



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

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(UEN: 53130838C)

Our Ref: DP.sl.isk.11501.21.KAS
Your Ref: -----
Please quote our reference number when replying

Date: 11TH MAY 2021

M/S CHINA TAIPING INSURANCE (S) PTE. LTD.
3 ANSON ROAD
#16-00
SPRINGLEAF TOWER
SINGAPORE 079909
ATTN: MOTOR CLAIMS DEPARTMENT

E-MAIL ONLY

DEAR SIRs,

PRE-REPAIR INSPECTION

**YOUR INSURED VEHICLE REGISTRATION NO: SMQ 8853J
ACCIDENT ON 10 MAY 2021 INVOLVING SJT 5839R AND SMQ 8853J
AT THE SLIP ROAD OF KAMPONG JAVA ROAD**

We are instructed by Kent Auto Services to notify you of a road traffic accident on 10th May 2021 at about 10:10 at the slip road of Kampong Java Road involving our client's vehicle registration number SJT 5839R and vehicle registration number SMQ 8853J driven by your insured at the material time. A copy of the Singapore accident statement /traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed 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 inspection of the vehicle, by the attached list of two (02) surveyor which our client deemed suitable to be appointed.

If the aforesaid is not agreeable, kindly therefore instruct your appointed surveyor for a pre-repair inspection of our client's vehicle at by making a prior appointment with the repairer stated below:-

Please call the workshop before going there to do the PRI so as to ensure that the car is in the workshop

M/S KENT AUTO SERVICES
2 KAKI BUKIT AVENUE 2
#01-21,
KAKI BUKIT AUTOHUB
SINGAPORE 417921
ATTN: MR KENT TAN (9754-7573)

... 2/-

Messrs Daniel Poon & Co.

Our Ref: DP.sl.isk.11501.21.KAS

If we do not receive any agreement from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,



A handwritten signature in black ink, appearing to be "K8h".

Yours faithfully,

Daniel C. K. Poon
Advocate & Solicitor

c.c. M/S KENT AUTO SERVICES

FAX (6741-2539) ONLY

NAME OF MOTOR SURVEYOR

- 1) ONG AH KENG, KENT (KTO AUTOMOBILE ASSESSORS)
- 2) ONG POH MENG (AEON AUTO CONSULTANTS LLP)

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 11/05/2021 13:06 (SGT)
Date of Accident 10/05/2021 10:10 (SGT)
Exact Location of Accident Kampong Java Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT5839R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KENT AUTO SERVICES
Company Reg No 5XXXX332M
Email Address KENTKH530@GMAIL.COM
Mobile Phone No (Phone) +65-97547573
Alternative Phone No +65-97547573

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 car
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P2204317
Cover Note Number -

DRIVER

Name of Driver NEO HUEY SHENG
NRIC No SXXXX215Z

Date Of Birth	28/02/1978
Occupation	Indoor
Date Of Driving Pass	27/04/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91092308
Alt. Phone Number	-
Email Address	KENTKH530@GMAIL.COM
Address	BLK 220 PASIR RIS STREET 21 #12-172
Address complement	-
Postcode	510220
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002959999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH
STATEMENT RECORDED BY PEI WEN- PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ8853J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NEO HUEY SHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJT5839R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT 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.
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

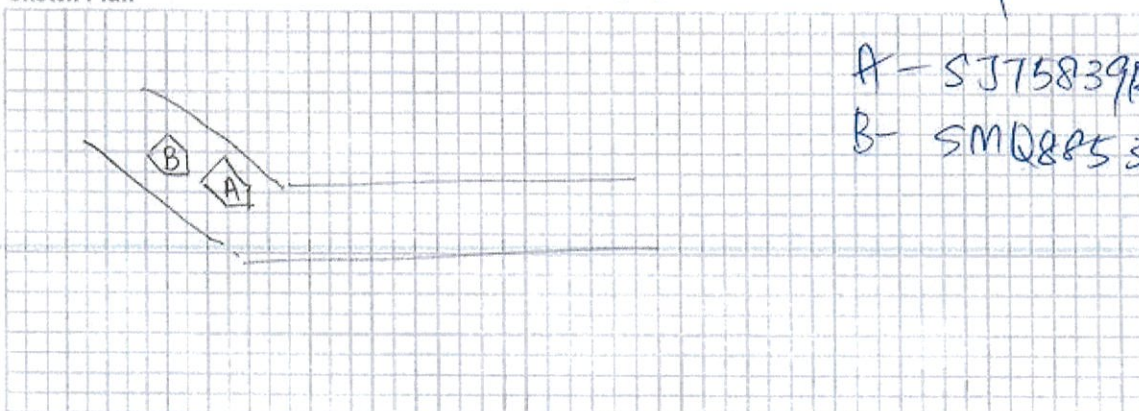
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

TAUTO
Reg. No.:
S2974332M
JCS

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
11/5/21

Witnessed by Reporting Centre Personnel
PW

Sketch Plan

A - SJ75839R
B - SMQ8853J

Describe Circumstances of the Accident

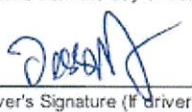
Refer to police report.

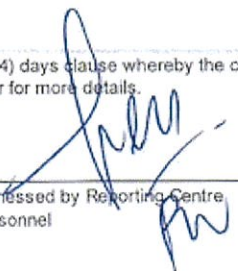
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel