

BSA LAW CHAMBERS LLC

Advocates & Solicitors

Your Ref : Insured vehicle no. SHC 376E

Our Ref : BSA. 9998. mc

Date : 23 February 2021

133 New Bridge Road
#10-04 Chinatown Point
Singapore 059413

Tel : 6236 2001

Fax : 6532 0412

Email : bala@bsalaw.com.sg

UEN Regn No: 201502330R

Secretary's DID: 6435 0020 (Alice)
6435 0019 (Mavis)

BY EMAIL : motor.survey@axa.com.sg

AXA Insurance Singapore Pte Ltd

8 Shenton Way #27-01

AXA Tower S

Singapore 068811

Attn: Motor Claims Department

Dear Sir,

NOTICE OF ACCIDENT

YOUR INSURED VEHICLE REGISTRATION NO: SHC 376E

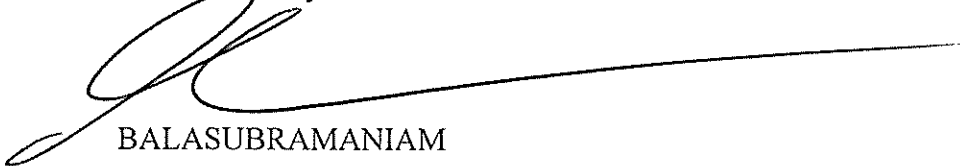
**ACCIDENT ON 07.02.2021 AT ABOUT 0045HRS INVOLVING FBP 6287S & SHC 376E
ALONG 368 UPPER EAST COAST ROAD**

We are informed by the owners of vehicle registration no. FBP 6287S to notify you of the captioned road traffic accident.

Please note that State Court Practice Directions Amendment 1 of 2016 applies to this case. A copy of the accident statement / police 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.

Yours faithfully



BALASUBRAMANIAM

Enc

cc **Modern Vespa Singapore**

Contact no. 86878551

Contact person: Mr Mark

Vehicle no. FBP 6287S

SV0K21280005 / VICOM LTD (VAC) - Bukit Batok (659545)
ENTRY DATE & TIME 08/02/2021 11:54 (SGT)
SUBMITTED BY Senanathan Thangavelloo
VERSION 1 (08/02/2021 11:54 (SGT))

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 Authorized 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	08/02/2021 11:54 (SGT)
Date of Accident	07/02/2021 00:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	368 UPPER EAST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6287S
INSURED POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FRANCIS R CHARLES
Passport No/FIN	SXXXX964I
Email Address	AUSTIN91SG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81279147
Alternative Phone No	(Home) +65-81279147

VEHICLE PARTICULARS


Manufacturer	Piaggio
Model	VESPA PRIMAVERA
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	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118147617 (COMP)
Cover Note Number	-

DRIVER

Name of Driver	FRANCIS R CHARLES
Passport No/FIN	SXXXX964I
Date Of Birth	14/08/1991
Occupation	Indoor

 Accident report SV0K21280005

Date Of Driving Pass	24/02/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-81279147
Alt. Phone Number	(Home) +65-81279147
Email Address	AUSTIN91SG@HOTMAIL.COM
Address	APT BLK 664B JURONG WEST STREET 64 #03-230
Address complement	-
Postcode	642664
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	-

Contact No.
Address
Postcode
Insurance Co.
Date

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 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)	2
Has the driver been approached by unknown person(s) soliciting offering accident claims assistance?	No

PASSENGER 1

Name	GIRLFRIEND
Gender	Female

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 TO STATEMENT ATTACH

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	SHC376E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SHAFIQ ABDULLAH LOW
NRIC No	SXXXX281A

[illegible]
$$\frac{1}{2} \log \frac{1}{2} = -\frac{1}{2} \log 2 = -\frac{1}{2} \log 2^1 = -\frac{1}{2} \log 2^{\frac{1}{2} \times 2} = -\frac{1}{2} \times \frac{1}{2} \log 2^2 = -\frac{1}{4} \log 4$$

