

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 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 ability.
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 Report	09/03/2018 16:09
Date Of Accident	16/01/2018 18:20
Exact Location Of Accident	SINGAPORE LAND TOWER TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD713M
Insured/Policyholder	
Name Of Registered Owner	YING HWEE INVESTMENT PTE LTD
Co Reg No	201004069D
Email Address	YINGYING@FABRIQUELOVE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90914568

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS NX200T LUXURY S/R
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1940710
Cover Note Number	

Driver

Name of Driver	CHEN YINGYING
NRIC No	S8784072G
Date Of Birth	11/10/1987
Occupation	INDOOR
Date Of Driving Pass	28/06/2011
Driving Experience	6 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90914568
Fax Number	
Contact Number	
Email Address	YINGYING@FABRIQUELOVE.COM

Address	93 HOLLAND ROAD #04-02
Postcode	278537
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6594Y
Vehicle Make/Model/Colour	COMFORT BLUE TAXI HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GARY SOO CHEE SIONG
NRIC/Passport Number	S7411466J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

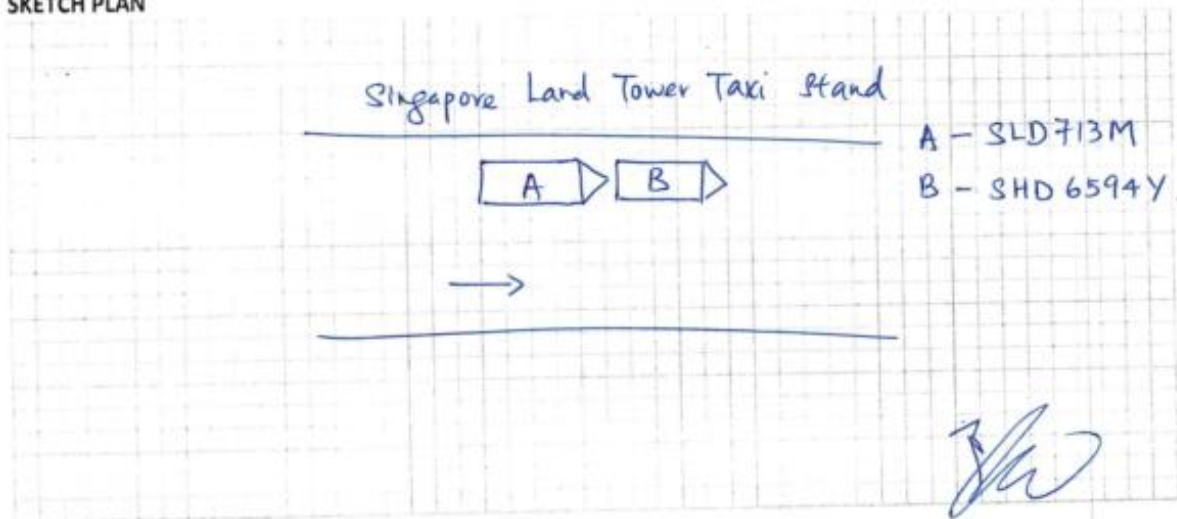
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/1/2018, around 18:20 hrs, I was going to Singapore Land Tower picking up my husband. I have to pass through the taxi stand in order to enter the carpark entrance. There were 2 taxis in front of my vehicle and we were moving slowly. Suddenly, the front taxi SHD6594Y jammed brake. As such, I immediately applied brake also. My vehicle front RH license plate knock slightly on his rear bumper. His taxi has no visible damage on rear RH bumper. We exchanged our particulars and no one was injured at the scene. He left the scene after we took photos of our vehicles & exchanged particulars then only I left.

DECLARATION

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



LAWYER LETTER



LAW CORPORATION
ATTORNEYS AT LAW • 100 YEARS OF SERVICE

Chlorine: 1000000

ADVOCATES & CONSULTANTS • TAXPAYER FRIENDLY • COMMERCIAL CONTRACTORS FOR GATES

Disbursements incurred as to date:

- | Expenses incurred as to date: | | |
|-------------------------------|-----------|-----------------|
| Medical report fees | \$ | 188.00 |
| GIA report fees | \$ | 28.00 |
| Police report fees | \$ | 30.00 |
| LTA search fees | \$ | 8.00 |
| Incidentals | \$ | 150.00 |
| Total | \$ | 7,518.85 |

Total	\$	7,518.85
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- Future medical expenses to be assessed
 - Future transport expenses to be assessed
 - Cost Contribution to be negotiated at the appropriate stage
- A copy each of the following:

A copy each of the following supporting documents is enclosed:

- Traffic police reports;
- LTA search;
- Medical bills;
- Medical certificate;
- Medical report/ Receipt

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter **within 14 days** of your receipt of this letter. If you or your insurer wish to have our client examined by your own medical expert, this should be stated in your acknowledgement of receipt. Please also advise **within 14 days** of the acknowledgement of receipt, where and when the examination of our client is to take place so that we may arrange for him to attend. Should you fail to acknowledge receipt of this letter, we will assume that you agree to the examination of our client by our medical expert.

