



# JusEquity Law Corporation

**ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS**

171 Chin Swee Road #02-06, CES Centre, Singapore 169877

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Email: [claims@juseq.com.sg](mailto:claims@juseq.com.sg)

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Our Ref: JEQ/190335/0419/ L.HEE

Your Ref: **SKE4602E**

26 April 2019

**CLAUDIO BIZZONI**

35 PASIR RIS LINK # 04 - 34

SINGAPORE 518155

**By Post Only**

**Sompo Insurance Singapore Pte. Ltd.**  
Singapore

**By Email:**  
[motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

Dear Sir

**ACCIDENT INVOLVING SLV8650M & SKE4602E ON 24-4-2019**

We act for the owner of vehicle no. SLV8650M.

We hereby notify you of a road traffic accident on **24 April 2019** at about **1930 hrs**, at PIE involving our client's vehicle and vehicle registration no. **SKE4602E** driven by you / your insured at the material time. A copy of our client's accident report is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you 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 shall proceed to repair the vehicle without further reference to you.

Yours faithfully

Encl.

CONFIDENTIALITY CAUTION

This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address at our expense. Thank you.



25/04/2019 17:29

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LIANGHEEMOTOR

PAGE 01/05

RECEIVED 25/04/2019 11:51

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LIANGHEEMOTOR

25/04/2019 THU 11:49 FAX

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001/005

MSME10053233 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 24/04/2019 16:57  
SUBMITTED BY: Chng Pui Yng

**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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 24/04/2019 16:57  
Date Of Accident 23/04/2019 19:30  
Exact Location Of Accident PIE TO UPPER CHANGI RD NORTH  
Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLV8650M  
**Insured/Policyholder**  
Name Of Registered Owner TAN TECK DU  
NRIC No S1698640B  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-97326638  
Alternative Phone No OFFICE-97326638

**Vehicle Particulars**  
Manufacturer MERCEDES-BENZ  
Model E200

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 GA347091  
Cover Note Number

**Driver**  
Name of Driver TAN TECK DU  
NRIC No S1698640B  
Date Of Birth 18/02/1965  
Occupation INDOOR  
Date Of Driving Pass 29/08/2011  
Driving Experience 7 YEARS AND 7 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97326638  
Fax Number  
Contact Number OFFICE-97326638  
Email Address NOEMAIL

Address BLK 6 FLORA DRIVE #03-75  
Postcode 507027  
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? 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

FRONT VEHICLE ALL SLOW DOWN. I ALSO SLOW DOWN AND ALMOST STOP. SUDDENLY, VEHICLE B HIT MY VEHICLE FROM BEHIND.

#### 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 SKE4602E  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE B  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

## 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.

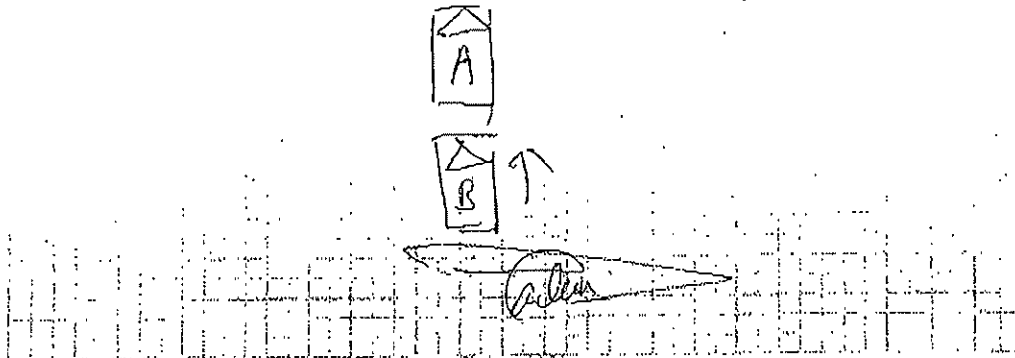
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

front veh all slow down, I also slow down  
almost stop, suddenly veh B hit my veh  
from behind

Calvin

DECLARATION

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

TAN TECK DU

Policyholder's Signature

Date & Time:

Calvin

Driver's Signature

(If driver is not the policyholder)

Date & Time:

24/4/19 11 AM

Reporting Centre Personnel's Signature

Name:

NRIC/IN No.:

Sketch Plan #3 Pg. 1

## LETTER OF UNDERTAKING

I/We, PAN TACK DA, the owner of vehicle no. 9LV 865D m

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:



.....  
Nric no. & signature of policyholder

.....  
Company stamp

24/04/2019  
.....  
Date