SKETCH PLAN

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 **repudiate policy liability**.
4. The date 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 members of the GIA Roadside 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 thereafter.
8. **Consent under the Personal Data Protection Act (PDPA)**
 I understand, acknowledge, agree and consent that:
 - (a) My insurer, my co-insurer 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 the [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 insurers(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 queries 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 located outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan

Vehicle 1: 2012 Honda Civic

A - FBPG287S


B - SHC 376 E

Describe Circumstances of the Accident

I was about 17 years or so early today. During I was riding down foot road
 one towards home to stop by girlfriend's bike home. I was on the right side of the
 road when I saw a man driving ~~on the left side~~ on the left side. I slowed down
 the & he I reported when he suddenly made a right turn to ~~the right side~~ the right side of
 the road (into the road) which was on the opposite side. I could not stop in time
 and hit the right side of his back. I was looking at him just as he left the
 road and riding to the right side but without moving to the right side but just looking
 over his shoulder while riding that then I noticed that he started to pull people up on the
 opposite side who were hanging on the side.

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

Witnessed by Reporting Officer
 Personnel

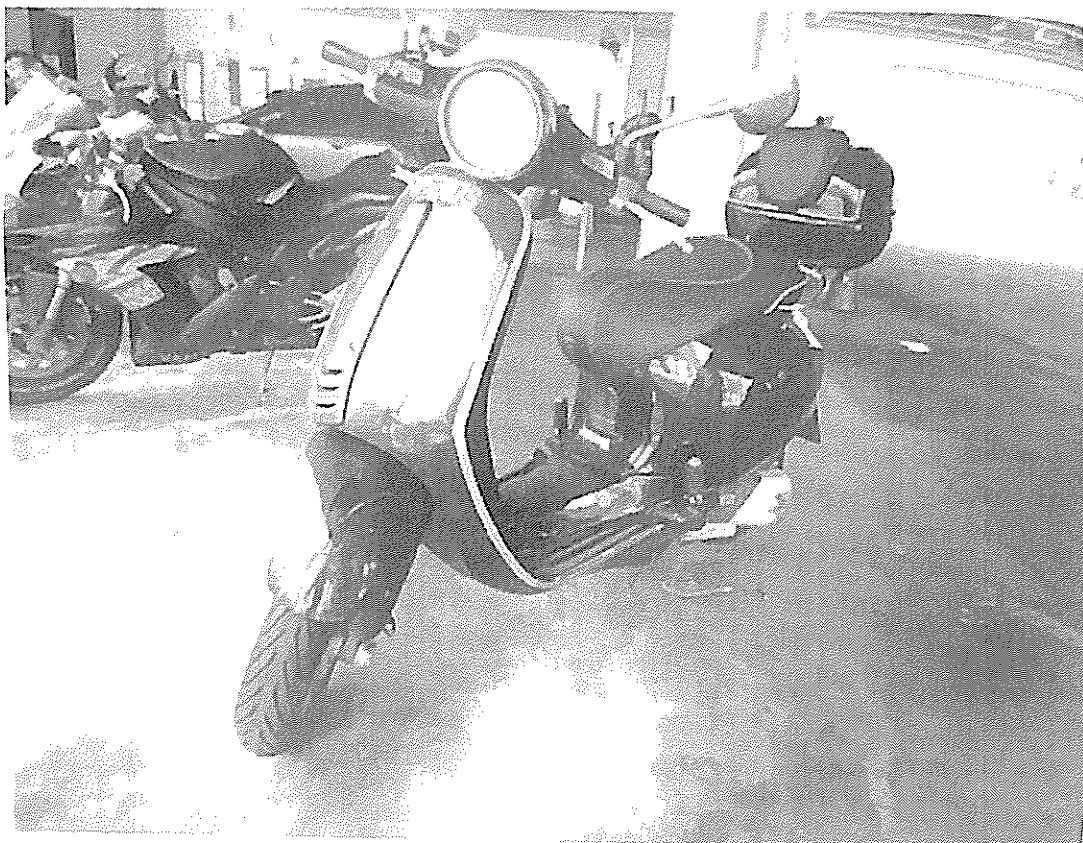
IMAGES



IMAGES #2



IMAGES #3



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FRONT VIEW



2024-05-08



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IMAGE #9



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