



• Advocates & Solicitors •

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**FACSIMILE TRANSMISSION**

To	: Lonpac Insurance Berhad	Date	: 24 <sup>th</sup> June 2021
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of SMR 276Y	Our Ref.	: SB/PO/Acc/2021-9614
Fax No.	: 6296-2706 / 6296-3767	No. of Pages	: 6 (Including this page)

**IMMEDIATE ATTENTION**

Dear Sirs

**PRE-REPAIR INSPECTION  
ACCIDENT INVOLVING SLM 8051P, SMR 276Y, GBJ 5276L & SJC 8831G ON 23.6.2021**

We act for the owner of vehicle registration no. SLM 8051P.

We are instructed by our client to notify you of the above accident involving our client's said vehicle and your Insured's vehicle registration no. SMR 276Y driven at the material time. A copy of our client's Singapore Accident Statement is enclosed herein.

As a result of the above accident, our client's said vehicle was damaged. Before our client proceed to repair their damaged vehicle, please let us know within the next (2) working days of your receipt of this notice whether you 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 shall proceed to repair their said vehicle without further reference to you.

Please note that this notification does not in any way prejudice our client's right nor shall it be deemed as a waiver of any of their rights, as such our client's rights are expressly reserved.

Yours faithfully

A handwritten signature in black ink, appearing to be 'SB' or similar initials, followed by a horizontal line.

*Mr Stanley Bay / Miss Pauline Ong*

Enc

**Details of Workshop**

MJE Motor  
Block 7 Sin Ming Industrial Estate  
Sector C #01-94 S(575642)  
Tel No.: 6454-2203 ; Fax No. 6452-3308

SV0M216O0005 / VICOM LTD (VAC) - Sin Ming [575718]  
 ENTRY DATE & TIME: 24/06/2021 11:28 (SGT)  
 SUBMITTED BY: Christina Ong Mui Lan  
 VERSION: 1 (24/06/2021 11:28 (SGT))

## 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	24/06/2021 11:28 (SGT)
Date of Accident	23/06/2021 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (TOWARS TUAS) AT ENTRANCE TO THOMSON FLYOVER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM8051P

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KARKARR RENTAL PTE LTD
Company Reg No	2XXXXX017W
Email Address	kkrental.sg@gmail.com
Mobile Phone No	(Phone) +65-93366492
Alternative Phone No	+65-93366492

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5117214173-01 (TP)
Cover Note Number	-

#### DRIVER

Name of Driver	TAY XUAN (ZHENG XUAN)
NRIC No	SXXXX083A

Date Of Birth	23/11/1987
Occupation	Indoor
Date Of Driving Pass	14/09/2012
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87509613
Alt. Phone Number	-
Email Address	kkrental.sg@gmail.com
Address	BLK 455C ANG MO KIO STREET 44 #25-35
Address complement	-
Postcode	563455
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

## CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT ATTACHED.

## 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	SMR276Y
Vehicle Manufacturer	Lexus
Vehicle Model	Rx350
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN PUAY HUI
NRIC No	SXXXX370H
Contact Number	(Phone) +65-91932794
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 GBJ5276L  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Commercial vehicle  
 Name of Driver ABDULLAH HALIMI BIN RAHMAT  
 NRIC No SXXXX416C  
 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 SJC8831G  
 Vehicle Manufacturer BMW  
 Vehicle Model X1  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Private car  
 Name of Driver LAWRENCE ONG  
 NRIC No SXXXX880G  
 Contact Number (Phone) +65-91117271  
 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 TAY XUAN (ZHENG XUAN)  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained NECK AND BACK PAIN INTEND TO SEE THE DOCTOR LATER.  
 Injured person in which vehicle? SLM8051P  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? No

### 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 for use created by the Insurers of the QIA 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 in the centre and in copies of the report being made available elsewhere.
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 making 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/packaging); 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 under GIA to their third party service providers or agents (including their law firms/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.



Witnessed by Ringling Centre  
Personnel

### Sketch Plan:

PIE (THAS) © Thomson Flower Entrance

F. SLA 8051 P  
B. SMR 275 Y  
C. GBJ 3276 L  
D. EJC 8831 C

$\langle D \rangle \langle A \rangle \langle B \rangle \langle C \rangle$

SKETCH PLAN #2

## Describe Circumstances of the Accident

I was driving vehicle A along the (road) at entrance to Thomson  
Flats. Vehicle D in front of me stopped. I slowed down and stopped  
too. Vehicle B behind of my vehicle stopped too. After a few seconds  
I heard a ~~loud~~ bang from behind. Vehicle C collided into vehicle B.  
The heavy impact pushed vehicle B to hit the rear of my vehicle.  
Subsequently, the impact caused my vehicle to surge forward and  
hit into the rear of vehicle D.  
The traffic condition at the point of accident was very slow & heavy.

## Declaration

We declare the foregoing particulars are true in every respect.

24 JUN 2021

Policyholder's Signature / Date &  
TimeDriver's Signature (if driver is not the policyholder) / Date  
& TimeWitnessed by Reporting Centre  
Personnel