

M NEDUMARAN & COAdvocates & Solicitors
Commissioner for Oaths

UEN NO. 53181067D

Please reply to our Branch Office for this matterNedumaran Muthukrishnan
LLM (hons) [Buckingham]
Barrister at Law (Lincoln's Inn)⇒ Branch Office: No. 1 Kaki Bukit Avenue 6
#01-53, Autobay
Singapore 417883
Tel : 6509-8480 / 6509-8481
Fax : 6509-8482Email : igene_mnc@outlook.com
serene_mnc@outlook.comOur Reference : MN/IG/ S1/161925/ST
Your Reference : SH7301T

Date : 10 MAY 2016



BY FAX 6224 4174 ONLY

*Comfort*INDIA INT'L INSURANCE PTE LTD

Dear Sirs,

1. NOTICE OF ACCIDENT TO INSURERS AND PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF THE STATE COURTS PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)
2. ACCIDENT ON 4/5/2016 INVOLVING VEHICLE NOS. FBK 9272R,
AND SH7301T ALONG Open carpark of Blk 337 Woodlands Ave 1

We are instructed by Ng Yu Hang (owner/driver of motor vehicle no. FBK 9272R) and/or Sincere lead Automotive (the motor workshop for FBK 9272R) to notify you of a road traffic accident on 4/5/2016 at about 0920 hrs along Open carpark of Blk 337 Woodlands Ave 1 involving our client's vehicle registration number [FBK 9272R] and vehicle registration number [SH7301T] driven by you at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

M NEDUMARAN & CO
Advocates & Solicitors

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Our Ref : MN/IG/ SI / 161925 / st

Your Ref : SH 7301T

As a result of the accident, our client's vehicle has been damaged. Before we 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 with the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

M
M NEDUMARAN & CO
(Branch Office)

Encl

c.c. 1) Comfort Transportation Pte Ltd (Vehicle: SH 7301T)
383 Sin Ming Dr, Gas Building
S(575717)

2) Claimant :

Ng Yu Hang (Vehicle : FBK 9272R)

3) Workshop :

Sincere Lead Automotive (Vehicle : FBK 9272R)

280 Woodlands Industrial Park 55, #02-10

Harvest @ Woodlands, S(757322)

Telephone : 9815 8858

Facsimile : 6287 7949 (Attn: Raymond)

Personal Particulars of yourself (Vehicle A)*Date of Accident: 04/05/2016 (dd/mm/yy) *Time of Accident: 09:20 (24-HR-FORMAT)Vehicle No.: FBK 9272R Vehicle Make & Model: YAMAHA YZF-R15*Exact location of Accident: BLK 337 WOODLANDS AVE 1 (OPEN CAR PARK)Owner or Company Names / IC No.: NG YU HANG / S9008243D*Driver's Name / IC No.: _____ (As Above) ☒*Driver's Contact No.: 9221 6320 Company Contact No.: _____Insurance Company: ETIKA INSURANCE Email address (if any): _____Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee or Others specify: _____

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)Exact purpose for which the vehicle was being used at time of accident?Occupation (nature of job) ☐ Indoor / ☐ Outdoor☒ Private use / ☐ Work purposeWeather condition & Road conditions? (On the day of accident)☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & WetWas there any video captured by your Car Camera? ☐ Yes / ☒ NoAny Injuries? (MC of 3 days or more, police report is required)☐ Yes / ☒ No If Yes, which police station? _____ Singapore ☐ / Malaysia ☐

Injuries Person Name: _____ Approximate Age: _____

Injuries Sustain: _____ Injured person in which vehicle? _____

The Other Party (Vehicle B) Details:Driver's Name & IC No.: KOK YIP SENG / S8033824D Vehicle No.: SH 7301TInsurance Company (If Any): _____ Driver's Contact No.: 97437145

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: VEH NO: _____ Driver Name & IC N: _____

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

Preferred workshop Name & Ph no or Fax No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

Back Page for Example 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 willful 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' lawyers/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' 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 Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

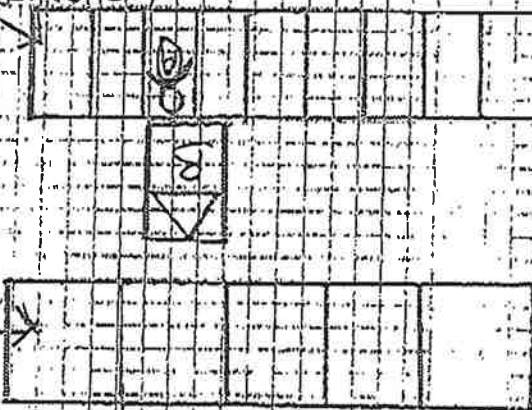
BLK 337 WOODLANDS AVE 1 (OPEN CARPARK)

A) FBK 9272R

PARKING LOT 1

B) S-7301T

PARKING LOT 2




Describe Circumstances of the Accident

My bike was on stationary and the taxi driver was reversing but did not notice my bike was right behind. My bike was knocked down afterwards, and laid flat on the ground of an open carpark within HDB area.

Declaration

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