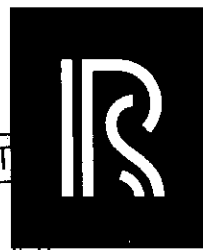


Our Ref. : RSS/2105-7128 (KW)(PD)
Your Ref. :

W : Natalie Ng
E : natalie_ng@rssolomon.com

24 June 2021



ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC

3019995468--2

AXA INSURANCE PTE LTD

No. 8 Shenton Way
#24-01 AXA Tower
Singapore 068811
Attn: Motor Claim Dept

BY PDX: [8176]

WITHOUT PREJUDICE



60209745

Dear Sirs,

ACCIDENT INVOLVING GBA 5622T AND SJL 7557H ON 7TH MAY 2021 ALONG MANILA STREET AT ABOUT 1230 HRS

We act for Kwang Chun Pte Ltd ("our Client"), the owner of vehicle registration no. GBA 5622T, and refer to the above-captioned matter.

2. We are instructed that you are the insurers of vehicle registration no. SJL 7557H at the material time. We are further instructed that the aforesaid accident was caused solely by your insured driver's negligence in his/her driving, controlling and/or management of the said vehicle. As a result of the accident, our Client's vehicle was damaged and they have been put to loss and expense, particulars of which are as follows: -

(a) Cost of Repair	\$ 4,600.00
(b) Loss of use for 7 days at \$120.00 per day (i.e. including two days for Pre-repair)	\$ 840.00
(c) Survey report fee	\$ 501.00
(d) GIA report & search fees	\$ 29.00
(e) LTA search fee	\$ 7.49
(f) Costs (with 7% GST)	\$ 802.50
(g) Transport, Xerox, postages & Other Incidentals (with 7% GST)	\$ 53.50
Total:	<u>\$ 6,833.49</u>

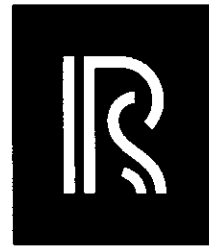
3. We enclose herewith copies of the following documents in support of our Client's claim: -

- (a) Final Repair Bill dated 9th June 2021 from Kok Wang Car Grooming;
- (b) Survey Report with Invoice No. CL/210318 dated 9th June 2021 from C L Appraiser Pte Ltd;
- (c) GIA Report lodged by our Client's driver;

Our Ref. : RSS/2105-7128 (KW)(PD)
Your Ref. :

W : Natalie Ng
E : natalie_ng@rssolomon.com

24 June 2021

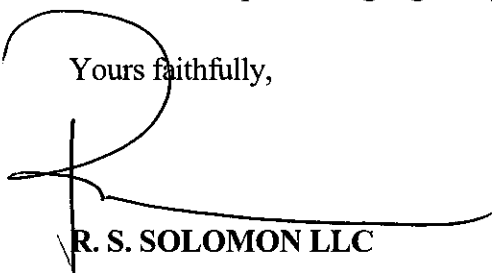


ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC

- (d) GIA Report lodged by your insured driver with payment advice for search and report fees;
- (e) LTA search result with payment advice; and
- (f) 41 coloured photographs depicting damages to our Client's vehicle registration No. GBA 5622T.

4. **TAKE NOTICE** that unless we receive your acknowledgement of receipt to this letter and enclosures **within fourteen (14) days from the date hereof**, our Client will have no alternative but to commence proceedings against your insured and/or its driver without further notice to you.

Yours faithfully,


R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

Encl.

**Cc: LEE CHOON MENG
& LEE QIAO YING VANESSA**
12 Upper Serangoon Crescent
#16-33
Singapore 534030

**BY CERTIFICATE OF POSTING
WITHOUT PREJUDICE**

Note to insured and/or the driver: No enclosures have been provided to you; should you require copies of the afore-mentioned enclosures, please contact our office.

TAKE NOTICE that if you have a counterclaim against our Client arising out of the above-captioned accident, you are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of you receiving this letter.

Kok Wang Car Grooming

1 Soon Lee Street #06-40 Pioneer Centre, Singapore 627605
Company Registration No. : 53021687J

INVOICE

Owner :	Kwang Chun Pte Ltd
Vehicle No.:	GBA 5622 T
Model :	Nissan NV350
Accident Date :	07 May 2021

DATE: 9 June 2021

ITEM NO.	DESCRIPTION	AMOUNT
1	LUMP SUM REPAIR COST AS PER SURVEYOR REPORT RECOMMENDATION	SGD 4,600.00
Grand Total :		SGD 4,600.00

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Kwang Chun Pte Ltd
C/o: Kok Wang Car Grooming
1 Soon Lee Street
#06-40, Pioneer Centre, Singapore 627605

Invoice No. : CL/210318

Ref No. : KWC/05/2105/TP

Date : 9 June 2021

DESCRIPTION	AMOUNT
OUR SERVICE FEE CHARGES:	
- SURVEY INSPECTION FOR VEHICLE NO. <u>GBA 5622 T</u> - RESURVEY INSPECTION - DIGITAL PHOTOGRAPHS SERVICES (INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS) - TRANSPORTATION	
GRAND TOTAL	S\$ 501.00

F & O E

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

LCL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 20100228E

VEHICLE INSPECTION REPORT

To: Kwang Chun Pte Ltd
C/o: Kok Wang Car Grooming
1 Soon Lee Street
#06-40, Pioneer Centre, Singapore 627605

Date : 9 June 2021
Our ref : KWC/05/2105/TP

Accident Date : 07 May 2021
Inspection Date : 27 May 2021
Repairer Name : Kok Wang Car Grooming
1 Soon Lee Street
#06-40, Pioneer Centre, Singapore 627605

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No	: GBA 5622 T	Year / Capacity	: 2018 / 2488 cc
Make / Model	: Nissan NV350	Colour	: Silver
Chassis No	: JN1MC2E26Z0008615	Mileage	: 159730
Engine No	: YD25422872A		

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Bridgestone	195 R15	5 mm	Normal
Front Offside	: Bridgestone	195 R15	5 mm	Normal
Rear Nearside	: Bridgestone	195 R15	5 mm	Normal
Rear Offside	: Bridgestone	195 R15	5 mm	Normal

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the o/s front portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 41 copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis and we have not given authorization and instruction to the repairer to proceed with the repair.

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$4,600.00** on a contractual basis.

Under normal circumstances, the repair period would be about 5 (Five) working days.

