

VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

Date: 02/10/19

By Fax & Email

To: AXA

Attn : Motor Claims Department

Re: Accident involving motor vehicle Nos. SLD8821G and SLQ3845C
along PIE towards Changi (Before Lornie Road Exit) on 02/10/2019

We refer to the above matter.

We are instructed by Kamalasanan Sasi Kumar to notify you of a road traffic accident on 02/10/2019 at about 09:30 at PIE towards Changi (Before Lornie Road Exit) involving our client's/customer's vehicle registration number SLD8821G and vehicle registration number SLQ3845C driven by you at the material time.

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

Thank You

Yours faithfully



Abby

Hp : 9856 4815

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	02/10/2019 13:48
Date Of Accident	02/10/2019 09:30
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8821G
Insured/Policyholder	
Name Of Registered Owner	KAMALASANAN SASI KUMAR
NRIC No	S7884190G
Email Address	SASIVISHWA2007@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92325243
Alternative Phone No	OFFICE-92325243

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 EX (A)

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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00639415
Cover Note Number	

Driver

Name of Driver	KAMALASANAN SASI KUMAR
NRIC No	S7884190G
Date Of Birth	27/02/1978
Occupation	INDOOR
Date Of Driving Pass	24/12/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92325243
Fax Number	
Contact Number	OFFICE-92325243
EEmail Address	SASIVISHWA2007@GMAIL.COM

Address	67 CHOA CHU KANG LOOP #02-04 SINGAPORE 689671
Postcode	
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	CHAIN COLLISION
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	3
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 see attached files

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	BIG FILE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ3845C
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGJ8736Y
Vehicle Make/Model/Colour	
Details Of Properties	
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

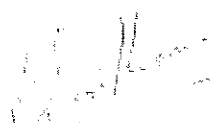
SKETCH PLAN

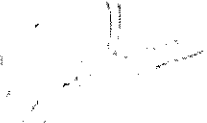
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

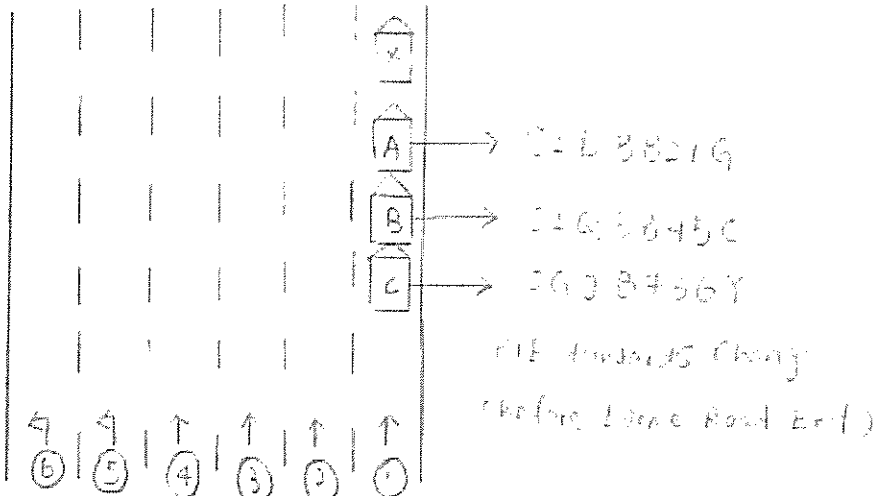

Policyholder's Signature
Date & Time


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


Reporting Centre Agent's Signature
Name
IDP Q1111111111

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to attach

DECLARATION

We declare that the facts stated in this report are true and correct.
 I, John Doe,
 Date & Time: 10/10/2023 10:00 AM

Driver's Signature
 I declare that the information
 Date & Time

I declare that the information is true and correct.
 Date & Time

Sketch Plan #3

On 02.10.19 at about 09:30 hours along PIE towards Changi (Before Lornie Road Exit). I was travelling straight on lane 1, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang and followed by three impacts from behind, and then I pulled my handbrake. When I alighted I realised it was vehicle (B) had collided onto rear portion of my vehicle (A). It was a chain collision of total 3 vehicles involved.

Vehicle (A): SLD 8821G

Vehicle (B): SLQ 3845C

Vehicle (C): SGJ 8736Y

A handwritten signature or set of initials in dark ink, appearing to be 'V. S. S. S.' or similar, written in a cursive style.



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

Print Date/Time : 02 Oct 2019 / 10:37:15

Receipt Date/Time : 02 Oct 2019 / 10:37:15

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191002-000856

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLQ3845C				
As at 02 Oct 2019/09:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLQ3845C			
	Enquiry Fee	7.00	0.49	7.49
	20191002103646841471			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
Paid By				
	xxxxxxxxxxxx1359	Credit Card: 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.