KURUP & BOO

UEN 53130914B ADVOCATE & SOLICITOR COMMISSIONER FOR OATHS **NOTARY PUBLIC**

111 North Bridge Road #15-03 Peninsula Plaza Singapore 179098 Tel. No. 6223 3343 6221 8623 Fax. No. 6225 7248 Writer's e-mail: boo@kurupnboo.com.sa

Our Ref : BMC, 3649,21,wh

3 May 2021

URGENT

Sompo Insurance Singapore Pte Ltd 50 Raffles Place Singapore Land Tower #03-03 Singapore 048623

Via email motorsurvey@sompo.com.sg

Dear Sirs

ACCIDENT INVOLVING VEHICLE NO. GBF 2668E AND SKZ 8406T AT YISHUN AVENUE 1 ON 29 APRIL 2021

We act for Javy Group Pte Ltd, the owner of the vehicle no. GBF 2668E which was involved in the above accident.

For your immediate attention, we attach a copy of the Singapore Accident Statement lodged by or on behalf of our client.

By way of notice, we hereby inform you that our client has appointed the following workshop to do the repairs:

Heng Yap Seng Auto Services

Block 160, Sin Ming Drive #08-13 Sin Ming AutoCity Singapore 575722

Contact: Mr Chong Han Meng

HP No.: 9183 3008 Fax: 6873 2017

We hereby give you two days' notice for your representative to go the above workshop to inspect our client's damaged vehicle. Kindly contact Mr Chong prior to going to the workshop for the survey.

Yours faithfully

BOO MOH CHEH

enc

ec Heng Yap Seng Auto Services

© SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 3. Information provided must be as utulified acceptance of policy liability.

 A. 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

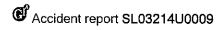
Date of Submission	30/04/2021 17:15 (SGT)
Date of Accident	29/04/2021 15:10 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information Country/State of Loss	- Singapore
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	GBF2668E
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes Javy Group Pte Ltd 2XXXX533E jeremy@javygroup.com (Phone) +65-93393009 +65-93393009
VEHICLE PARTICULARS	
Manufacturer Model 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? Vehicle Category Transmission CC INSURANCE COMPANY	Nissan Nv350 - Employment No - Claiming third party Commercial vehicle Manual 3000
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 1900003094-02 -
Name of Driver NRIC No	Nur Adli Bin Azmi SXXXX337Z

Date Of Birth	27/08/1989
Occupation	Indoor
Date Of Driving Pass	15/08/2008
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90046089
Alt. Phone Number	<u>-</u>
Email Address	nuradliazmi@gmail.com
Address	Blk 365A Sembawang Crescent #13-113
Address complement	<u>.</u>
Postcode	751365
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	100
	FBQ710X
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd
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?	NO
Was any other material or property damaged?	- V
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
soliciting/offering accident claims assistance:	140
PASSENGER 1	
Name	Kang Ban Chin
Gender	Male
	iviale
	
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	
Please refer to sketch plan	
ATTACHMENT(S)	
Are conident photos quallable for the share 2	
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	SKZ8406T
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver	Goh Hui Ling Fiona
NRIC No	SXXXX874Z
Contact Number	(Phone) +65-84284384
Address	<u>-</u>
Address complement	-
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. The report will be forwarded by the insurers of the GA Records Management Centre established by the General Insurence 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)

Funderstand, 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' law yers/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 hisurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signaturi 2 Date &

30/4/21

43000

Driver's Signature (Adriver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel Angle Soh

Sketch Plan

----- 9812668E

Jeletar WRH CINK

Angle Son

Describe Circumstances of the Accident
29/4/21, 9. 3:10pm, Dry Junny Weather.
Yishin Ale I Dam, wigered traffic, slow money, southing
man not not be for state of the
my vehille GBF 2600E come to a trp then got hit from
behand by \$k2f4v6T. Cady Fronk 90h 385248742
applopped and said she will inform he insurer. He mobile is
84 284384.
Annia Cub
Angie Soh

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder Suprature / Date & Time

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

Witnessed by Reporting Centre Personnel

Angie Soh