Vehicle Registration No.: GBA 5622 T

Our Ref No.: KWC/05/2105/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
-----	-------------	------------	---------------------	----------------

SPARE PARTS - LIST ITEMS

1	Front o/s corner panel	Damage	\$ 400.33	\$ 400.33
1	Front o/s headlamp	Damage	\$ 889.89	\$ 889.89
1	Front grille	Damage	\$ 565.21	\$ 565.21
1	Front grille logo	Necessary	\$ 133.75	\$ 133.75
1	Front bumper	Damage	\$ 687.87	\$ 687.87
1	Front bumper side retainer	Damage	\$ 50.33	\$ 50.33
1	Front o/s door	Damage	\$ 1,170.32	\$ 1,170.32
1	Front o/s door rubber	Necessary	\$ 100.78	\$ 100.78
1	Front o/s door side mirror	Damage	\$ 449.30	\$ 449.30
			\$ 4,447.78	\$ 4,447.78
			<i>Less 10%</i>	<i>\$ 444.78</i>
Total Cost - List Items			\$ 4,003.00	\$ 4,003.00

SPECIAL NETT ITEMS

1	Front bumper clip (1 set)	Necessary	\$ 60.00	\$ 60.00
1	Front o/s door lettering sticker	Necessary	\$ 45.00	\$ 45.00
Total Cost - Special Nett items			\$ 105.00	\$ 105.00

Total cost of parts

\$ 4,108.00	\$ 4,108.00
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Vehicle Registration No.: GBA 5622 T

Cur Ref No.: KWC/05/2105/TP

S/No	Description	Repairer's Estimate	Revised Amount
Total cost of parts c/f		\$ 4,108.00	\$ 4,108.00
<u>LABOUR</u>			
1	To check wiring , lighting and resetting headlamps focusing.	\$ 80.00	\$ 50.00
2	To remove and refit doors complete fittings and replace damaged parts, transfer all fittings to new door.	\$ 150.00	\$ 120.00
3	To apply undercoating on repaired and replaced panel.	\$ 100.00	\$ 60.00
4	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,080.00	\$ 750.00
5	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,000.00	\$ 660.00
GRAND TOTAL		\$ 6,518.00	\$ 5,748.00

Vehicle Registration No.: GBA 5622 T

Our Ref No.: KWC/05/2105/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 4,600.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be void.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser

SV0K21570006 / VICOM LTD (VAC) - Bukit Batok (698545)
 ENTRY DATE & TIME: 07/05/2021 15:53 (SGT)
 SUBMITTED BY: Somanathan Thengavelloo
 VERSION: 1 (07/05/2021 15:53 (SGT))

1105721 98A5022
 7175 46653724
 SIM CHONG CHYE

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	07/05/2021 15:53 (SGT)
Date of Accident	07/05/2021 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MANILA STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5622T
INSURED POLICY HOLDER	
Is company?	Yes
Name Of Registered Owner	KWANG CHUN PTE LTD
Company Reg No	2XXXXXX747H
Email Address	KWANGCHUN3000@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-64683000
Alternative Phone No	(Office) +65-64683000

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV350
Variant	
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5111380212-01(COMP)
Cover Note Number	

DRIVER

Name of Driver	SIM CHONG CHYE
NRIC No	SXXXX629E

Date Of Birth	29/03/1967
Occupation	Outdoor
Date Of Driving Pass	17/09/2010
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96653724
Alt. Phone Number	-
Email Address	KWANGCHUN3000@YAHOO.COM.SG
Address	APT BLK 1 HOUGANG AVENUE 3 #03-314
Address complement	-
Postcode	530001
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 - Major/Minor Rd
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)	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 ATTACH

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	SJL7557H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE CIA TING VANESSA
NRIC No	SXXXX2398
Contact Number	-
Address	-

SKETCH PLAN

Image As per Original
--CSU--

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 willful 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 CJA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will 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:
 - (i) 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 Ministry Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or my claims;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) 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
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (ii) all insurer(s) who have insured vehicle(s) involved in the 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
 - (iii) my Personal Information may/are 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 or may not be outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Constable / Personnel

Manda Street

A - GB95622T

B - JOL 7557H

SKETCH PLAN #2

Image As per Original
--CSU--

Describe Circumstances of the Accident

I was on Manila Street. I stopped my vehicle at road side. My vehicle was stationary. Suddenly there was a impact at my Right Side front portion when I check there was a van side swipe my car. Then we exchange our particulars.

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

Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)



KWANG CHUN PTE LTD

21 Toh Guan Road East #01-03 Toh Guan Centre Singapore 608609
Tel: 6468 3000 Fax: 6468 6066 Email: kwangchun3000@yahoo.com.sg

Agreement No: 7175

Date: 03-05-21

VEHICLE RENTAL AGREEMENT

CORPORATE HIRER/GUARANTOR DETAILS

By this agreement, I/We SIM CHENG CHYE
("the Hirer") having my/our address: 811 HOUBANG AVE 2 #03-314 S530001
ROC/NRIC No.: _____ Hereby agree to rent from M/s Kwang Chun Pte Ltd ("the Vendor") the vehicle as details below subject to the terms and conditions as attached herein.
Relationship with Driver: _____ Occupation: _____
Purpose of Renting: _____
Contact Person: _____ NRIC No.: S1824629-L Date of Birth: 29-08-1967
Office: HP: 96653724 Guarantor Employer: _____
Employer Address: _____

PERSONAL HIRER/DRIVER DETAILS

Name of Driver: ASAD NRIC No.: _____
Date of Birth: _____ Nationality: _____ Licence Pass Date: _____
Address: _____
Occupation: _____ HP: _____ Home: _____ Office: _____
Employer: _____
Employer Address: _____

VEHICLE DETAILS

Vehicle Reg. No: GBA 5622 Vehicle Model: NISSAN NV350 Mileage: _____
Fuel Level:

E	1/2	F
☐	☐	☐

DATE OUT DATE TO BE RETURN

Date/Time of Hire: 03-05-21 16-25 Date/Time of Return: _____

RENTAL CHARGES

Rental Contract for : _____ (days/weeks/months/years) @ S\$ _____ per (day/weeks/months)
Deposit : S\$ _____
Amount Paid : S\$ _____ (Cash/Cheque No.: _____)
Remarks: _____

Returned Date & Time:	E 1/2 F	Authorised	Customer
& Mileage:	Returned Fuel Level	Signed:	Signed:

Deposit S\$ _____ Refund on _____ Received By Name & NRIC & Sign: _____

I/We declare that the above particulars are true and correct in every respect. I/We have read, understand and agree to the terms and conditions of the hire agreement printed overleaf.

I/We declare that the vehicle will not be used for any unlawful purpose, ie. Smuggling cigarette or any other illegal act or purpose. In the event it is used it would be tantamounting to an immediate withdrawal of consent by us and we will lodge a Police Report of using without owners consent. Consent is not being subjected to lawful usage.