Should you fail to acknowledge receipt of this letter within **14 days**, our client can commence court proceedings against you without further notice to you or your insurer. Please also note that if you have a claim, you must provide details of the claim to us.

Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant documents within **8 weeks** of your receipt of this letter.

Yours faithfully,

Apulian

APAC LAW CORPORATION
Encl

Main Office
(Conveyancing, Corporate & Litigation Practice)
430 Tuo Poyoh Lrt 6
#12-01 Orange Tree Building
Singapore 319402

Branch Office:
(Road Traffic Accidents Practice)
185 Tio Payon Central
#01-120 (2nd Storey)
Singapore 310185

We do not accept service of Court documents via facsimile and/or email.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



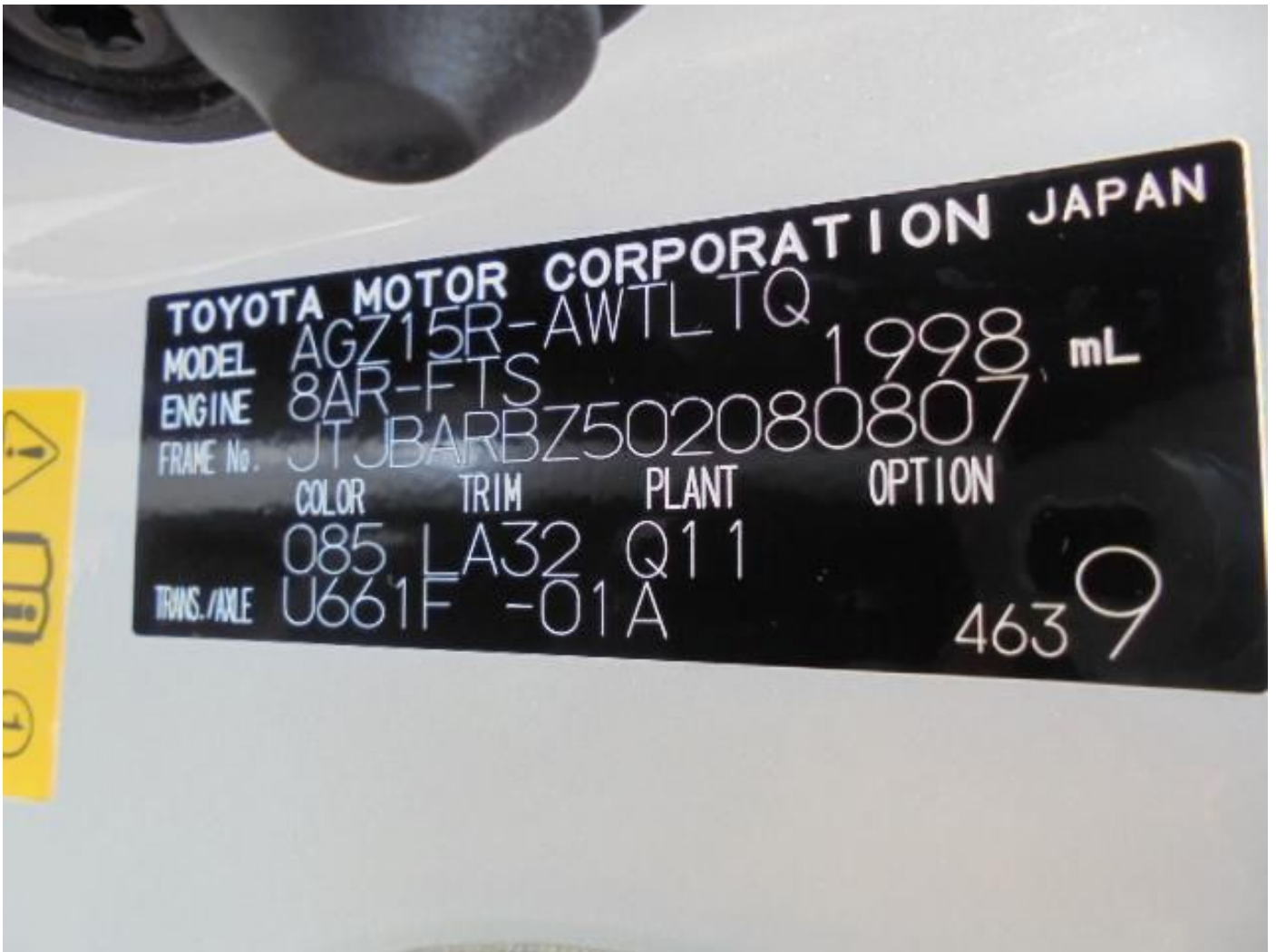
Accident Photo



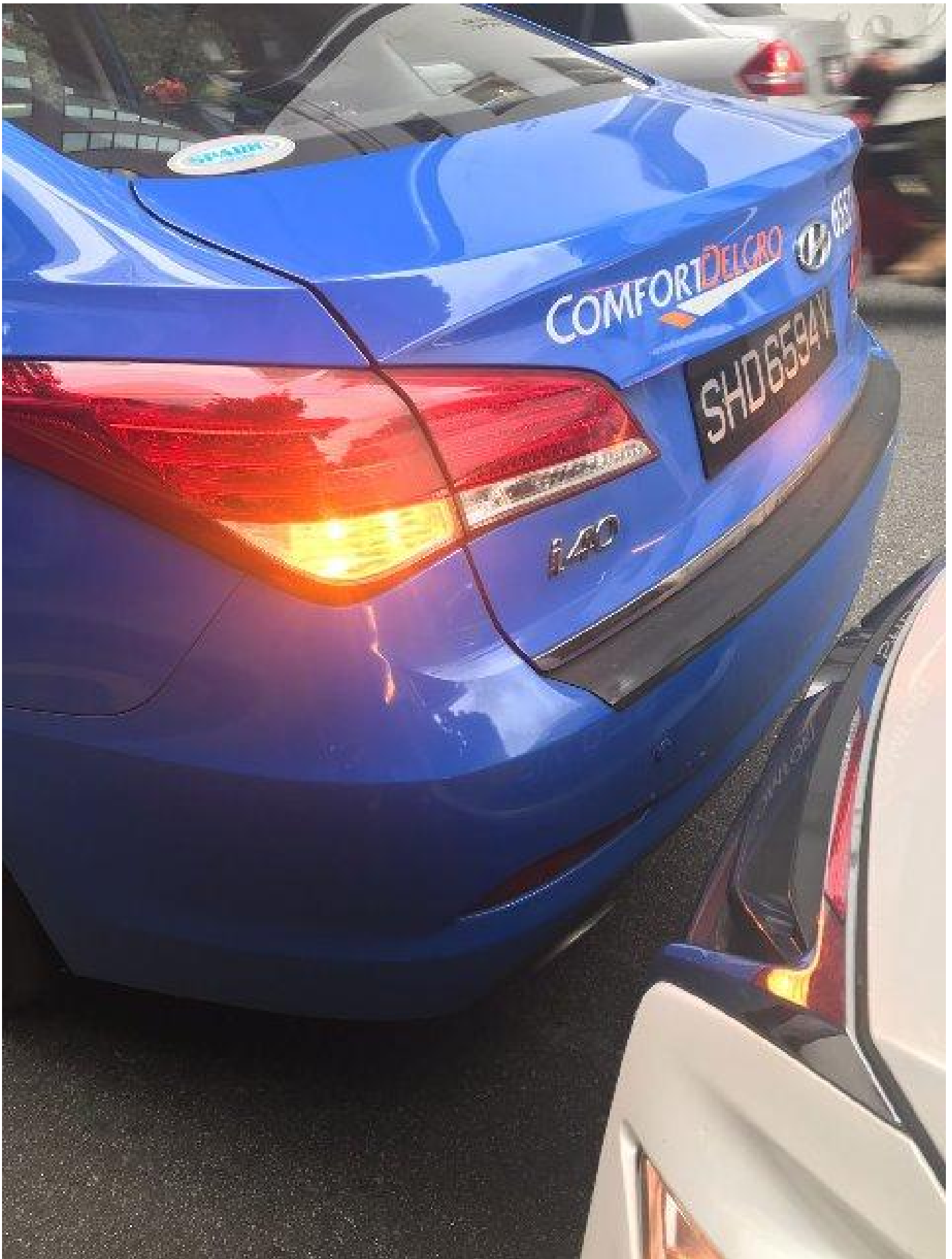
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