



01<sup>st</sup> August 2019

**AXA INSURANCE SINGAPORE PTE LTD**

Attn : Motor Claim Department

Dear Sir/Madam,

**Road Traffic Accident Involving SLL 5702 U (Our Ref) and SLN 737 S (Your Ref)  
Dated 01 AUGUST 2019, Time around 16:30  
@ CTE CITY BEFORE BALESTIER**

We represent our client; Hitachi Capital Asia Pte Ltd , to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SLL 5702 U and your insured's vehicle registration number: SLN 737 S. 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 SLN 737 S 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>	160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722	

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

Authorized Signatory



**Team AutoPro Pte Ltd** Co Reg No: 201811621K

160 Sin Ming Drive #01-14 Sin Ming Autocity Singapore 575722  
Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 1/8/19 (dd/mm/yy) Time of Accident: 16 : 30 (24-HR-FORMAT)  
Vehicle No.: SLL 5702U Vehicle Make & Model: Audi A4 1.4cc  
Exact location of Accident: Bencoolen street before burlington square.  
Policyholder's Name / IC No.: Hitachi Capital Asia Pacific Pte Ltd / 199400399N  
Driver's Name / IC No.: Caleb Kow Fanyen / S8206938J (As Above) ☐  
Driver's Contact No.: 8322 8097 Company Contact No.: \_\_\_\_\_  
Driver's Address: 7 POH HUA Drive, S(546797)  
Insurance Company: MSIG Email address (if any): \_\_\_\_\_

#### Relationship between Owner & Driver:

or Others specify: owner

#### What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

#### Exact purpose for which the vehicle Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 1

Passenger Name : \_\_\_\_\_

Gender : \_\_\_\_\_

Passenger Name : \_\_\_\_\_

Gender : \_\_\_\_\_

#### Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SLN737S (B)

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SLL 6845J (C)

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

## 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:

1 August 2019 / 1900hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

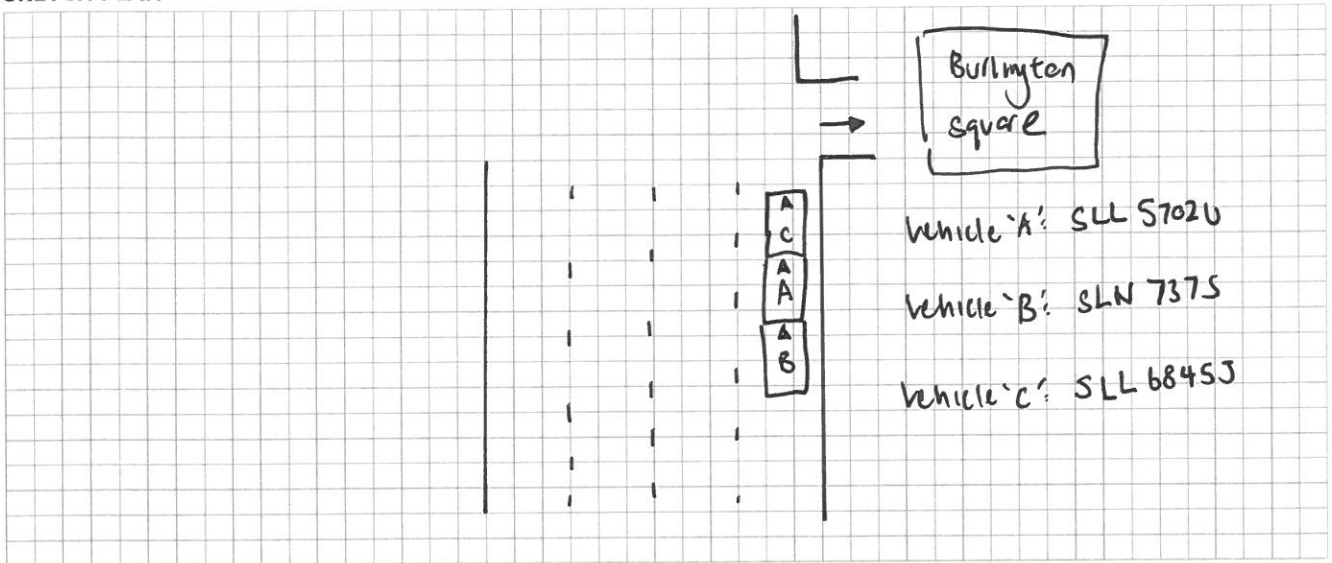
1 August 2019 / 1900hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, i vehicle 'A' was travelling along my designated lane along benecolen street before burlington square. The vehicle in front of me slowed down to a stop as such i followed suit. shortly after i felt an impact hitting me on my rear. After which i felt a greater impact hitting me on my rear ^ causing me to propel forward hence hitting vehicle 'c'. I got down from my vehicle to realised that i was involved in a 3 car chain collision. That is all.

## DECLARATION

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

*Celestine*

*Celestine*

Policyholder's Signature

Date & Time:

1 August 2019 / 1900hrs

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

1 August 2019 / 1900hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

&gt; Back to OneMotoring



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

Print Date/Time : 01 Aug 2019 / 21:03:45

Receipt Date/Time : 01 Aug 2019 / 21:03:45

SL57024 (0)

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190801-003029

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SLN737S

As at 01 Aug 2019/16:30:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SLN737S  
Enquiry Fee  
20190801210244291707

<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:  
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.