

EXCLUSIVE ENTERPRISE

8 Kaki Bukit Ave 4 #03-49 PREMIER @ KAKI BUKIT Singapore 415875
Tel: 8878 5573 / 8653 6483 Fax: 6242 6370 (Co Reg No: 201906614W)
Email: exclusiveenterprise50@gmail.com

Date: 29.04.2021

To: Lompac Insurance Bhd

Attn: Motor Claims Department

Re: Accident Involving Motor Vehicle No: SJL 5232H and Ym 8927J
along Bukit Timah Road after KAP before Beauty World (location)
on 16/04/2021 (date).

We refer to the above matter.

We are instructed by LEW HUEY JING (name)
to notify you of a road traffic accident on 16.04.2021 (date) at about 17:30 (time)
at Bukit Timah Road after KAP before Beauty World (location)
involving our client's / customer's vehicle registration number SJL 5232H and
vehicle registration number Ym 8927J driven by you 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.

Best Regards,





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	22/04/2021 12:34 (SGT)
Date of Accident	16/04/2021 17:30 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5232H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEW HUEY JING
NRIC No	SXXXX873C
Email Address	shauna@mail.com
Mobile Phone No	(Phone) +65-88666166
Alternative Phone No	+65-88666166

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00191482000
Cover Note Number	-

DRIVER

Name of Driver	LEW HUEY JING
NRIC No	SXXXX873C



Date Of Birth	20/01/1965
Occupation	Outdoor
Date Of Driving Pass	31/07/1989
Driving experience	31 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88666166
Alt. Phone Number	+65-88666166
Email Address	shauna@mail.com
Address	BLK 430A YISHUN AVE 11 #13-388
Address complement	-
Postcode	761430
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	Collision - Change/cross lane
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	NIL
Gender	Male

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

MY VEHICLE A WAS STATIONERY STARTING WAS MOVE OFF SLOWLY DUE TO THE HEAVY JAM, SUDDENLY I FELT AN IMPACT ON MY RIGHT REAR OF THE VEHICLE. I CAME DOWN REALIZED VEHICLE B (YM8927J) HAD CUT INTO MY LANE AND HIT INTO MY VEHICLE RIGHT REAR PORTION. AFTER THE ACCIDENT, VEHICLE B DRIVER CAME OUT OF HIS VEHICLE AND TOLD ME HE WAS SORRY BECAUSE HE DIDN'T SEE MY VEHICLE IN THE LANE.(I WAS NOT INSIDE YELLOW BOX)

ATTACHMENT(S)

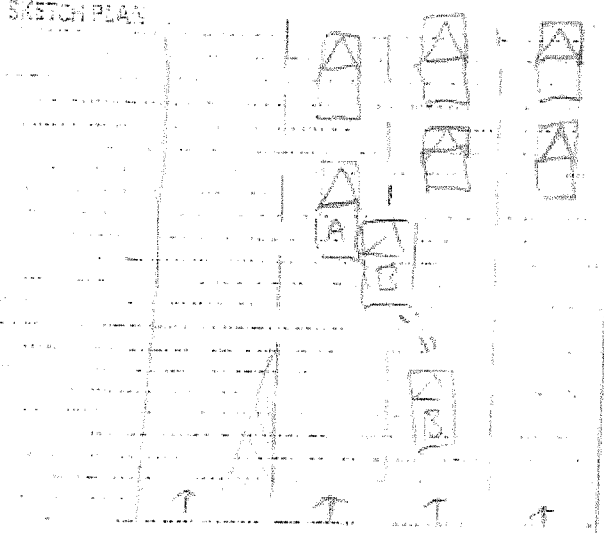
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM8927J
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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



Veh A: SJL-5232 H

Veh B: YM 8927 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

starting was move off slowly

My vehicle A was stationary due to the heavy jam. Suddenly I felt an impact on my right rear of the vehicle. I came down realized vehicle B (Ym 8927 J) had cut into my lane and hit into my vehicle right rear portion.

After the accident, Vehicle B driver came out of his vehicle and told me he was sorry because he didn't see my vehicle in the lane. (I was not inside yellow box)

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NIC/PIN No.:

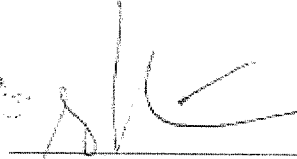
SKETCH PLANIMPORTANT NOTICE


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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.
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7. By the submission 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) assessing, 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 sums as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law to administering, processing, handling and/or dealing with my claims (collectively the "Purpose(s)");
- (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 Purpose(s); 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 situated outside of Singapore, for one or more of the above Purpose(s).
- (d) my Personal Information will also be collected and used to compile claim 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:


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


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

SINGAPORE ACCIDENT STATEMENT

3rd party report

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date of Submission	21/04/2021 11:41 (SGT)
Date of Accident	16/04/2021 17:30 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8927J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ADVANCE SPORTS TECHNOLOGIES PTE. LTD.

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe83beorsdea
Variant	-
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2977

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	Z/20/VC05/004193-001
Cover Note Number	-

DRIVER

Name of Driver	PANNEERSELVAM AYYANATHAN
Passport No/FIN	GXXXX648N
Address	BLK 117 BEDOK RESERVOIR RD
Address complement	#07-64
Postcode	470117
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210416/2135

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL5232H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Insurance Company Name	-

SKETCH PLAN

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 - (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.
 - (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.

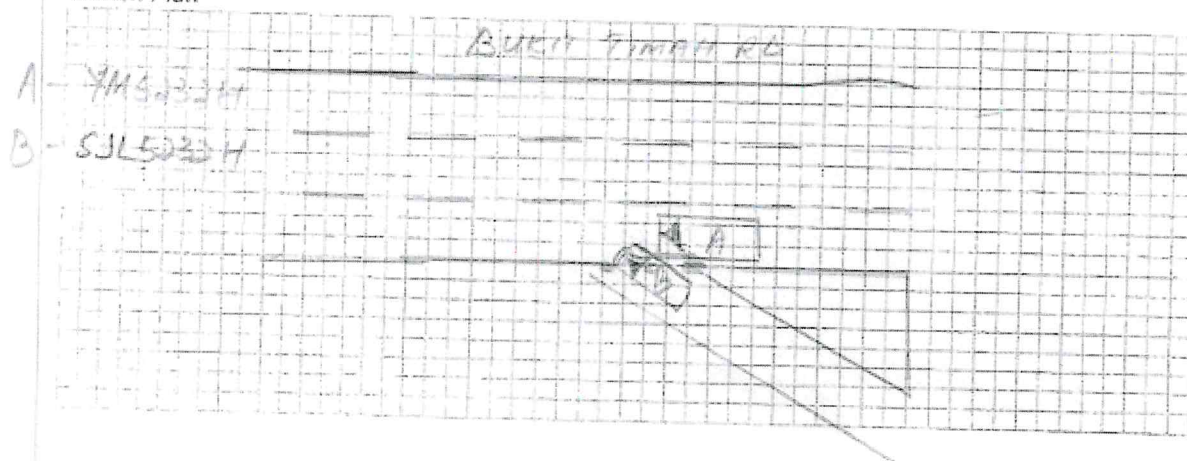


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Ref. to the police report 2/20210416/2135

Declaration

(We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 2/04/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 2/04/21
Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE



T/20210416/2135

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No. 1800-8485999

2 of 3

Report No. T/20210416/2135

CONTINUATION OF REPORT

Brief Details.

On 16/4/21 at around 1730hrs, I was driving my vehicle(YM8927J) along bukit timah road on the 3rd lane. As it was a peak hour, I was driving my vehicle at a constant speed keep myself in my own lane. Out of a sudden, I realized that I collided onto another vehicle(SJL5232H) which had entered into my lane from the last lane. I alighted the vehicle to discuss about the collision however the driver of SJL5232H came out from her vehicle, took some photos and left the scene. I wish to state that the collision had caused the front left bumper of my vehicle to be slightly scratch and dented. There is a in car camera installed in my vehicle and currently I am holding the possession of the memory card.

SKETCH PLAN

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(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-YM8927J
B-SJL5232H

