

Legiste Law Corporation

ADVOCATES & SOLICITORS
NOTARIES PUBLIC
COMMISSIONERS FOR OATHS
INCORPORATED WITH LIMITED LIABILITY
Co. Regn. No. 200305183Z

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FOK MUN CHEONG
TAN KIM KEE
NG LAI LENG

Our Ref FMC.12459.21.03

24th February 2021

The Motor Claims Department
AXA Insurance Pte Ltd
(Insurers of SJR 1166K)
8 Shenton Way #24-01 AXA Tower
Singapore 068811



URGENT

BY EMAIL (motor.survey@axa.com.sg) &
BY PDX

Mr Ken Ng Kang Sing
(Owner of SJR 1166K)
596A Ang Mo Kio Street 52
#12 - 321
Singapore 561596

BY CERTIFICATE OF POSTING

Dear Sirs

NOTICE OF ACCIDENT

**ACCIDENT ON 19.02.21 INVOLVING SGY 3493B & SJR 1166K
AT / ALONG TOA PAYOH CENTRAL TOWARDS LOR 2 TOA PAYOH
CLAIMANT(S): M/S AKW CAR RENTAL**

We are instructed by the abovenamed Claimant, the owner of motor-vehicle No. SGY 3493B to notify you of a road traffic accident on 19th February 2021 at about 3.42 pm at / along Toa Payoh Central towards Lor 2 Toa Payoh involving our client's vehicle and your motor-vehicle No. SJR 1166K driven by your insured driver at the material time. A copy of the Singapore Accident Statement filed by our client is enclosed.

FOR THE INSURERS

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair his damaged vehicle, please let us know within 2 working days of your receipt of this notice i.e. by end of office hours **26th February 2021**, 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. For the avoidance of doubt, you are liable to compensate our client for loss of use/rental commencing from (and including) today under the provisions of the applicable NIMA Protocol.

FOR THE OWNER

To avoid repudiation of liability by your insurers for breach of policy condition, we would strongly suggest that you report the accident to your insurers on an immediate basis, if you have not already done so. TAKE NOTICE that if your insurers should repudiate liability on the basis that you have breached their policy terms and conditions, you may be personally liable for our client's losses as adjudged by the Court.

Yours faithfully

Joseph Fok Mun Cheong
Legiste Law Corporation
enc
cc client

PDX Intercompany Exchange Pte Ltd



010809045402

FROM **LEGISTE LAW CORPN**
PDX Box No. **8719**



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	22/02/2021 14:48 (SGT)
Date of Accident	19/02/2021 15:42 (SGT)
Exact Location of Accident	Toa Payoh Central, Singapore
Additional Location Information	ALONG TOA PAYOH CENTRAL TWDS LOR 2 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY3493B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AKW CAR RENTAL
Company Reg No	5XXXX413C
Email Address	DANIELANGCW@GMAIL.COM
Mobile Phone No	(Phone) +65-94556160
Alternative Phone No	(Office) +65-94556160

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS 1.6 AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	Yes
Policy Number	5115291903-01-000006
Cover Note Number	-

DRIVER

Name of Driver	ANG CHEE WEE
NRIC No	SXXXX360J
Date Of Birth	16/04/1969
Occupation	Indoor



Date Of Driving Pass	15/01/1994
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96855887
Alt. Phone Number	
Email Address	DANIELANGCW@GMAIL.COM
Address	APT BLK 201 PETIR ROAD #08-691
Address complement	
Postcode	670201
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Head to Rear
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 SKETCH PLAN

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	SJR1166K
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	KEN NG KANG SING
NRIC No	SXXXX451G
Contact Number	(Phone) +65-96801166
Address	
Address complement	
Postcode	

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

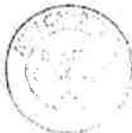
SKETCH PLAN

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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:

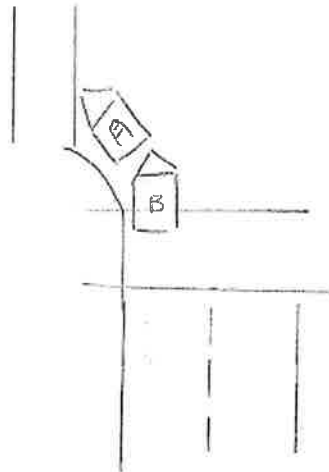
[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - SGY 3493B

B - SJR 1166K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 19/12/2021 8:12

Accident Location: To a payoh canal

I was driving along the mentioned location.

There was a pedestrian crossing the road, so I remained stationary for the pedestrian to finish crossing.

Suddenly I felt an impact on the rear.

I noted that vehicle B had collided onto my vehicle's rear RH portion.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

* IMPORTANT NOTE:

You will be asked to sign by the workshop that is the agent for you to claim against your own policy (Own Damage Claim) within a FOURTEEN (14) days after the date of the accident. No claims will be accepted without the signed form and complete set of documents.

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:







PRIVATE HIRE