Authorised Signature: [Signature]
Name: _____
HP: 96653724

Corporate Hirer/Guarantor's Signature
Name: _____
NRIC: _____

Driver/Hirer's Signature: [Signature]
Name: SIM CHENG CHYE
NRIC: S1824629-L

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 08/05/2021 12:38 (SGT)
Date of Accident 07/05/2021 12:40 (SGT)
Exact Location of Accident Queen St, Singapore
Additional Location Information MANILA STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL7557H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CHOON MENG

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant -
Vehicle Category Private car
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA477537
Cover Note Number -

DRIVER

Name of Driver LEE QIAO YING VANESSA
NRIC No S9136239B
Address 12 UPPER SERANGOON CRESCENT
Address complement #16-33
Postcode 534030
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
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 ATTACHED STATEMENT AND SKETCH BY DRIVER

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	GBA5622T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SIM CHONG CHYE
Insurance Company Name	-

SKETCH PLANIMPORTANT 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 willful 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims 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:

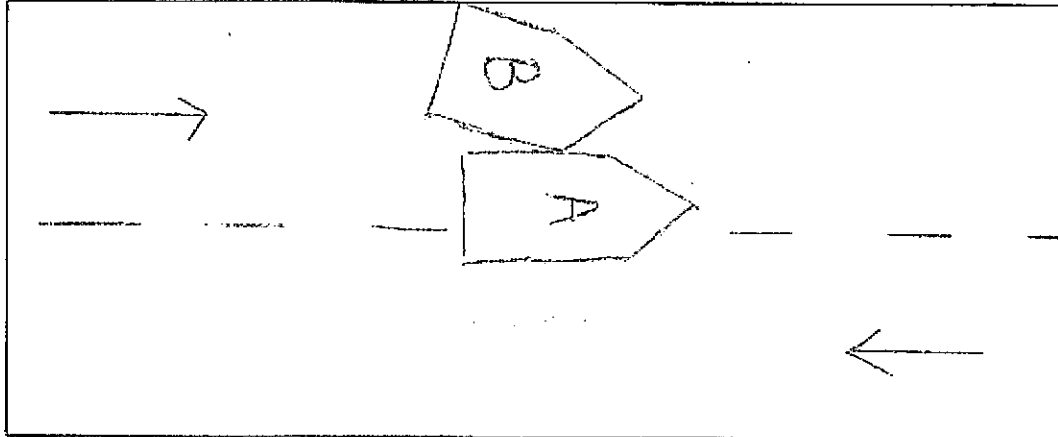
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN #2

Date of accident: 07/05/21 Time: 12:40 pm Location: Namilo street
 My Vehicle A: SJL7557H Vehicle B: GBA5622T Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A (my car) is driving straight with enough of space to ~~pass~~ pass car B without hitting.

When ~~my~~ the car head moved forward, car B turned out from parking, causing the collision and hit the side of the my car (car A).

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address: namilo@ahlimmotor.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/PPN No.:

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED





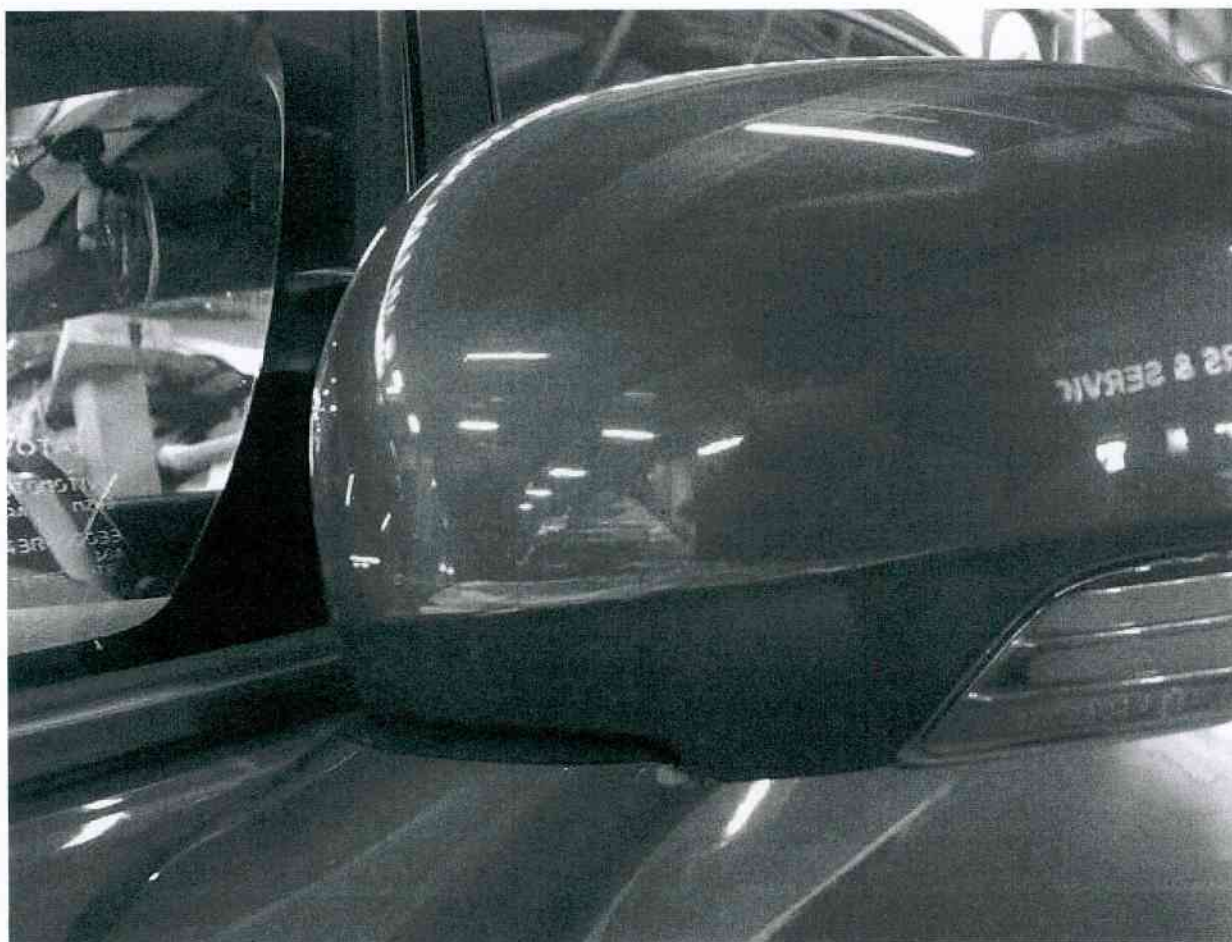


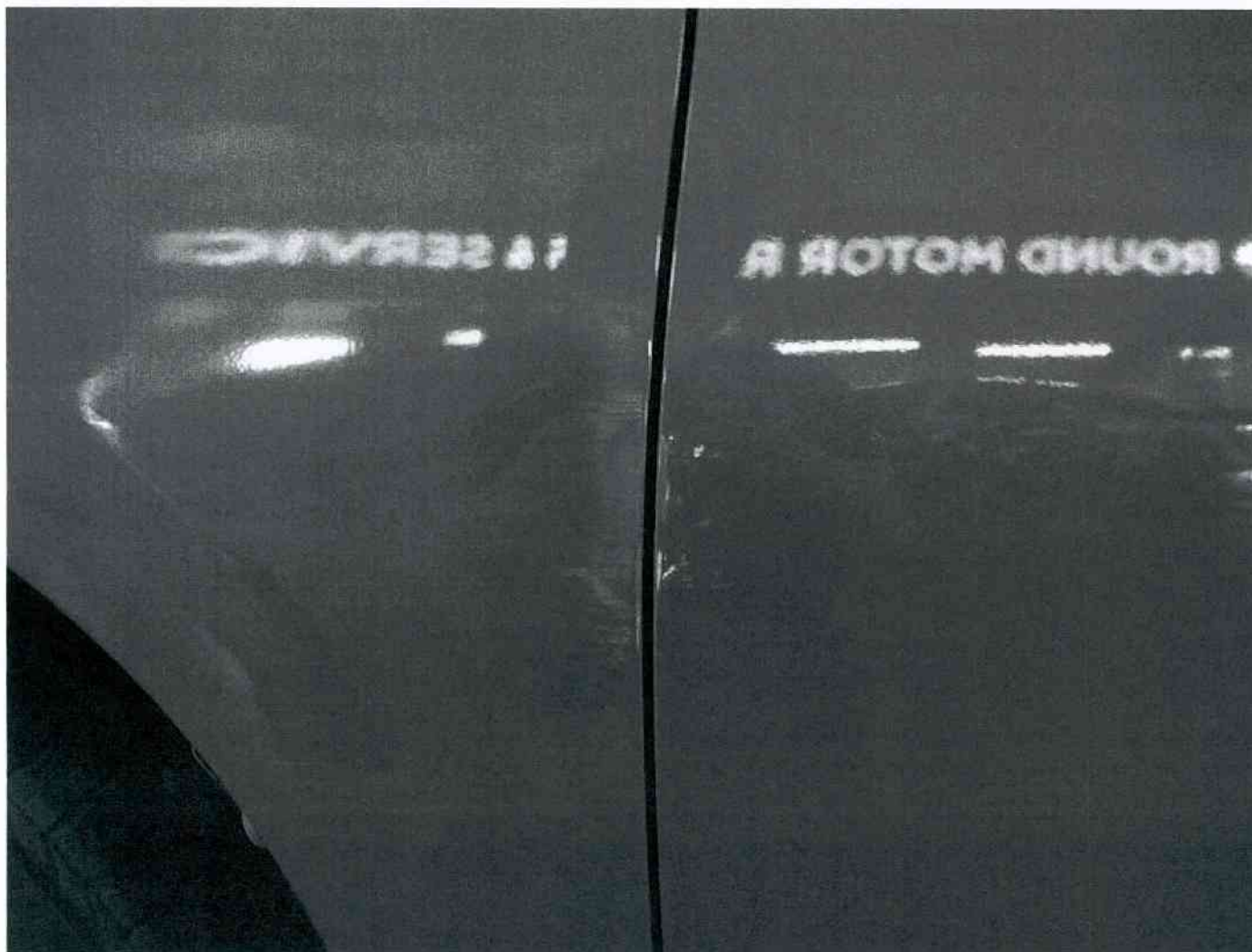


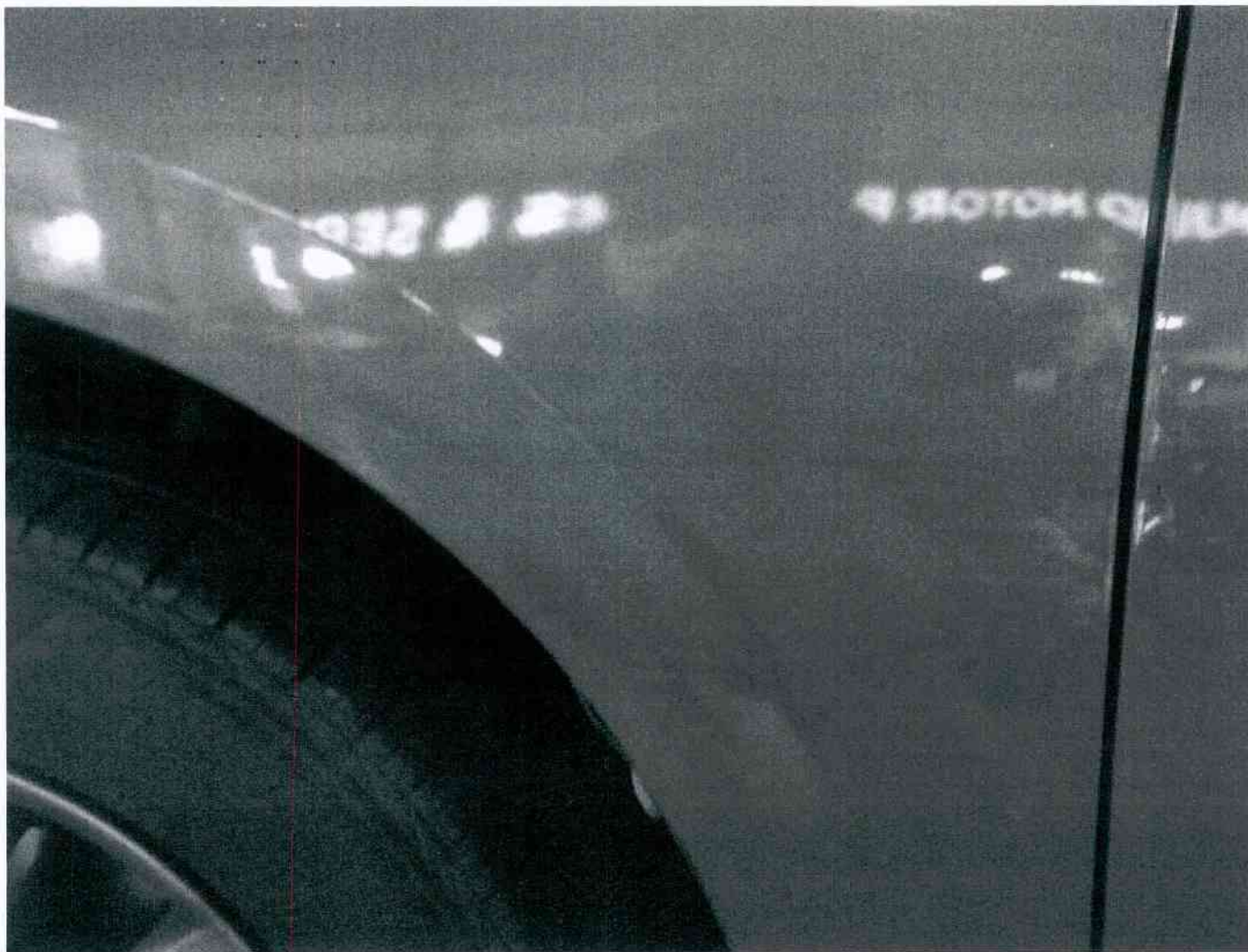






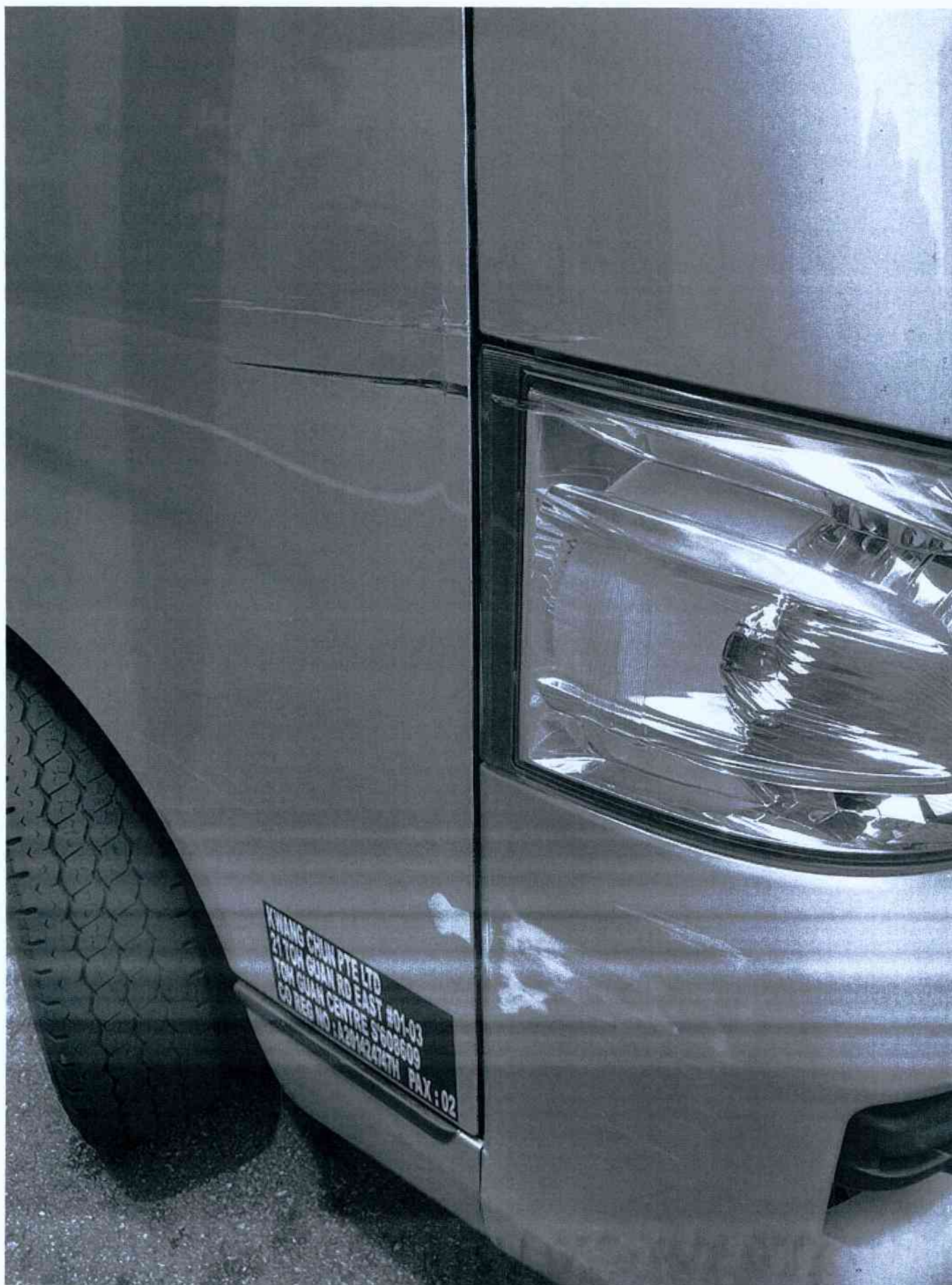










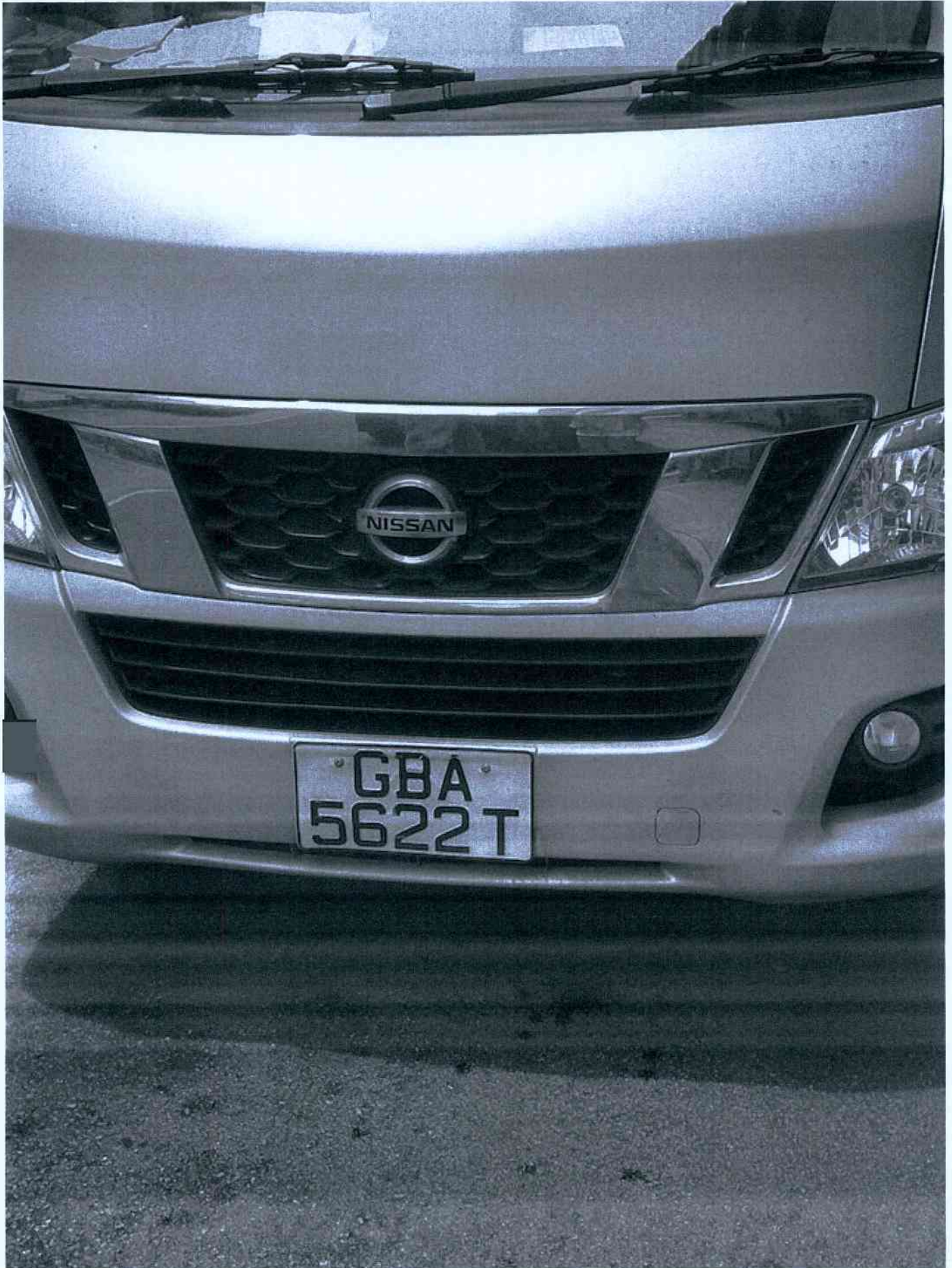






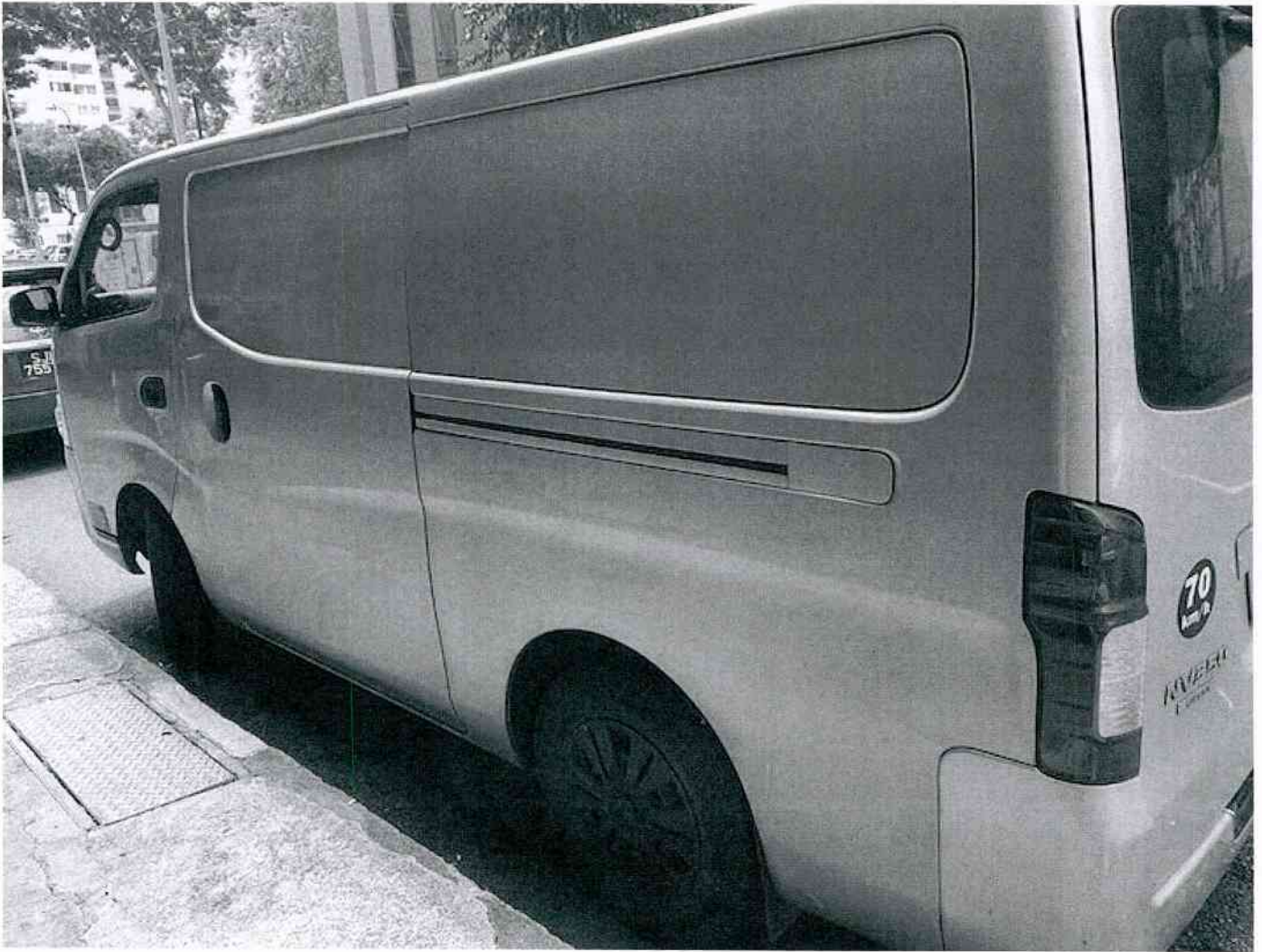












To Whom It May Concern,

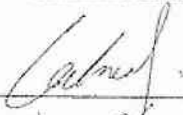
Accident involving my vehicle no. SJL7557H on 07/05/2021 (date) with
CBA56227 (other vehicle no) along Manila street.

I, Lee Choon Meng Nric No. S14272884

Owner of vehicle no. SJL7557H am aware of the accident of my vehicle on
07/05/2021 (Date) while car was driven by Lee Qiao Ying Vanessa

Nric No. S9136239B. I hereby, authorise him / her to make the report.

X


Name Lee Choon Meng

Date: 8/5/21

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

X

Name:

Date:



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 8/5/2021To: Owner of Vehicle Number: SJL 7557H

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, Eileen, Zila, Mui Hong, Wei Jie. Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident:
- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- ☐ You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- \$200 off on your Basic Own Damage Excess or
 - \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
 - Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☒ TP

Signed and acknowledged by:

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized drivers either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured vehicle.

AH LIM MOTOR COMPANY Name and signature of workshop personnel including company stamp



redefining / insurance



LEE CHOON MENG
12 UPPER SERANGOON CRES
#10-33 RIVERSAILS
SINGAPORE 534030

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6980 4888 (International)
(65) 6860 4740
customer.care@axa.com.sg
www.axa.com.sg

Renewal

date
25/06/2020

your servicing distributor
ARK INSURANCE AGENCY / 19093

your servicing distributor contact
88788799

Policy Schedule

Your SmartDrive Comprehensive Toyota Prestige Max

Your policy at a glance

Policyholder name	LEE CHOON MENG	Policy number	VA1 / GA477537
Cover	Comprehensive	FIN / NRIC	S1427286G
Period of Insurance	from 18/07/2020 to 17/07/2021 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 828.49
Total Discounts	- SGD 88.02
7% GST	SGD 51.83
Final Premium	SGD 792.30

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Toyota Prestige Max Benefits

- Loss or Damage
- Legal Liability
- Windscreen coverage with no Excess
- 24/7 Towing & Transportation in Singapore or Overseas
- Medical and dental expenses up to \$1,500 per person for you, your named drivers and your immediate family members
- Personal Accident Benefits to Insured - Limit of Liability: \$5100,000
- Personal Accident Benefits to Drivers at \$20,000 each and Passengers at \$10,000 each
- New for Old Replacement - up to 24 months from vehicle registration date
- Loss of personal items in the car - up to \$5,000
- Features and Accessories (Solar Film)
- Hotel accommodation for driver(s) night up to 5000
- \$100 Voucher for Windscreen repair at AXA Authorised Windscreen Workshop (Glass-For-You Ltd)
- Glass and/or Repairs to the car - 10% Voucher for repairs at AXA Authorised Premium Workshop
- Repairs at AXA Authorised Premium Workshop

Additional Benefits

- 24/7 Roadside Assistance

Vehicle details

Make & Model of Vehicle	TOYOTA WISH 1.8	Year of registration	2017
Vehicle registration number	SJL7557H	Type of Use	Private use
Body type	MPV	Engine Capacity (c.c.)	1798
Seating capacity (excl driver)	7	Engine number	ZZR1962474
Off-Peak car	No	Chassis number	JF0GG20W00J007115

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	HONG LEONG FINANCE LIMITED

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre: #81-01

1 of 2

Excess applicable (refer to Policy Wording for other applicable Excesses)

Windscreen Excess

Not Applicable

Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	LEE CHOON MENG	18/08/1960	> 1 year
Additional Driver	TONG WAI FONG CANNY	24/05/1963	> 1 year
Additional Driver	LEE QIAO YING VANESSA	21/09/1991	> 1 year

Additional clauses & endorsements to your policy

Nil

What you should do

- Keep this Policy Schedule as a record for your vehicle's insurance cover
- This Policy Schedule should be read together with the Terms and Conditions of the Policy Wording

AXA Insurance Pte Ltd

This is an auto generated document thus, no signature is required.

Issued by 19122000-Eva Yu on 25/06/2020 09:25:20 AM
2 of 2

redefining / insurance





RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 19/05/2021

Your Ref No: 1234

Dear Sir/Madam,

Date of Accident: 07/05/2021 00:00 (SGT)

Vehicle No: GBA5622T

Place of Accident: Queen St, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$\$)	QTY	AMOUNT (\$\$)
SJL7557H	Queen St, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

Enquire Vehicle's Insurance Particulars (As At 07 May 2021 / 12:30:00)

Vehicle No.:

SJL7557H

Make Description/Model:

TOYOTA / WISH 1.8 CVT

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20210514162403160811

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Printed on 14 May 2021 16:24:16

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Siew Kin Yew has successfully logged out.
Your last login date and time was 14 May 2021, 16:23:26.
To return to ONE MOTORING, please click here
For security reasons, please CLEAR YOUR CACHE after each session.

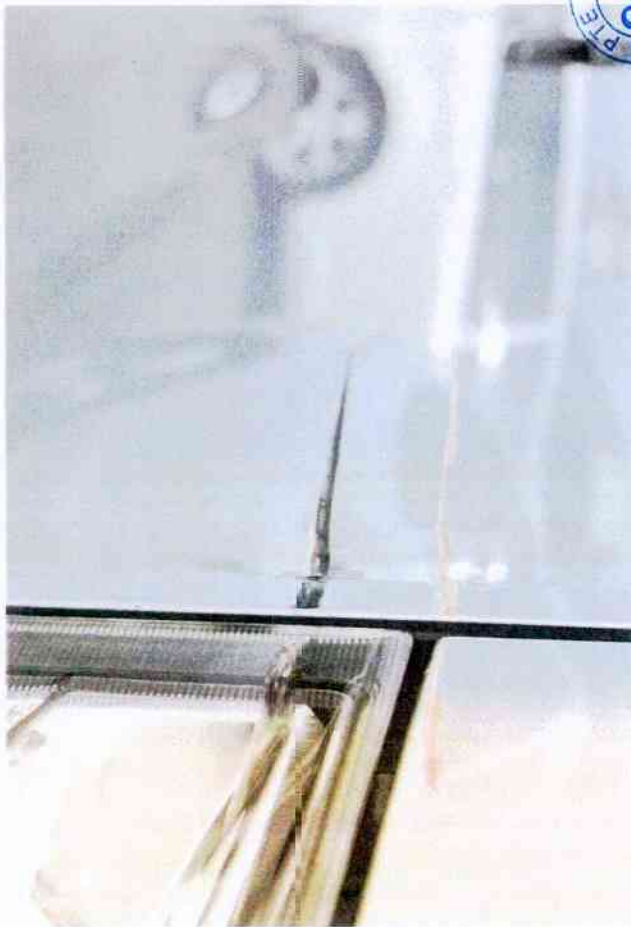
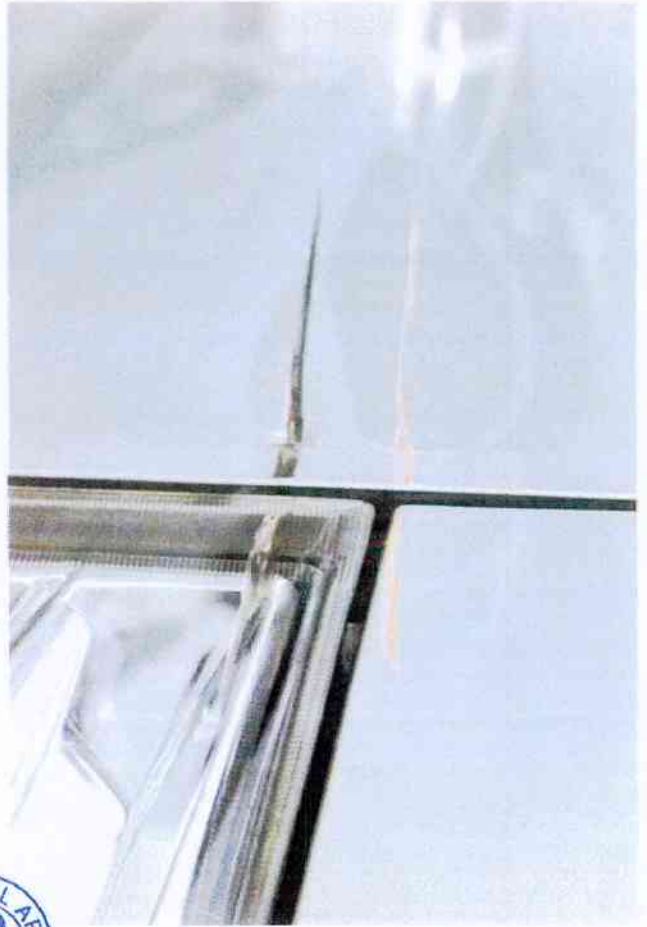
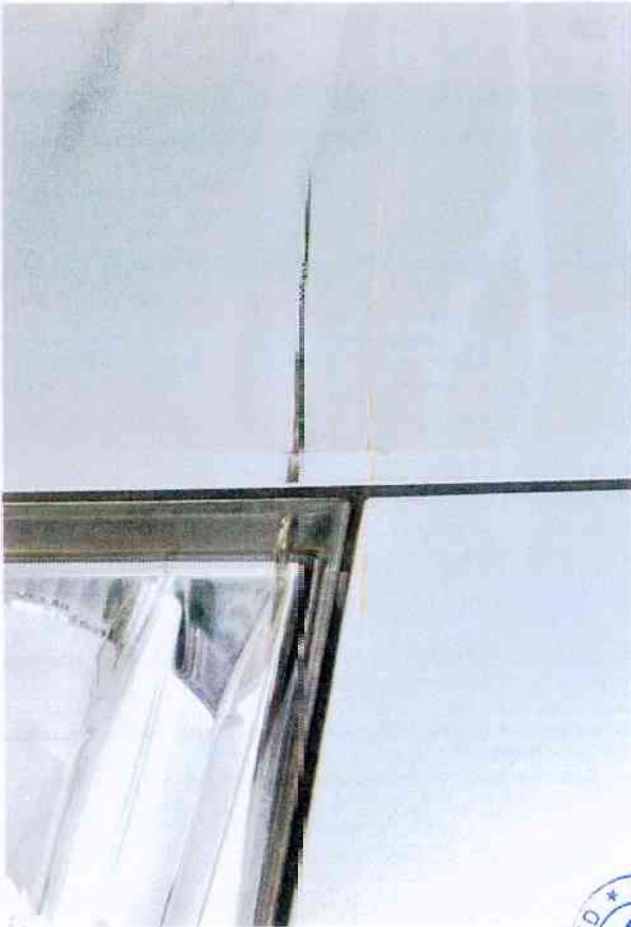
Session Transaction History

