

AUTO BULLOX PTE LTD

53 Ubi Avenue 1#01-25 Paya Ubi Industrial Park Singapore 408934
Tel: 6844 4290 Fax: 6841 6043 Email: motoricarzgarage@gmail.com
Register No.: 201919765N

Date: 30/12/2020

To:

SOMPO INSURANCE SINGAPORE PTE LTD

50 RAFFLES PLACE #05-01/06

SINGAPORE LAND TOWER

SINGAPORE 048623

ATTENTION: MOTOR CLAIM DEPARTMENT

Email: motorsurvey@sompo.com.sg

ACCIDENT INVOLVING VEHICLES SLQ7175B AND FBN7912A ON 22/12/2020.

We are instructed by **SHEEWIN TRAVELLERS LLP (UEN:TXXXXX182D)** to notify you of a road traffic accident on **22/12/2020** at **AYE TWDS JURONG TOWN HALL** about **17:40HRS** involving our client's /customer's vehicle registration number **SLQ7175B** and vehicle registration number **FBN7912A** drive by you 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/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.

If you have any inquiry, please kindly contact to Mr. Kaman -9769 9299.

Yours faithfully,

Elma
30/12/20



Elma

AUTO BULLOX PTE LTD

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 Dec 2020 / 14:00:49

Receipt Date/Time : 30 Dec 2020 / 14:00:22

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201230-002313

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - FBN7912A				
As at 22 Dec 2020/17:30:00				
Insurance Co: SOMPO INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - FBN7912A			
	Enquiry Fee	7.00	0.49	7.49
	20201230135716050202			
	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			
	462845XXXXXX0724	eNETS Credit Card		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.

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 Submission	28/12/2020 13:34 (SGT)
Date of Accident	22/12/2020 17:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TWDS JURONG TOWN HALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7175B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHEEWIN TRAVELLERS LLP
Company Reg No	TXXXXX182D
Email Address	GASP3R@GMAIL.COM
Mobile Phone No	(Phone) +65-94788101
Alternative Phone No	+65-94788101

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5102369965-02(COMP)
Cover Note Number	-

DRIVER

Name of Driver	CAI HONGWEI
NRIC No	SXXXXX3441

Date Of Driving Pass	01/08/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94788101
Alt. Phone Number	-
Email Address	GASP3R@GMAIL.COM
Address	BLK 331 #05-233BUKIT BATOK STREET 33
Address complement	-
Postcode	650331
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JPY3359
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

* REFER TO POLICE REPORT 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	FBN7912A
Vehicle Manufacturer	

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT9180E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	JPY3359
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MINOR INJURIES
Injured person in which vehicle?	FBN7912A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

-
-
-
-

MAJOR INJURIES

JPY3359

No

Yes

SKETCH PLAN

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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.

**SHEEWIN
TRAVELLERS LLP**

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

IDAC BUKIT BATOK (VAC)

511 811 811 8123

Tel: 6567 5127/4 0312

Fax: 6569 0722

Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature
Name:

**SHEEWIN
TRAVELLERS LLP**

267153

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$$D = 579180 \text{ E}$$

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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

**SHEEWIN
TRAVELLERS LLP**

28/12/20

IDAC BUKIT BATOK (VAC)
 511 PULAU BATOK ST 23
 SINGAPORE 115
 Tel: 6369 0312 / 6369 0312
 Fax: 6369 0322
 Email: vacbb@singnet.com.sg