张景祥大律師樓

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

OC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@singnet.com.sg (FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Tel

Fax

Email

Secretary in charge: Janice

Our Ref

: TKSF/L1500-ACC-47595.23/sf (mc)

Your Ref

: SLD 7506 Z

Date

To:

: 20 July 2023

Allianz Insurance Singapore Pte Ltd

79 Robinson Road

#09-01

Singapore 068897

Attn: Motor Claims Dept/

WITHOUT PREJUDICE

: 6333 4222 (ext 62)

: 6333 5676 / 6333 5688

: janice.kee@ksteoptr.com

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 co	nducted by:-
Name of Survey	or:
Date of Survey:	
Time of Survey:	
	Signature

SD08237J0003 / Ding Auto Pte Ltd ENTRY DATE & TIME: 19/07/2023 18:17 (SGT) SUBMITTED BY: Lynn Yap VERSION: 1 (19/07/2023 18:17 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

- of institution of the insurance companies.

 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 NORTH CANAL ROAD TOWARDS CTE/AYE Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SLS4117D

INSURED/POLICYHOLDER

Is company? Yes L.H CAR RENTAL PTE LTD Name Of Registered Owner 200009761N Company Reg No CARRENTAL.LH@GMAIL.COM Email Address (Phone) +65-82990599 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00009092300

DRIVER

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

Diving experience S YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-98296333 Al, Phone Number - Email Address CARRENTALLH@GMAIL.COM Address BLK 111 TECK WHYE LANE Address complement #07-608 Postcode 680111 Is the driver the policyholder? No Hire Des Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Hyper Owner of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Raining 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 any injured conveyed to hospital by ambulance? No Was any injured conveyed to hospital by ambulance? No Was any of Passengers (including Driver) 1 Has the driver been approached by unknown person(s) soliciting/olfering accident claims assistance? No Translator's phone number - Translato	Date Of Driving Pass	14/03/2018
Mobile Number (Phone) +65-98296333 Al, Phone Number		5 YEARS AND 4 MONTHS
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SLD7506Z 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

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 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 willul 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
- 0 Any laise 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer my workshop and the General Insurance Association of Singapore ("GIA") mayrare 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the 'Insurera'), the insurera' law yers/law firms, the Mongtary 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
- (ii) investigating the accident and/or my claims:
- (iii) parrying 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my clams.
- (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 Internation may/can be disclosed by any of the Insurers and/or GM to their third party service providers or agents ersilaw firms), which may be sited outside of Singapore, for one or more of the above Purposes (including their la

初AL PTE LTD Witnessed by Repo Driver's Signature (if driver is not the policyholder) / Date Policyholder's Signature / Date & Time Sketch Plan WHICH A - SLS4117D vehicle B - SLD75062 -5>

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-											
-											

Policyholder's Signature / Cate & Time

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

Witnessed by Reporting Personnel