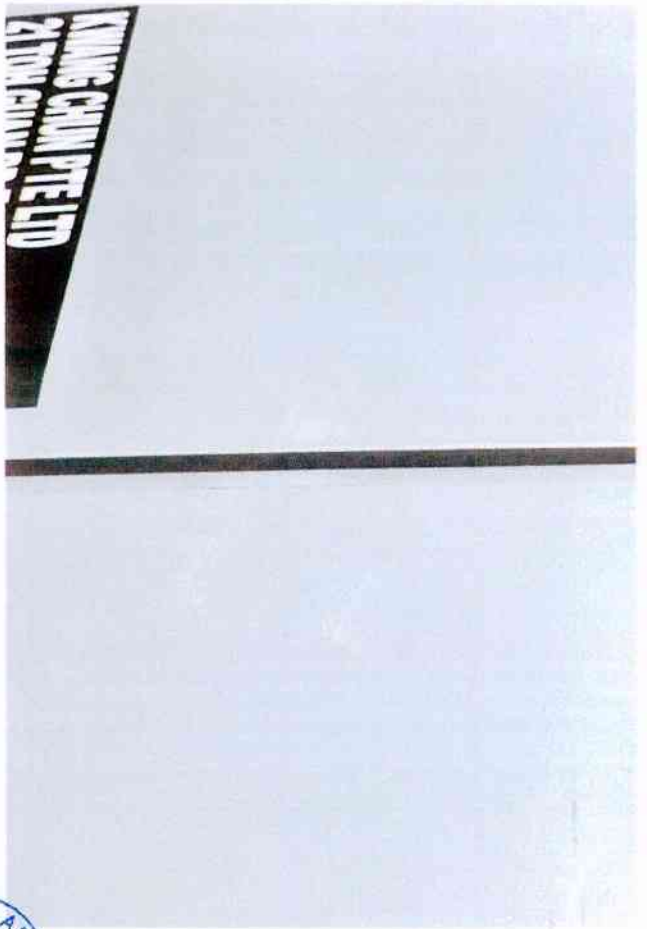
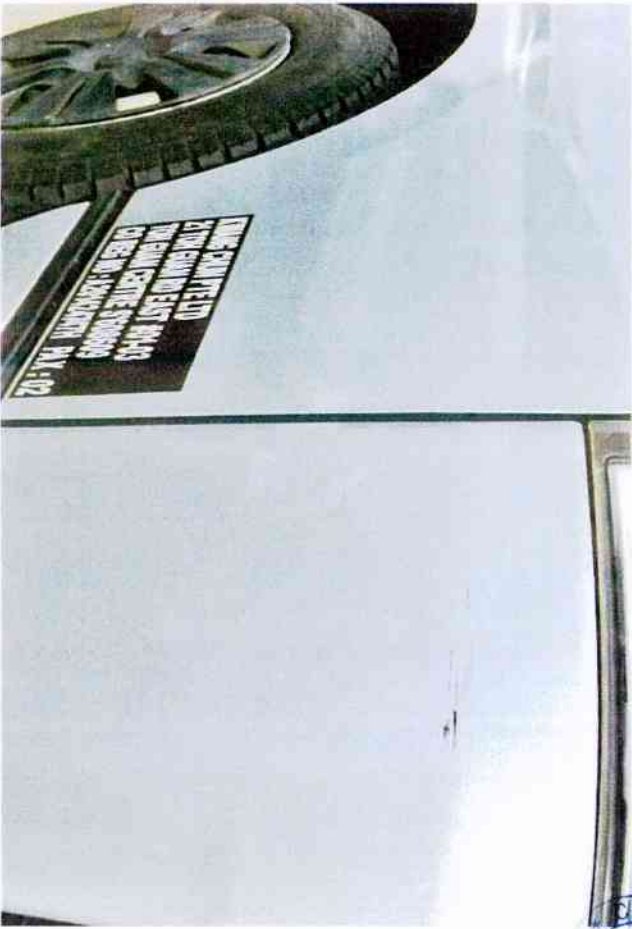
S/N	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SJL73374		18:19 Enquire Veh Owner Info (Others) by Law Firm	7.49	14 May 2021 / 16:24:03

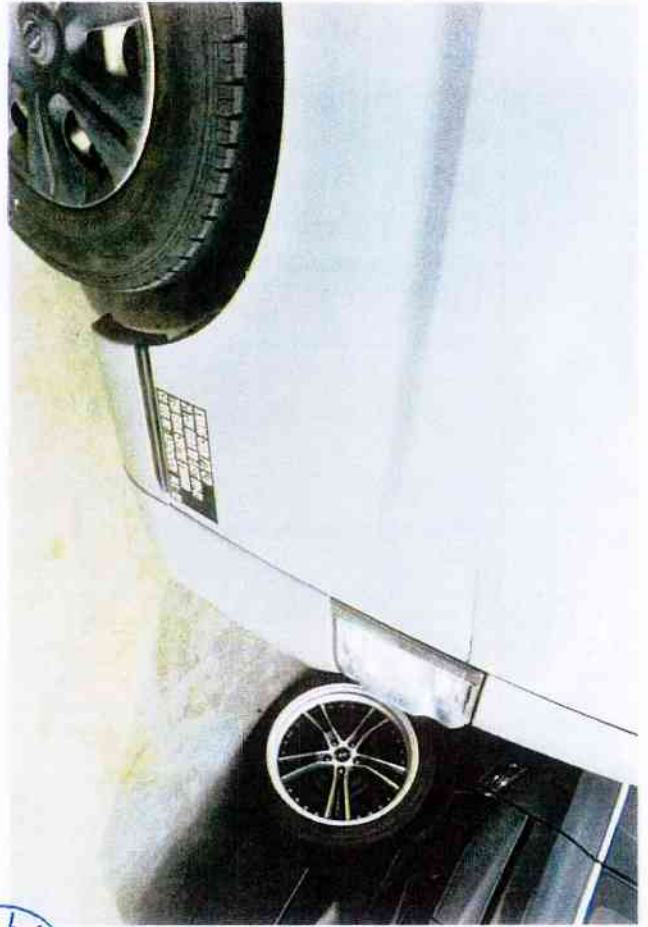
Please do not use your browser's Back or Forward buttons as this may result in information loss













CHASSIS NO. JN1MC2E26Z0008615
J.L.W
M.L.W
CAP
TYRE SIZE
: 1780 KGS
: 3300 KGS
: F: 1 DRIVER, 2 OTHERS
R: 00
: F: 195 x 15R 8PLY
R: 195 x 15R 8PLY(S)



