张景祥大律師樓
(律师兼公证及宣誓官)

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/M492-ACC-47660.23/sf (mc)
Your Ref : SHA 6614 P
Date : 3 August 2023

Secretary in charge: Janice
Tel : 6333 4222 (ext 62)
Fax : 6333 5676 / 6333 5688
Email : janice.kee@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 SMG 8605 L / SHA 6614 P ON 03/08/23 ALONG PIE TOWARDS CHANGI, SLIP ROAD INTO KPE,MCE

We are instructed by **Lam Choon Hwa** to notify you of a road traffic accident on **03/08/23** at about **07:30 hours** at **ALONG PIE TOWARDS CHANGI, SLIP ROAD INTO KPE,MCE** involving our client's vehicle registration number **SMG 8605 L** and vehicle registration number **SHA 6614 P** 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 **SMG 8605 L** 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,

Teo Keng Siang LLC
encs

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

_____
Signature

Teo Keng Siang
LL.M (Singapore),
LL.B (Hons) (Singapore)

Tan Li Yi, Caleb
LL.B (Australia) University of Tasmania

Date of Accident: 03 08 2023 Time of Accident: 07 30

Vehicle No: SMG8605L Vehicle Make & Model: Toyota Prius Private Hire (Y/N)

Location of Accident: PIE towards Changi, slip rd into KPE, MCE.

Policyholder's Name / IC No: Lam Choon Hwa S1243272 Z

Driver's Name / IC No: ______ (As Above) ☑

Driver's Contact No: 83838940 Company Contact No (Company Veh Only): ______

Driver's Address: Blk312A Anchorvale Lane #09-60 S(541312)

Email address: Cscalan6gmail.com Insurance Company: Allianz

Relationship between Owner & Driver: (Please CIRCLE one only)
(Owner) / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: ______

*CC 1800

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☑ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

(AUTO) / MANUAL

Exact purpose for which the vehicle Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☑ Outdoor

☐ Private use / ☑ Work purpose

*No. of Passengers (Including Driver): 02

*Passanger Name: Unknown Male Gender: Male / Female

*Passanger Name: ______ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☑ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: ______

Was there any video captured by your Car Camera? ☐ Yes / ☐ No KIV

Any Injuries ☑ Yes / ☐ No (If YES) Injured Person' Name: Lam Choon Hwa

Injuries Sustain: Neck & Back Injured Person in Which Vehicle: SMG8605L

Police Report filed: ☐ Yes / ☑ No (If YES) Which Police Station: ______

The Other Party(s) Details:

Driver's Name / IC No: Rosman Bin Muda S1423503E Vehicle No: SHA 6614 P

Driver's Contact No: ______ Insurance Company: ______

Driver's Name / IC No (If Any): ______ Vehicle No: ______

Driver's Contact No: ______ Insurance Company: ______

Independent Witness (If Any): ______ Contact No: ______

Referred Workshop Name: ______ Contact No: ______

VEH CATEGORY
PRIVATE
PRIVATE HIRE
(COMMERCIAL)