

M NEDUMARAN & CO

Advocates & Solicitors
Commissioner for Oaths

UEN NO. 53181067D

Nedumaran Muthukrishnan
LLB (hons) [Buckingham]
Barrister at Law (Lincoln's Inn)

Please reply to our Branch Office for this matter

⇒ **Branch Office :** 11 Sin Ming Road
#B2-09 (Unit 2) Thomson V Two
Singapore 575629
Tel : 6509-8480 / 6509-8481
Fax : 6509-8482
Email : igene.lim@mneduco.com.sg
serene.tan@mneduco.com.sg

Our Reference : MN/IG/T3/1812433/st
Your Reference : 21920MID

Date : 28th May 2018

BY FAX & EMAIL: 6853 7894 & contact@ns.sg ONLY

THE MINISTRY OF DEFENCE
MINDEF Building
Gombak Drive
Singapore 669645

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 23/05/2018 INVOLVING VEHICLE NOS. GBC 3553L & 21920MID ALONG DAIRY FARM ROAD.**

We are instructed by JOE LI ELECTRICAL INDUSTRIES PTE LTD (owners of motor vehicle no. GBC 3553L) and/or TEK SOON MOTOR REPAIR & SPRAY PAINTING (the motor workshop for GBC 3553L) to notify you of a road traffic accident on 23/5/2018 at about 1725 HOURS along DAIRY FARM ROAD involving our client's vehicle registration number [GBC 3553L] and [21920MID] driven by you at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

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 NEDUMARAN & CO - (Branch Office)

Encl

c.c. **Workshop : Tek Soon Motor Repair & Spray Painting**
No 1 Kaki Bukit Avenue 6
#01-93 AutoBay @ Kaki Bukit
Singapore 417883
Tel : 9761 3530

(Vehicle : **GBC 3553L**)

Fax : 6746 6822

NNA118057621 / National Association Centre Services - Ubi
ENTRY DATE & TIME: 24/05/2018 15:07
SUBMITTED BY: Krishnasamy a/o Gairindasamy

73/1812433

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 24/05/2018 15:07
Date Of Accident 23/05/2018 17:25
Exact Location Of Accident DAIRY FARM ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC3553L
Insured/Policyholder
Name Of Registered Owner M/S JOE LI ELECTRICAL INDUSTRIES PTE LTD
Co Reg No -
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-81893773
Alternative Phone No OFFICE-62833433
Vehicle Particulars
Manufacturer MITSUBISHI
Model -
Exact Purpose for which vehicle was being used at time of accident WORK
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 COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMCVSN3008671800
Cover Note Number
Driver
Name of Driver TAN GEK CHUI
NRIC No S2572484D
Date Of Birth 26/07/1965
Occupation OUTDOOR
Date Of Driving Pass 30/12/1988
Driving Experience 28 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81893773
Fax Number
Contact Number OFFICE-81893773
Email Address NOEMAIL

Address BLK 107 TOWNER ROAD
 #04-352
 Postcode 321107
 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
 Was any body injured in the Accident? NO
 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) 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

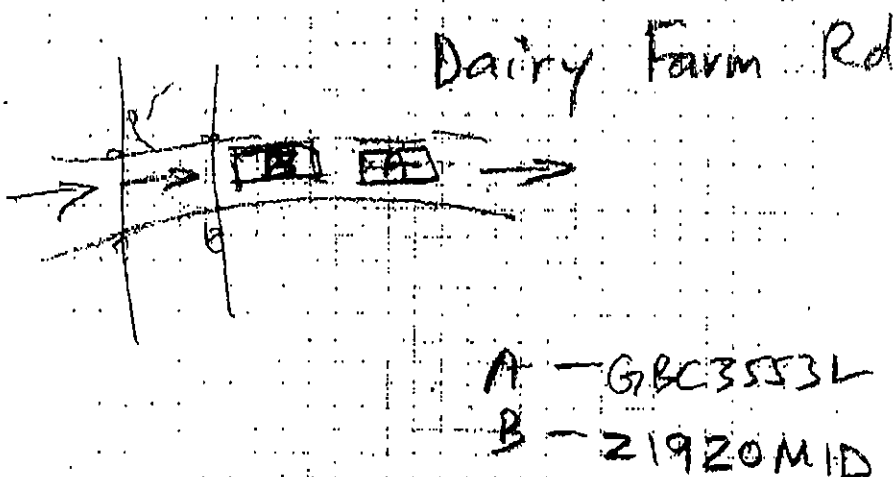
PLS REFER TO THE ATTACHED STATEMENT.

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 21920MJD
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver OLANO IRVIN MELENDRES
 NRIC/Passport Number S9573928H
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Dairy Farm Rd.
When Vehicle A slow down suddenly Vehicle B
hit on Vehicle A rear portion.

DECLARATION

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

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

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

24/5/2018

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 wilful 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 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.



Policyholder's Signature
Date & Time:

Tan Gek Chai
Driver's Signature
(if driver is not the policyholder)
Date & Time:

24/5/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: