



17th June 2021

AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving PC 5148 U (Our Ref) and SHB 6213 H (Your Ref)

Dated 16 JUNE 2021, Time around 1650HRS

@ Upper Thomson Road & Jalan Leban T Junction

We represent our client; NISSI TOURS AND TRAVELS PTE LTD, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: PC 5148 U and your insured's vehicle registration number: SHB 6213 H. Enclosed herewith a copy of the Singapore Accident Statement / Traffic Police Report filed for your reference.

We hereby give you **NOTICE** that we are claiming against SHB 6213 H for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

Contact Person	Eric Lee	8269 9999
Email Address	teamautopl@gmail.com	
Survey Address	160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722	

Kindly cc a copy of this letter to your insured for his/her acknowledgement.


Authorized Signatory

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming Autocity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautoffice@gmail.com / teamautopl@gmail.com

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	16/06/2021	Time of Accident:	16:50
Exact Location:	UPPER THOMSON RD & JALAN LEBAN T JUNCTION		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	PC5148U	NRIC / FIN / Passport no:	201710306R
Name of Registered Owner:	NISSI TOURS AND TRAVELS PTE LTD		
Owner's Email:	Booking@nissitravels.com		
Owner's Address:	102 Rangoon Rd, #01-01, Singapore 218385		
Vehicle Make:	Toyota	Vehicle Model:	HIACE COMMUTER 3.0GL
Engine Capacity (cc):	2982cc	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	NTUC		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	5091216237-03		

DRIVER			
Name of Driver:	JOSEPH SEKAR	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S7368420Z	Date of Birth:	13-02-1973
Occupation:	Indoor / Outdoor	Driving Pass Date:	14-01-2010
Contact Number:	91000521	Gender:	Male / Female
Address:	APT BLK 929 JURONG WEST T 92, #07-173, S(640929)		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	4 (4 males) - Hossan - Senthil - sulaiman - Joseph Sekar		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHB 6213H		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:	9626 9438		
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:	Joseph Sekar / PC5148U		

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

SKETCH PLAN

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. 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

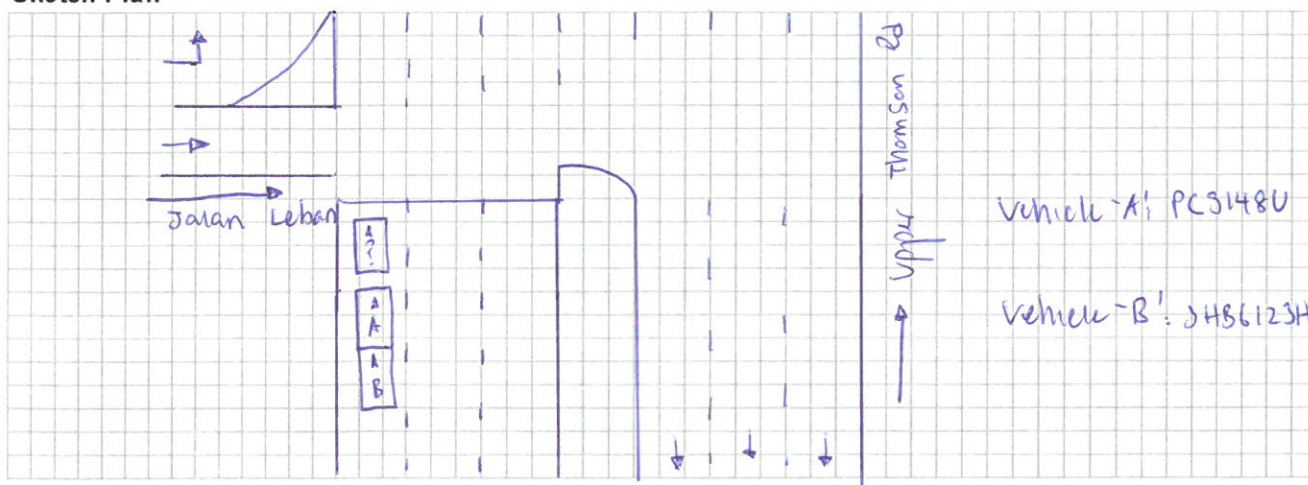
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

on the stated date and time, i vehicle 'A' was travelling along
my designated lane along upper Thomson Road. The vehicle in front of
me slowed down to a stop due to the red light. As such i
followed suit. As i came to a stop after about 10 seconds, i
suddenly felt a huge impact hitting me on the rear of my vehicle.
That is all.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 17 Jun 2021 / 13:12:53

Receipt Date/Time : 17 Jun 2021 / 13:12:53

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210617-001811

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHB6213H				
As at 16 Jun 2021/16:50:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHB6213H Enquiry Fee 20210617131207148796	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
426569XXXXXX8100		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.