

Ng Xi Qi  
c/o Block 9 #01-46  
Sin Ming Ind Est  
Singapore 575644

27 July. 18

WITHOUT PREJUDICE  
**Your Ref: GX1979K**

via fax: 6224 7478

**Attention : The Motor Claims Department**

China Taiping Insurance Pte Ltd  
3 Anson Road #16-00  
Springleaf Tower  
Singapore 079909

Dear Sir,

**ACCIDENT INVOLVING GX 1979K & SFJ 2812L  
AT EUNOS LINK SLIP ROAD TO UBI AVE 2 ON 26-07-2018**

I am the registered owner of vehicle – SFJ 2812L which was involved in the above accident.

As the result of your insured driver's (GX 1979K) negligence, thereby causing the said accident, my vehicle sustained damages on the rear portions and it's available for your assessor to inspect at **M/S KAY MOTOR of Blk 9 Sin Ming Ind Estate, #01-46 Singapore 575644 Tel: 6458 2283 Fax: 64549 8863 Email : kayautosg@yahoo.com**

Kindly arrange for your assessor to inspect my car soonest possible.

Enclosed the Accident Report & LTA search for your attention.

Yours faithfully  


MKKH18096801 / K Klin Hin Auto Pte Ltd - HQ  
ENTRY DATE & TIME 26/07/2018 17:05  
SUBMITTED BY: Wong Shu Man

## 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 26/07/2018 17:05  
Date Of Accident 26/07/2018 11:55  
Exact Location Of Accident SLIP RD OF EUNOS LINK TO UBI AVE 2  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SFJ2812L  
**Insured/Policyholder**  
Name Of Registered Owner NG XI QI  
NRIC No S8539512B  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-91129142  
Alternative Phone No OFFICE-91129142

### Vehicle Particulars

Manufacturer TOYOTA  
Model HARRIER-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident

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 AXA INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number P2115944  
Cover Note Number

### Driver

Name of Driver NG XI QI  
NRIC No S8539512B  
Date Of Birth 28/11/1985  
Occupation INDOOR  
Date Of Driving Pass 19/11/2004  
Driving Experience 13 YEARS AND 8 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-91129142  
Fax Number  
Contact Number OFFICE-91129142  
Email Address NOEMAIL

Address 524 MILTONIA CLOSE  
#04-13  
Postcode 768106  
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 -  
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**

PLEASE REFER TO 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 GX1979K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver WONG CHIN YUNG  
NRIC/Passport Number S7460855H  
Contact Number 96926098  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate policy liability.
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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 management. 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 purposes:
  - (i) processing, handling and/or dealing with my claim, 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 in responding to any enquiries by me;
  - (iv) administering my claims (including the making 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 further 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 regulatory laws or court orders.

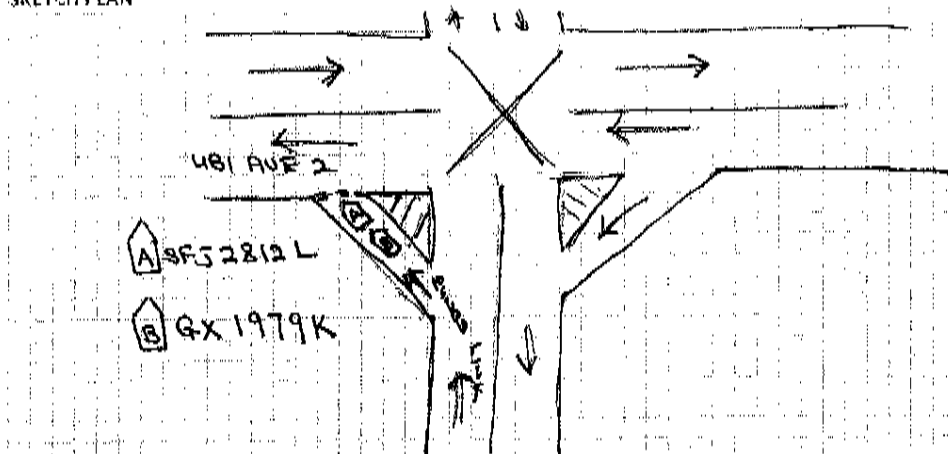
Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name  
NRP/IN No.

## Sketch Plan Pg. 2

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Whilst I was halting at the 'GWE way' junction of Euroa Link,  
 waiting for traffic clearance before turning into UBI AVE 2,  
 suddenly, a van (B) GX1979K came from behind and  
 rear-ended onto my car (A) SF52812 L

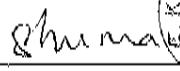
~~to~~ Repair at other workshop.

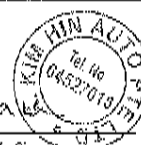
## DECLARATION

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: 16/7/18 @  
 NRIC/FIN No.: 4.15p



7/26/2018

Receipt

[> Back to OneMotoring](#)

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 26 Jul 2018 / 15:12:45

Receipt Date/Time : 26 Jul 2018 / 15:12:45

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-180726-001363

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GX1979K				
As at 26 Jul 2018/11:55:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GX1979K			
	Enquiry Fee	7.00	0.49	7.49
	20180726151103033659			
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
Paid By				
	xxxxxxxxxxxx6361	Credit Card:		7.45
		Visa/MasterCard		
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF