

CPc

C PAGLAR & CO

ADVOCATES & SOLICITORS

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SERVICE OF COURT DOCUMENTS BY FACSIMILE
WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: **SHB 2191M**

Our Reference: CP/PRI/SGN4227/21- sf

Date: 8th January 2021

To: **M/S AXA INSURANCE PTE LTD**
ATTN: MOTOR CLAIMS DEPT

By Email

Dear Sirs,

NOTICE OF ROAD TRAFFIC ACCIDENT ON ROAD TRAFFIC ACCIDENT ON 8TH January 2021 INVOLVING MOTOR VEHICLE NO. SGN 4227E, SKQ 7767E AND SHB 2191M ALONG SLE TOWARDS CTE (BEFORE CTE (CITY) EXIT) AT ABOUT 0700 HOURS. PURSUANT TO PARAGRAPH 2.2 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

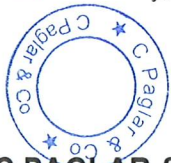
We are instructed by **Tang Liang Wah** to notify you of a road traffic on **8th January 2021** at about **0700** hours along **SLE towards CTE (before CTE (City) Exit)** involving our client's vehicle registration number **SGN 4227E**, **SKQ 7767E** and vehicle registration number **SHB 2191M** driven by your insured/ insured driver. A copy of the Singapore accident statement report filed 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 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.

PLEASE REPLY BY EMAIL ONLY: pri@cpaglar.com.sg

DO NOT REPLY BY FAX.

Yours faithfully,



C PAGLAR & CO.

Enc.

cc. [Client by Fax: 6266 - 8605] – (SGN 4227E)

Send/Fax to:

Submitted: Tang Liang Wah @ jmarl.com

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	08/01/2021	Time of Accident:	7am
Exact Location:	SLE towards CTE (before CTE ccty) (x14)		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SQN 4227 E		
Name of Registered Owner:	Tang Liang Wah		
NRIC / FIN / Passport no:	S68112322		
Vehicle Make: <u>manua</u> 1.5cc	with sub 5th	Vehicle Model:	lander G1X
Type of Claim:	Own Damage / (Third Party) Reporting Only		
Vehicle Category:	(Private) Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	China Taiping		
Type of Policy:	Comprehensive / Third Party / (Third Party, Fire & Theft)		
Policy Number:	DMP C5NWDO 161632000		

DRIVER			
Name of Driver:	Tang Liang Wah same as owner <input checked="" type="checkbox"/>		
NRIC / FIN / Passport no:	S68112322	Date of Birth:	26/03/1968
Occupation: <u>SALE</u>	Indoor / (Outdoor)	Driving Pass Date:	04 DEC 1991
Contact Number:	82232658	Gender:	(Male) / Female
Address:	Blk 234B Sumang Lane # 09-297 (S) 822274		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other: <u>owner</u>		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	(Chain Collision) / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / (Raining) / Others:		
Road Surface:	Dry / (Wet) / Others:		
Was anybody Injured?	(Yes) / No	Police Report Made?	Yes / (No)
No. of passenger onboard (including driver):	2	1 male, 1 female	

DETAILS OF OTHER PARTY			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHB 2191M	SKP 7767 E	
Vehicle Make / Model:	Hyundai	mazda	
Name of Driver:	Seah kel chuan michael	Tan chin keong Ivan	
NRIC / FIN / Passport no:	S13114619	S7102388 E	
Contact Number:	90602616	81258019	
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for my consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

8/1/21 1pm

SKETCH PLAN

- (A) SGN 4227E
- (B) SHB 2191M
- (C) SKQ 7767E

SLE towards CTE

CTE
(City)



Yio Choo Road
Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 08/01/2021 @ about 7am, I am travelling along SLE towards CTE. The car ahead me slow down and stop. I too stopped without hitting the front car. Moments later, I felt an impact on my rear and the strong impact cause my vehicle to surge forward and hit into the front vehicle. When I got down, I found myself in a 3 car chain collision. After the accident, I felt some pain on my neck area and will consult a doctor after which.

DECLARATION

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.: