

**ARIDAS & ASSOCIATES**

ACRA REG. NO : 53131060D

NOTARY PUBLIC

ADVOCATES &amp; SOLICITORS

COMMISSIONER FOR OATHS

NO. 75 BUKIT TIMAH ROAD, #03-13, BOON SIEW BUILDING, SINGAPORE 229833

TEL : 6 337 6359 (3 LINES) FAX : 6 338 2713

E-mail : aridasv @ singnet.com.sg

**VYTINGAM ARIDAS**

LLB (Hons) Lond. M.A.

Barrister, (Lincoln's Inn)

Service of Court Documents  
By Fax  
Is Not Acceptable

Our Ref : AA.21582.19.159

Your Ref : Please advise

2 SEPTEMBER 2019

**INDIA INTERNATIONAL INS PTE LTD**

Dear Sirs,

**ACCIDENT INVOLVING MOTOR VEHICLES SBC 8222J AND SHD 4063B  
ALONG ROBINSON ROAD/CECIL ST JUNCTION ON 28 AUGUST 2019 AT  
21:10.**

We are instructed by **TAN BOON GUAN@CHEN WEN PAN** to notify you of a road traffic accident on 02/05/19 at 14:30 involving our client's vehicle registration number **SBC 8222J** and vehicle registration number **SHD 4063B** driven by your insured at the material time.

Copies of the Singapore Accident Statement filed and LTA search particulars are enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damage 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 shall proceed to repair the vehicle without further reference to you.

Our client's motor vehicle **SBC 8222J**.

Please contact Ms Connie at office number: 6842 9089. Vehicle can be inspected at:

**M/s Tick Hai Motor & Welding Services,  
Block 1 Kaki Bukit Avenue 6,  
#01-54 Auto @ Kaki Bukit, Singapore 417883.**

Yours faithfully,

**ARIDAS & ASSOCIATES**

## Enquire Vehicle & Owner Information ( Vehicle No. SHD4063B As At 28 Aug 2019 / 21:10:00 )

### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: 159

### Current Owner Details

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

### Current Vehicle Details

Vehicle No.: SHD4063B

Make Description/Model: HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name: INDIA INT'L INS PTE LTD

Print

OK



Vytilingam Aridas has successfully logged out.  
Your last login date and time was 02 Sep 2019, 11:15:55.  
To return to ONE.MOTORING, please click [here](#)  
For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S.No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction A
1	Vehicle	SHD40638		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49

MSME19114749 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 30/08/2019 15:34  
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 30/08/2019 15:41

## 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.

159 Tick Hai Motor

## ACCIDENT STATEMENT

Date Of Report 30/08/2019 15:34  
Date Of Accident 28/08/2019 21:10  
Exact Location Of Accident ALONG ROBINSON; RD / CECIL ST JUNCTION  
Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SBC8222J  
Insured/Policyholder  
Name Of Registered Owner TAN BOON GUAN @ CHEN WEN PAN  
NRIC No S0476682B  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-85694326  
Alternative Phone No OFFICE-85694326  
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 GA053720  
Cover Note Number  
Driver  
Name of Driver TAN BOON GUAN @ CHEN WEN PAN  
NRIC No S0476682B  
Date Of Birth 20/01/1940  
Occupation INDOOR  
Date Of Driving Pass 04/05/1962  
Driving Experience 57 YEARS AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-85694326  
Fax Number  
Contact Number OFFICE-85694326  
Email Address NOEMAIL

Address 163 JOO CHIAT TERRACE  
 Postcode 1542  
 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 -  
 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**

I WAS STOPPING AT ROBINSON ROAD TRAFFIC JUNCTION WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. SUDDNELY, VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE.

**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 SHD4063B  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category TAXI  
 Name of Driver LONG YAW NAN  
 NRIC/Passport Number S1207962A  
 Contact Number 81829553  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.
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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/PIN No.:

## Sketch Plan #2 Pg. 1

SKETCH PLANIMPORTANT NOTICE

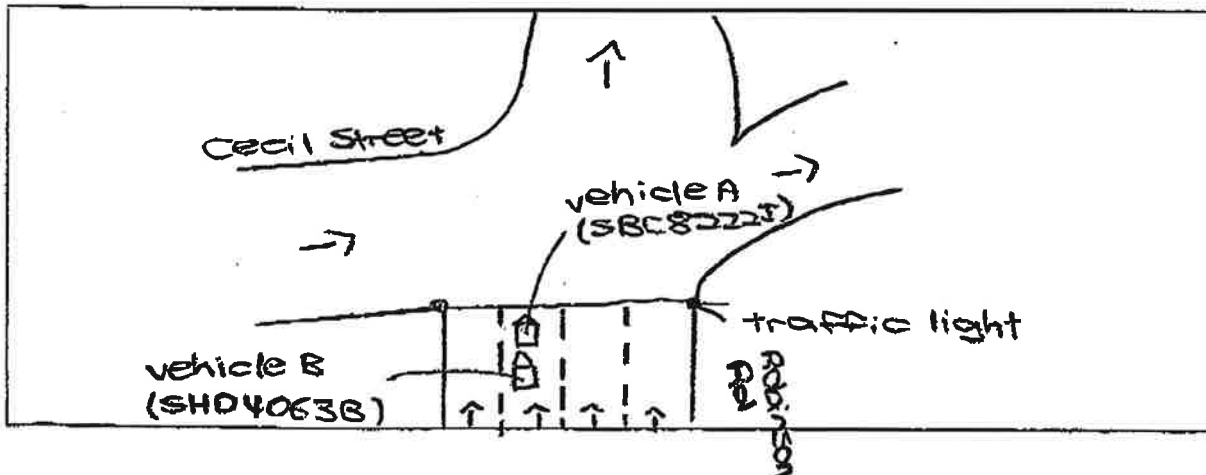
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Authorised Driver.
  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 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.
  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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &amp; Time

Driver's Signature (if driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Sketch Plan #3 Pg. 1

## Describe Circumstances of the Accident

I was stopping at Robinson Road traffic junction waiting for the traffic light to turn green Suddenly, vehicle B hit onto the rear portion of my vehicle.

## Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Insurance Co.	AXA		
Vehicle NO.	SRC 8222J	Date Of Accident	28 / 8 / 19
<input type="checkbox"/> Reporting Only			
<input type="checkbox"/> Own Damage Claim			
<input checked="" type="checkbox"/> Third Party Claim			