

EXCLUSIVE ENTERPRISE

8 Kaki Bukit Ave 4 #03-50 PREMIER @ KAKI BUKIT Singapore 415875
Tel: 6245 9655 / 97356016 Fax: 6245 9678 (Co Reg No: 201906614W)
Email: exclusiveenterprise50@gmail.com

Date: 25/10/2019

To: AXA

Attn: Motor Claims Department

Re: Accident Involving Motor Vehicle No: GT 421 E and SMH 5018 X
along PIE Tuas Near Paya Lebar Exit (location)
on 25/10/2019 (date).

We refer to the above matter.

We are instructed by HONG ZHAN CURTAIN DESIGN (name)
to notify you of a road traffic accident on 25/10/2019 (date) at about 10:30 am (time)
at PIE Tuas Near Paya Lebar Exit (location)
involving our client's / customer's vehicle registration number GT 421 E and
vehicle registration number SMH 5018 X 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.

Best Regards,



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	25/10/2019 12:48
Date Of Accident	25/10/2019 10:30
Exact Location Of Accident	PIE TUAS NEAR PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT421E
Insured/Policyholder	
Name Of Registered Owner	HONG ZHAN CURTAIN DESIGN
Co Reg No	53189080E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98502223

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA LITEACE 5DR
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088520204-02
Cover Note Number	

Driver

Name of Driver	HO CHIAN SAN
NRIC No	S7145464I
Date Of Birth	05/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1992
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98502223
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 311 WOODLANDS STREET 31 #05-40
Postcode	730311
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SALES
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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

REFER TO ATTACHED

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	SMH5018X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WENDY BOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HO CHIAN SAN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

GT421E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

APT BLK 311
WOODLANDS STREET 31 #05-40

Postcode

730311

Sketch Plan

SKETCH PLAN

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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.

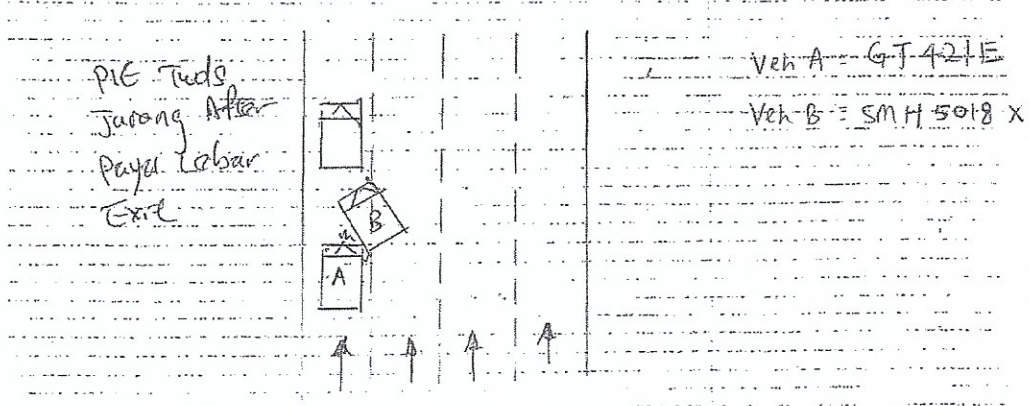
宏展窗簾室內設計
Hong Zhan Curtain Design
Co. Reg. No: 53186080E
47 Kallang Pudding Road
#07-02 The Crescent@Kallang

Singapore 349318
Policyholder's Signature:
T: 6859 2223 F: 6844 8596
Date & Time: Email: hzcurtain@gmail.com

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle A (GT 421E) was driving straight from PIE towards Jurong. Due to heavy traffic in front, my car slowly drove at left 4 lane. Suddenly vehicle B (SMH 5018 X) cut into my lane and hit into my veh front right portion.

宏展窗帘室内设计

Hong Zhan Curtain Design

Co. Reg. No.: 53189080E

47 Kallang Pudding Road

#07-02 The Crescent@Kallang

Singapore 349318

T: 9850 2223 F: 6844 8598

Email: hzcurtain@gmail.com

DECLARATION

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

宏展窗帘室内设计

Hong Zhan Curtain Design

Co. Reg. No.: 53189080E

47 Kallang Pudding Road

#07-02 The Crescent@Kallang

Singapore 349318

T: 9850 2223 F: 6844 8598

Email: hzcurtain@gmail.com

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Oct 2019 / 16:44:23

Receipt Date/Time : 25 Oct 2019 / 16:44:23

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191025-002888

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - SMH5018X
As at 25 Oct 2019/10:30:00
Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SMH5018X
Enquiry Fee
20191025164247741853

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

xxxxxxxxxxxx9489 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.