

湯順才律師樓  
TNG SOON CHYE & CO.

ADVOCATES & SOLICITORS  
NOTARY PUBLIC  
COMMISSIONER FOR OATHS  
UEN NO: 53131141D

31 JAN 2020  
F A X E D  
DATE: \_\_\_\_\_  
POSTED

150 South Bridge Road #02-19 Fook Hai Building Singapore 058727  
Tel: 6438 3133 • Fax: 6438 6066  
(Service of Court documents via fax is not acceptable)

Our Ref: TSC.SLL1467A.Accid.2020(HH)-ak  
Your Ref: SHB6226X

31<sup>st</sup> January 2020

**M/s MS FIRST CAPITAL INSURANCE LTD**  
Motor Claims Department  
36 Robinson Road  
#16-01 City House  
Singapore 068877  
(Insurer of vehicle no. SHB6226X)

**URGENT ATTENTION**  
By Fax/Certificate of Posting  
(Fax: 6507 3849)

cc. to:

**M/s COMFORT TRANSPORTATION PTE LTD**  
383 Sin Ming Drive  
Gas Building  
Singapore 575717  
(Owner of vehicle no. SHB6226X)

**URGENT ATTENTION**  
By Certificate of Posting

Dear Sirs,

**ACCIDENT ON 30.1.2020 @ 05:10 HRS INVOLVING MOTOR-VEHICLES NOS. SLL1467A  
& SHB6226X ALONG CHANGI AIRPORT T3 ARRIVAL PICKUP**

We are instructed by Mr Subbaiah Saravanan to notify you of a road traffic accident on 30<sup>th</sup> January 2020 at about 05:10 hrs along Changi Airport T3 Arrival Pickup involving our client's vehicle registration number SLL1467A and vehicle registration number SHB6226X driven by your insured's driver at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds 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 at **2 Kaki Bukit Avenue 2 #02-13 Auto Hub Singapore 417921**.

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 rights are hereby expressly reserved.

Yours faithfully,

Tng Soon Chye  
enc

cc. client – via fax: 6747 8602 only  
(ref: SLL1467A)

## 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	30/01/2020 10:05
Date Of Accident	30/01/2020 05:10
Exact Location Of Accident	CHANGI AIRPORT T3 ARRIVAL PICKUP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1467A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUBBIAH SARAVANAN
NRIC No	SXXXX831J
Email Address	SARA_GMEA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91454074
Alternative Phone No	OTHERS-91454074
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (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
<b>Insurance Company</b>	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00456542
Cover Note Number	
<b>Driver</b>	
Name of Driver	SUBBIAH SARAVANAN
NRIC No	SXXXX831J
Date Of Birth	09/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	28/08/2007
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91454074
Fax Number	
Contact Number	OTHERS-91454074
EMail Address	SARA_GMEA@YAHOO.COM.SG

Address 64 UPPER SERANGOON VIEW  
#09-01  
Postcode 533886  
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 COLLISION - OPENING DOOR OF VEHICLE  
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**

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

**Attachment(s)**

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHB6226X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver WONG KIM HENG  
NRIC/Passport Number SXXXX310I  
Contact Number  
Address APT BLK 41 SIMS DRIVE  
#10-269  
Postcode 380041  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

Changi Airport Terminal 3 arrival pickup

Vehicle  
A-SLL 1467A  
B-SHB 6226X

TAXI ONLY OPEN.

Legend  
Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I going Changi Airport Terminal 3 arrival pickup  
Taxi driver he go of other lane in my middle.  
lane stop at same time open door.  
B i over my car just just over he open door  
my side next to my door all side (damage.)

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature  
Date & Time:  
30/1/2020

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

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

## Sketch Plan #2

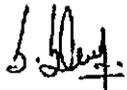
### SKETCH PLAN

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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:

30/1/2020

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

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

# DocuCentre-IV C3373

## Transmission Report

G3-ID 64386066  
Local Name  
Company Logo TNG Soon Chye & Co

Date & Time : 31/01/2020 12:17  
Page : 1(Last Page)

The job has been sent.  
Original Size: A4

### 湯順才律師樓 TNG SOON CHYE & CO.

ADVOCATES & SOLICITORS  
NOTARY PUBLIC  
COMMISSIONER FOR OATHS  
UEN NO: S3131141D

150 South Bridge Road #02-19 Fook Hai Building Singapore 058727  
Tel: 6438 3133 • Fax: 6438 6066  
*(Service of Court documents via fax is not acceptable)*

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Your Ref: SHB6226X

31<sup>st</sup> January 2020

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36 Robinson Road  
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Tng Soon Chye  
enc

cc. client - via fax: 6747 8602 only  
(ref: SLL1467A)

*This document is confidential and may be privileged. If you are not the intended addressee or if you receive this document by mistake, please notify us immediately. You should not use it for any purpose or copy it. Thank you.*

#	Job	Remote Station	Start Date & Time	Duration	Pages	Protocol	Contents	Status
1	1762 65073849		1-31; 12:16	50 Secs	5/5	Super G3		Completed