



05th July 2019

**AXA INSURANCE SINGAPORE PTE LTD**  
Attn : Motor Claim Department

Dear Sir/Madam,

**Road Traffic Accident Involving SJN 5932 K (Our Ref) and SHC 5257 H (Your Ref)**  
**Dated 21st June 2019, Time around 09:50**  
**@ BUKIT BATOK STREET 51 BLK 531 CARPARK**

We represent our client; 5M CAR RENTAL PTE LTD, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SJN 5932 K and your insured's vehicle registration number: SHC 5257 H. Enclosed herewith a copy of the Singapore Accident Statement / Traffic Police Report filed for your reference.

We hereby give you **NOTICE** that we are claiming against SHC 5257 H for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

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|                       |   |           |
|-----------------------|---|-----------|
| <b>Contact Person</b> | Alan Koh  | 9092 7279 |
| <b>Email Address</b>  | teamautopl@gmail.com  |           |
| <b>Survey Address</b> | <b>160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722</b> |           |

Kindly cc a copy of this letter to your insured for his/her acknowledgement.



Authorized Signatory

## 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             | 27/06/2019 11:40                      |
| Date Of Accident           | 21/06/2019 09:50                      |
| Exact Location Of Accident | BUKIT BATOK STREET 51 BLK 531 CARPARK |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJN5932K              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | 5M CAR RENTAL PTE LTD |
| Co Reg No                   | 201722552G            |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-94233228  |
| Alternative Phone No        | OFFICE-94233228       |

### Vehicle Particulars

|  |                  |
|--|------------------|
| Manufacturer   | TOYOTA           |
| Model  | PREMIO-1.5 (A)   |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING PURPOSES |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT        |
| Fleet Policy              | NO                                   |
| Policy Number             | 19-MK000181-R00                      |
| Cover Note Number         |                                      |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | CHUA SHI CHOON(CAI SHICHUN) |
| NRIC No              | S8333896B                   |
| Date Of Birth        | 22/10/1983                  |
| Occupation           | OUTDOOR                     |
| Date Of Driving Pass | 28/11/2008                  |
| Driving Experience   | 10 YEARS AND 6 MONTHS       |
| Gender               | MALE                        |
| Mobile Number        | (LOCAL) +65-94233228        |
| Fax Number           |                             |
| Contact Number       | OTHERS-94233228             |
| E-Mail Address       | NOEMAIL                     |

|   |  |
|---|--|
| Address   | BLK 808A CHOA CHU KANG AVENUE 1<br>#08-564 |
| Postcode  | 681808                                     |
| Was driver an employee of the Insured's Company     | NO   |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                              |
| 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

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         | SHC5257H |
| Vehicle Make/Model/Colour           |          |
| Details Of Properties               |          |
| Vehicle Category                    | TAXI     |
| Name of Driver                      |          |
| NRIC/Passport Number                |          |
| Contact Number                      |          |
| Address                             |          |
| Postcode                            |          |
| Insurance Company Name              |          |
| Nature Of Damage                    |          |
| No. Of Passenger (Including Driver) |          |

## Sketch Plan

### 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 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 repeal 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:

*R. P. H. A.*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

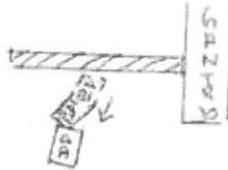
*27/06/2019*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*Rosl Wathors*

Sketch Plan #2

SKETCH PLAN

carpark @ SSI Bukit Bak



V.A) SJNSA32F  
V.B) CHCS257H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated  
 road. My car was stationary behind vehicle 'B' as we were both  
 waiting to exit the gantry vehicle 'B' started to reverse, I  
 immediately horn him as I need ample time to check my  
 surrounding before I reverse, however vehicle 'B' did not stop,  
 instead he put onto reverse gear, he immediately moved backwards  
 as such I horned him several times, however he did not stop,  
 resulted it's vehicle rear collided against my vehicle front  
 left portion, which cause my bonnet, headlamp, bumper  
 damaged

DECLARATION

I/We declare that the particulars are true in every respect



Policyholder's Signature  
Date & Time

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

*27/06/2019*  
Reporting Centre Personnel's Signature  
Name: *Rashid Uthman*  
NRIC/IN No.:

&gt; Back to OneMotoring



SIN5923K (P)

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

Print Date/Time : 21 Jun 2019 / 18:16:39

Receipt Date/Time : 21 Jun 2019 / 18:16:39

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190621-003140

Previous Receipt No. :

| S/N   | Item Description/<br>Business Transaction Reference<br>No.          | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$)          | Amount<br>After GST<br>(S\$) |
|---|---|-------------------------------|---------------------------------|------------------------------|
| Result of Insurance Enquiry - SHC5257H<br>As at 21 Jun 2019/09:50:00<br>Insurance Co: AXA INSURANCE PTE LTD |   |                               |                                 |                              |
| 1   | Insurance Enquiry - SHC5257H<br>Enquiry Fee<br>20190621181450490626 | 7.00                          | 0.49                            | 7.49                         |
| <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   |   |                               |                                 |                              |
|   | xxxxxxxxxxxx6527  |                               | Credit Card:<br>Visa/MasterCard | 7.45                         |
| Total   |   |                               |                                 | 7.45                         |
| Cash Change   |   |                               |                                 | 0.00                         |
| Tendered Amount   |   |                               |                                 | 7.45                         |
| Excess Refundable Amount  |   |                               |                                 | 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.