



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

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Our Ref: DP.sl.isk.11309.20.KAS
Your Ref: -----
Please quote our reference number when replying

Date: 07 SEPTEMBER 2020

M/S AIG ASIA PACIFIC INSURANCE PTE. LTD.
AIG BUILDING
78 SHENTON WAY
#08-16
SINGAPORE 079120
ATTN: MOTOR CLAIMS DEPARTMENT

E-MAIL ONLY

DEAR SIRs,

PRE-REPAIR INSPECTION

**YOUR INSURED VEHICLE REGISTRATION NO: SLH 9013U
ACCIDENT ON 05 SEPTEMBER 2020 INVOLVING SMC 1531H AND SLH 9013U
ALONG BAYFRONT AVENUE**

We are instructed by Kent Auto Services to notify you of a road traffic accident on 05th September 2020 at about 13:45 along Bayfront Avenue involving our client's vehicle registration number SMC 1531H and vehicle registration number SLH 9013U driven by your insured at the material time. A copy of the Singapore accident statement /traffic police report filed is enclosed.

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 inspection of the vehicle, by the attached list of two (02) surveyor which our client deemed suitable to be appointed.

If the aforesaid is not agreeable, kindly therefore instruct your appointed surveyor for a pre-repair inspection of our client's vehicle at by making a prior appointment with the repairer stated below:-

M/S KENT AUTO SERVICES
2 KAKI BUKIT AVENUE 2
#01-21,
KAKI BUKIT AUTOHUB
SINGAPORE 417921
ATTN: MR KENT TAN (9754-7573)

... 2/-

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Date: 07th September 2020

Messrs Daniel Poon & Co.

Our Ref: DP.sl.isk.11309.20.KAS

If we do not receive any agreement from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,



A handwritten signature in ink, appearing to be "K. S. H." or similar.

c.c. M/S KENT AUTO SERVICES

FAX (6741-2539) ONLY

NAME OF MOTOR SURVEYOR

- 1) **ONG AH KENG, KENT (KTO AUTOMOBILE ASSESSORS)**
- 2) **ONG POH MENG (AEON AUTO CONSULTANTS LLP)**

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	07/09/2020 09:57
Date Of Accident	05/09/2020 13:45
Exact Location Of Accident	BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1531H
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICE
Co Reg No	5XXXX332M
Email Address	KENTKH530@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67412539

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P2203634
Cover Note Number	

Driver

Name of Driver	TAN KEONG CHIN
NRIC No	SXXXX476I
Date Of Birth	04/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1986
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90624378
Fax Number	
Contact Number	
Email Address	KEONGCHIN58@GMAIL.COM

Address	APT BLK 708 YISHUN AVENUE 5 #01-58
Postcode	760708
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : UNKNOWN PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH9013U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAWRENCE CHIA CHAO XIAN
NRIC/Passport Number	SXXXX223J
Contact Number	98220219

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KEONG CHIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMC1531H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMC1531H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

SKETCH PLAN

SKETCH PLAN

Vehicle
A - SHC L321H
B - SLH 9013U

MARINA BLVD.

RAYFORD AVE

Legend
Vehicle
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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: 

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

IMPORTANT NOTICE

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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.: