

**DYNAMIC AUTOWORK PTE. LTD.**

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201436361C

Date: 21/05/18

By Fax & Email

To: AXA

Attn : Motor Claims Department

Re: Accident involving motor vehicle Nos. SGT6308K and GZ1788J  
along KPE towards Punggol (Before Exit of PIE Changi) on 21/05/2018


We refer to the above matter.

We are instructed by Mohamed Salleh Bin Abdul Hamid to notify you of a road traffic accident  
on 21/05/2018 at about 18:05 at KPE towards Punggol (Before Exit of PIE Changi)  
involving our client's/customer's vehicle registration number SGT6308K and vehicle  
registration number GZ1788J driven by you at the material time.

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

Thank You

Yours faithfully



Abby

Hp : 9856 4815

## 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	22/05/2018 15:17
Date Of Accident	21/05/2018 18:05
Exact Location Of Accident	KPE TOWARDS PUNGGOL(BEFORE EXIT OF PIE(CHANGI))
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT6308K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED SALLEH BIN ABDUL HAMID
NRIC No	S1197868A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81675184
Alternative Phone No	OTHERS-81675184

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091382049
Cover Note Number	

### Driver

Name of Driver	MOHAMED SALLEH BIN ABDUL HAMID
NRIC No	S1197868A
Date Of Birth	30/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81675184
Fax Number	
Contact Number	OTHERS-81675184
EMail Address	NOEMAIL



Address	BLK 494D #04-522 TAMPINES STREET 43
Postcode	524494
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : SALIM
	GENDER: : MALE

#### 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 BELOW STATEMENT/SKETCH PLAN

#### 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	GZ1788J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	MOHAMED SALLEH BIN ABDUL HAMID
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGT6308K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 494D #04-522 TAMPINES STREET 43
Postcode	524494

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 lodgment 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)**

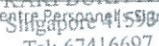
I understand, acknowledge, agree and consent that:

- (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.
- (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.

22 MAY 2018

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

**IDAC KAKI BUKIT(VAC)**  
23 KAKI BUKIT AVE 4  
Reporting Centre, Singapore 5983  
Name:   
Tel: 67416697  
NRIC/FIN No.: Fax: 67492305  
Email: vackb@singnet.com.sg



SKETCH PLAN

A = SGT 6308K  
B = GZ 1788J  
KPE towards Punggol  
(Before Exit of PIE Changi)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Attach

DECLARATION

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

22 MAY 2018

Policyholder's Signature  
Date & Time:

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

IDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4  
Singapore 415933  
Reporting Centre Phone: 67492305  
Name:   
Fax: 67492305  
NRIC/FIN No:   
Email: vackb@singnet.com.sg

On 21.05.18 at about 18:05 hours along KPE towards Punggol (Before Exit of PIE Changi). While I was stationary on the lane 3 and it was heavy traffic. When the front vehicle moved and I was about to move also, suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SGT 6308K

Vehicle (B): GZ 1788J

A handwritten signature in black ink, appearing to be 'S. H. H.', is located to the right of the vehicle information.