



Auto  
Consultants  
Pte Ltd

(Hsiao Tong)

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

22 November 2019

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Pls Ref. to  
our Insurance Co  
AXA

**CHUA KIANG JOO**  
BLK 315 SERANGOON AVENUE 2,  
#12-218  
SINGAPORE 550315

Dear Sirs,

**OUR REF : CC4/ASM19008232/Upa3 // S9M01MX0**  
**YOUR REF : SJS 2436U**  
**ACCIDENT INVOLVING SJS 2436U AND SLP 4956P ALONG/AT LORONG CHUAN**  
**ON 09/05/2019**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a third party claim(s) from **KIM CHWEE AUTO PTE LTD** acting on behalf of the owner of **SLP 4956P** against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

As Insurers, they shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to [chaubt@lkkauto.com](mailto:chaubt@lkkauto.com) within 7 days from the date of this letter if not provided at our

### 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	25/05/2019 10:17
Date Of Accident	09/05/2019 08:00
Exact Location Of Accident	ALONG LORONG CHUAN
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2436U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA KIANG JOO
NRIC No	S0254672H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96195319
Alternative Phone No	OTHERS-96195319

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 CVT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA421934/1
Cover Note Number	

Nature Of Damage

No. Of Passenger (Including Driver)