



SmartOne Auto Pte. Ltd.
Co. Reg No: 201939368E
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: smartoneauto@gmail.com

Date: 06/02/21

By Email &/ Fax

To: China Taiping

Attn: Motor Claims Department

Re: Accident involving motor vehicle Nos. SLX 5071T and SMJ 7538M
along Marymount Road towards Thomson Road (Before on 05/02/2021
Junction of Bishan Street 22)

We refer to the above matter.

We are instructed by Khoo Lay Ean to notify you of a road traffic
accident on 05/02/2021 at about 11:45 at/along Marymount Road towards
Thomson Road (Before Junction of
Bishan Street 22) involving our client's / customer's vehicle
registration number SLX 5071T and vehicle registration number SMJ 7538M
(your insured) at the material time.

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.

Thank You.

Yours faithfully,

A handwritten signature in blue ink, appearing to be the name "Michelle", written over a horizontal line.

Michelle

Hp: 9856 4815

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	06/02/2021 11:32 (SGT)
Date of Accident	05/02/2021 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARYMOUNT ROAD TWRDS THOMSON ROAD(BEFORE JUNC OF BISHAN ST 22)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5071T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KHOO LAY EAN
NRIC No	SXXXX140J
Email Address	naeyal@hotmail.com
Mobile Phone No	(Phone) +65-92275908
Alternative Phone No	+65-92275908

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	MERCEDES BENZ / GLA180 URBAN (R18 LED)
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 car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V13842/MPV/R00
Cover Note Number	-

DRIVER

Name of Driver	KHOO LAY EAN
NRIC No	SXXXX140J
Date Of Birth	26/11/1986

Occupation	Outdoor
Date Of Driving Pass	13/01/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-92275908
Alt. Phone Number	+65-92275908
Email Address	naeyal@hotmail.com
Address	BLK 648 ANG MO KIO AVENUE 05 #02-3345
Address complement	-
Postcode	560648
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED;

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	SMJ7538M
Vehicle Manufacturer	Audi
Vehicle Model	AUDI / A1 SB 1.0 TFSI (PI)
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) -

SKETCH PLAN

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- 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
- 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.

WALFRUM BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415033
Tel: 67416887 Fax: 67492305
Email: wakb@vac.com.sg



Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
06 FEB 2021

Sketch Plan

Accident Report Form

Accident Date: 06 FEB 2021

Accident Time: 10:00 AM

Accident Location: Kaki Bukit

Accident Description: ...

Accident Details: ...

Accident Report Form

Describe Circumstances of the Accident

Refer to attached

Declaration

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

IDAC KAN BURI (PAC)
23 Rajabhat Ave 4 802-02
Bangkok 10000
TEL: 02-10007 FAX: 02-1000305
E-MAIL: idac@idac.or.th

Person's Signature: _____ Date & Time: _____

Driver's Signature: _____ Date: _____
(If Driver is not the policyholder)

Witnessed by: _____
Signature: _____

06 FEB 2021

On 05.02.2021 at about 11:45 hours along Marymount Road towards Thomson Road (Before Junction of Bishan Street 22). I was travelling straight on lane 1; lane 3 was occupied by road works construction.

Suddenly, I heard a loud bang and felt an impact. When I alighted, I realised it was vehicle (B) from lane 2 cut into my lane without checking the traffic condition thus collided onto the front and left portion of my vehicle (A).

Vehicle (A): SLX 5071T

Vehicle (B): SMJ 7538M

A handwritten signature in black ink, appearing to be 'S. K. S.', located in the lower right quadrant of the page.