



iShare Auto Pte. Ltd.
Co. Reg No: 201939376R
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: ishareauto@gmail.com

Date: 26/04/21

By Email &/ Fax

To: India

Attn: Motor Claims Department

Re: Accident involving motor vehicle Nos. SLG1245A and GBA 6644Z
along T-Junction of Serangoon Road and Jalan Taman on 25/04/2021

We refer to the above matter.

We are instructed by Heritage Auto Capital Pte. Ltd. to notify you of a road traffic
accident on 25/04/2021 at about 18:40 at/along T-Junction of Serangoon
Road and Jalan Taman involving our client's / customer's vehicle
registration number SLG1245A and vehicle registration number GBA 6644Z
(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,

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	26/04/2021 16:35 (SGT)
Date of Accident	25/04/2021 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-Junction of Serangoon Road & Jalan Taman
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1245A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Heritage Auto Capital Pte Ltd
Company Reg No	2XXXXX468K
Email Address	h1048f@gmail.com
Mobile Phone No	(Phone) +65-63926608
Alternative Phone No	(Office) +65-63926608

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VFX/P2425789
Cover Note Number	nil

DRIVER

Name of Driver	Kang Teck Poh
NRIC No	SXXXX959G

Date Of Birth	06/11/1957
Occupation	Outdoor
Date Of Driving Pass	08/02/1979
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93972220
Alt. Phone Number	-
Email Address	h1048f@gmail.com
Address	Blk 351 Choa Chu Kang Central #02-353
Address complement	-
Postcode	680351
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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

Report please refer to 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	GBA6644Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	GBK6052D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	SMT1891D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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5. Any false reporting may be referred to the Police for investigation.
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 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.

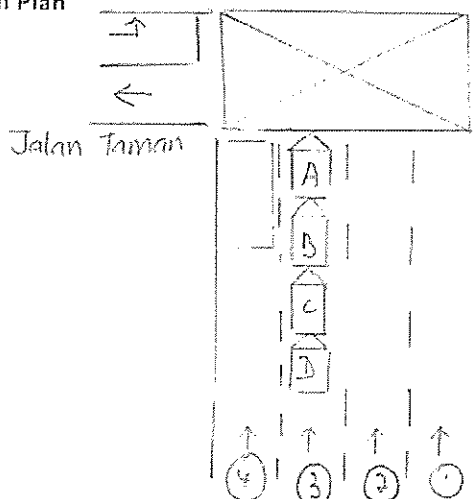


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SLG 1245A

B = GBA 6644Z

C = GBK 6052D

D = SMT 1891D

T-Junction of Serangoon Road and Jalan Taman

Describe Circumstances of the Accident

Refer to Attached

Declaration

We declare the foregoing particulars are true in every respect



Policy holder's Signature : Date & Time

Theresa

Driver's Signature (if driver is not the policy holder) : Date & Time

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Witnessed by Reporting Centre Personnel

On 25.04.2021 at about 18:40 hours at T-Junction of Serangoon Road and Jalan Taman. I was travelling straight on lane 3 (along Serangoon Road towards Upper Serangoon Road) and when I was approaching the above mentioned junction, the front vehicle slowed down and stopped due to have an intention to turn left into Jalan Taman, hence I also slowed down and stopped. I horned the front vehicle and he proceed to travelling straight.

Suddenly, I heard loud bang and felt impacts from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that it was a chain collision of total of 4 vehicles involved.

Vehicle (A): SLG 1245A

Vehicle (B): GBA 6644Z

Vehicle (C): GBK 6052D

Vehicle (D): SMT 1891D



T. K. P. G.