#### DRIVER

Name of Driver	CHIA QIN HONG KELVIN
NRIC No	S8514086H
Date Of Birth	04/05/1985
Occupation	Outdoor

Date Of Driving Pass .....	14/03/2018
Driving experience .....	5 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98296333
Alt. Phone Number .....	-
Email Address .....	CARRENTAL.LH@GMAIL.COM
Address .....	BLK 111 TECK WHYE LANE
Address complement .....	#07-608
Postcode .....	680111
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	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 .....	SLD7506Z
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Corolla
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEONG FOOK ONN
Contact Number .....	(Phone) +65-86067030

Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person .....	CHIA QIN HONG KELVIN
Gender .....	Male
Phone No .....	(Phone) +65-98296333
Address .....	BLK 111 TECK WHYE LANE
Address Complement .....	#07-608
Post Code .....	680111
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLS4117D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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 Authorised 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. The 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.
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

LH CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

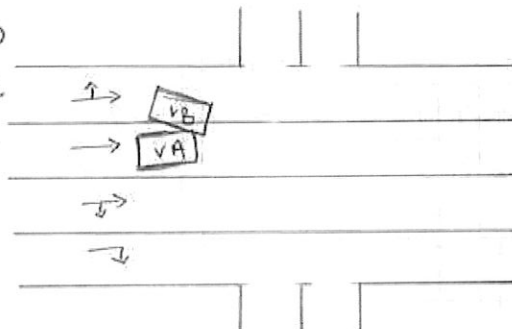
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A - SLSA 117D

Vehicle B - SLD7506Z



Describe Circumstances of the Accident

I was going straight when vehicle B SL075062 suddenly side swipe me.

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

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

