

Cheonghoh Law Corporation

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply please quote our Reference Number

Our Ref: LCH.my/W1HP-10070.20

03.02.20

BY FAX NO. 65073849 AND BY HAND

MS First Capital Insurance Limited
36 Robinson Road
City House #16-01
Singapore 068877

BY CERTIFICATE OF POSTING

Citycab Pte Ltd
383 Sin Ming Drive
Gas Building
Singapore 575717

BY CERTIFICATE OF POSTING

Dear Sirs

We are instructed by Tw Premium Automobile Pte Ltd to notify you of a road traffic accident on 21.01.20 at about 5:50 pm at the cross junction of Clementi Avenue 6 towards Dover involving our client's vehicle registration number SLR 1067 P and vehicle registration number SHA 340 T driven by your insured driver/you/your driver at the material time. A copy of the Singapore accident statement filed is available.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you 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.

For the avoidance of doubt, our client will be claiming for compensation for loss of use/rental of a replacement vehicle in the instances enumerated in the State Courts Practice Direction Amendment No. 1 of 2016 paragraphs 7.1 and 7.2 of the Appendix C of the Pre-action Protocol for Non-Injury Motor Accident Cases which compensation is additional to any other claim for loss of use/rental of a replacement vehicle which our client may make against your insured and/or your insured's driver and or you/your driver.

Yours faithfully

Cheonghoh Law Corporation

encs:

This is a computer-generated document and requires no signature

cc: client (via e-mail/fax only) - SLR 1067 P

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report immediately the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to voidable policy liability.
4. The mere act of completion of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any third parties may be referred to the Police for investigation.
6. This report is intended to be stored by the records of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for reporting and the release of the report will, for a fee, be made available upon application by interested parties.
7. By the completion 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 wherever.

ACCIDENT STATEMENT

Date Of Report 23/01/2020 10:05
Date Of Accident 21/01/2020 17:50
Exact Location Of Accident AT THE CROSS-JUNCT OF CLEMENTIAVE & TWDS DOVER
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR1087P
Insured Policyholder
Name Of Registered Owner TW PREMIUM AUTOMOBILE PTE LTD
Co Reg No 2XXXXX430G
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-64650030

Vehicle Particulars

Manufacturer MITSUBISHI
Model LANCER EX
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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5100799063-01
Cover Note Number

Driver

Name of Driver FARIDAH BINTI ABDUL RAHIM
NRIC No SXXXX910J
Date Of Birth 11/04/1966
Occupation OUTDOOR
Date Of Driving Pass 10/12/1994
Driving Experience 25 YEARS AND 1 MONTH
Gender FEMALE
Mobile Number (LOCAL) +65-93613260
Fax Number
Contact Number
Email Address NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own 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) 3

Passenger 1
 NAME: : MOHD ROZLE
 GENDER: : MALE
 Passenger 2
 NAME: : SOPHIA
 GENDER: : FEMALE

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 SHA340T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver GOH ENG LEE
 NRIC/Passport Number
 Contact Number
 Address
 Postcode

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 Authorized Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind 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 lodging 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 if/when so.
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.



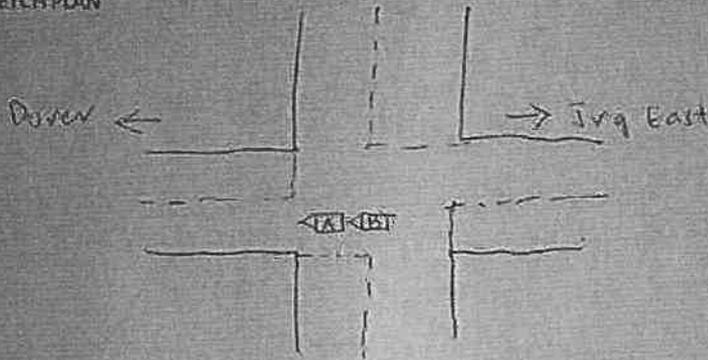
Policyholder's Signature
Date & Time:

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

IDAC 011
511
Tel: 6342 1111
Email: info@idac.gov.sg

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

SKETCH PLAN



A - SLP 1067P
 B - SHA 340T

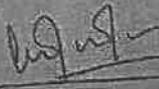
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Tuesday, 21st January 2020 at about 5:5pm,
 I was driving along the cross junction along
 Clement Ave 6. The traffic was heavy and
 slow-moving. While my car was stationary at the
 cross junction, I heard a bump. When I looked
 into the rear view mirror, a taxi SHA 340T
 Toyota Prius, had come very close to my vehicle
 and bumped into my rear bumper. I could not
 stop my car at the junction as the traffic was
 already moving. I signalled the taxi to pull over
 a few metres ahead of the scene. Upon checking,
 there was a crack on my left rear bumper.

DECLARATION

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


 Policyholder's Signature
 Date & Time:


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

IDAC F13311


 Reporting Officer's Signature
 Name:
 NRIC/FIN No.: