

Exclusive Enterprise Pte Ltd
8 Kaki Bukit Ave 4 #03-50 Premier @ KB Singapore 415875
Tel: 6245 9655 Fax: 6245 9678
Co. Reg No.: 201906614W

Date: 08/04/19

By Fax & Email

To: AXA

Attn: Motor Claims Department

Re: Accident involving motor vehicle Nos. SKZ6947L and SKJ1195G
along Jurong East Ave 1 on 07/04/19.

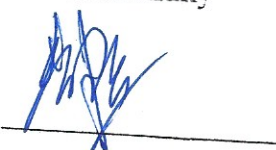
We refer to the above matter.

We are instructed by Lee Eng Keng to notify you of a road traffic accident
on 07/04/19 at about 16:00 at Jurong East Ave 1
involving our client's/customer's vehicle registration number SKZ6947L and vehicle
registration number SKJ1195G 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



Tony Ng

MP: 97356016

> Back to OneMotoring



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

Print Date/Time : 08 Apr 2019 / 14:43:47

Receipt Date/Time : 08 Apr 2019 / 14:43:47

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190408-002092

Previous Receipt No. :

S/N Item Description/**Business Transaction Reference
No.**

Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
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Result of Insurance Enquiry - SKJ1195G

As at 07 Apr 2019/16:00:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SKJ1195G

Enquiry Fee
20190408144209925510

7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

xxxxxxxxxxxx1359	Credit Card: Visa/MasterCard	7.45
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Total			7.45
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Cash Change			0.00
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Tendered Amount			7.45
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Excess Refundable Amount			0.00
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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.

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 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. 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	08/04/2019 09:23
Date Of Accident	07/04/2019 16:00
Exact Location Of Accident	JURONG EAST AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6947L
Insured/Policyholder	
Name Of Registered Owner	LEE ENG KEONG
NRIC No	S7733345B
Email Address	PATLEEEK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93692232
Alternative Phone No	OFFICE-98779826

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	5106894683
Cover Note Number	

Driver

Name of Driver	LEE ENG KEONG
NRIC No	S7733345B
Date Of Birth	22/11/1977
Occupation	INDOOR
Date Of Driving Pass	03/03/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93692232
Fax Number	
Contact Number	OFFICE-98779826
EMail Address	PATLEEEK@GMAIL.COM

Address	BLK 336 #10-1628 JURONG EAST AVENUE 1
Postcode	600336
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : JANICE TEY YEN FANG GENDER: : FEMALE
Passenger 2	NAME: : LEE KIM KWAN 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 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	SKJ1195G
Vehicle Make/Model/Colour	CHEVROLET / ORLANDO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEFFREY BIN ZAUHARI
NRIC/Passport Number	S7409250J
Contact Number	91295690
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: : MALE

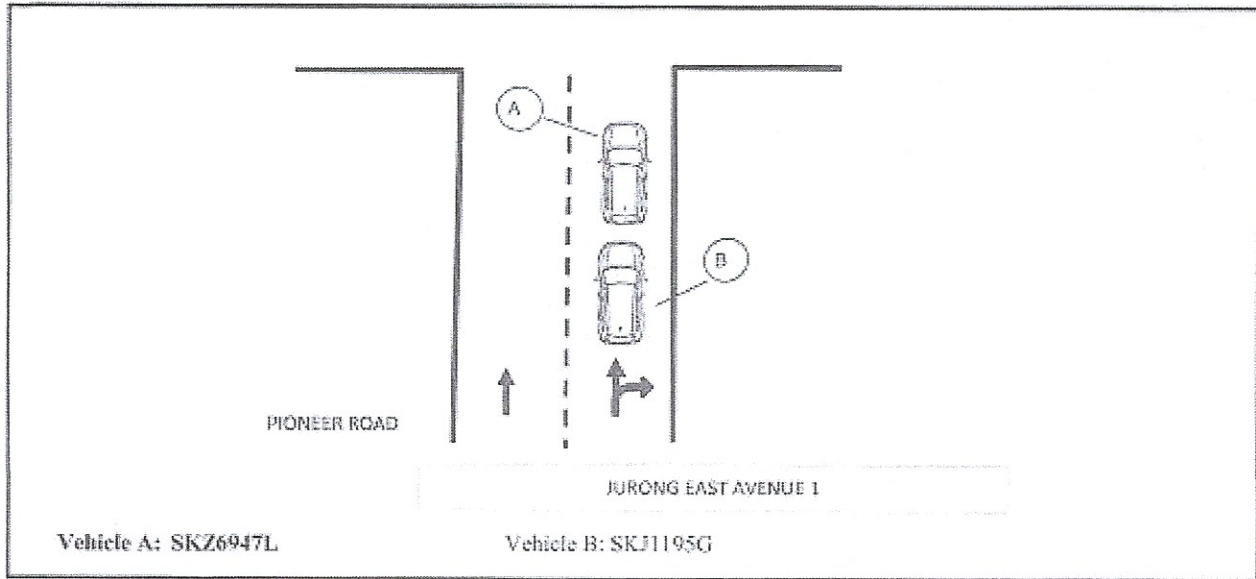
Passenger 2

NAME: :

GENDER: : FEMALE

Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 7 APRIL 2019, I WAS DRIVING ALONG JURONG EAST AVENUE 1.
I WAS STATIONARY WAITING BEHIND A YELLOW BOX TO MAKE A RIGHT TURN WHEN SKJ1195G HIT ONTO MY VEHICLE REAR.
I ALIGHTED FROM MY VEHICLE TO CHECK MY VEHICLE REAR.
3RD PARTY AGREED HE IS AT FAULT AND INFORMED TO GO THROUGH INSURANCE CLAIM.

Declaration

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


08-04-19 / 9:55

Policyholder's Signature / Date & Time


08-04-19 / 9:55

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre


Witnessed by Reporting Centre Personnel

Sketch Plan

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 08-04-2019 09:53

Report No: MT_ MNH19045003

D.O.A: 07-04-2019

Time: 16:00 hrs

Vehicle No: SKZ6947L

Reporting Type:


SKETCH PLAN


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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.


08-04-19 / 9:55
Policyholder's Signature / Date & Time


08-04-19 / 9:55
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel 