



17th January 2020

**AXA INSURANCE SINGAPORE PTE LTD**

Attn : Motor Claim Department

Dear Sir/Madam,

**Road Traffic Accident Involving SKT 8257 M (Our Ref) and XE 7557 D (Your Ref)  
Dated 17<sup>th</sup> January 2020, Time around 09:30HRS  
@ Woodlands Ave 12 towards SLE**

We represent our client; Li Wen Xiao to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SKT 8257 M and your insured's vehicle registration number: XE 7557 D. 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 XE 7557 D 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.

<b>Contact Person</b>	Eric Lee	8269 9999
<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 #02-12 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: 17/01/2020 (dd/mm/yy) Time of Accident: 09:30 (24-HR-FORMAT)  
Vehicle No.: SKT 8257 M Vehicle Make & Model: MAZDA 3 1.5L  
Exact location of Accident: Woodlands Ave 12 towards SLE  
Policyholder's Name / IC No.: Li Wen Xiao S8576419E  
Driver's Name / IC No.: Li Wen Xiao S8576419E (As Above) ☐  
Driver's Contact No.: 9686 9450 Company Contact No.: \_\_\_\_\_  
Driver's Address: 19 Woodlands Ave 6 #04-28 Twin Fountains S(738999)  
Insurance Company: FWD Email address (if any): \_\_\_\_\_

Relationship between Owner & Driver: Owner or Others specify: \_\_\_\_\_

### 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): 01

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

Gender : \_\_\_\_\_  
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: GG Waste Management Pte Ltd Vehicle No: XE 7557 D

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

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

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:



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

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



Woodlands Ave 12 towards SLE


Vehicle A : SKT 8257M

Vehicle B : XE 7557D

On the stated date and time, I vehicle A was travelling straight on my right lane. Vehicle in front of me stopped, I followed suit. All vehicles are stationary waiting for traffic light to turn green. Out of sudden vehicle B hit onto my stationary vehicle rear portion. The impact was so big my whole rear was dented in.

I/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:

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8576419E**

Name: **LI WENXIAO**

Birth Date: **03 Sep 1985**

Issue Date: **08 Oct 2011**

002006816G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8576419E**

Name: **LI WENXIAO**


李 文 晓

Race: **CHINESE**

Date of birth: **03-09-1985** Sex: **F**

Country of birth: **CHINA**

8963246



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 08 Oct 2011

NP 428A

Licence No: **S8576419E**

8963246


NRIC No: **S8576419E**

Nationality: **CHINESE**

Date of issue: **09-09-2008**

19 WOODLANDS AVENUE 6 #04-28  
TWIN FOUNTAINS SINGAPORE 738999

NRIC No: **S8576419E** Date: **22/10/2016**





## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2019-00011126 (Comprehensive - Classic Plan)**

Car plate number: SKT8257M

Your name (As the policyholder): Li Wenxiao

Coverage start date: 24/06/2019

Coverage end date: 23/06/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: United Overseas Bank Limited

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 21/06/2019

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.



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

SKT 8257M

Print Date/Time : 17 Jan 2020 / 10:21:17

Receipt Date/Time : 17 Jan 2020 / 10:21:17

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200117-000778

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 - XE7557D

As at 17 Jan 2020/09:30:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - XE7557D

Enquiry Fee

20200117102035085136

7.00 0.49 7.49

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

xxxxxxxxxxxx5916

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.