

Legiste Law Corporation

ADVOCATES & SOLICITORS
NOTARIES PUBLIC
COMMISSIONERS FOR OATHS
INCORPORATED WITH LIMITED LIABILITY
Co. Regn. No. 200305183Z

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FOK MUN CHEONG
TAN KIM KEE
NG LAI LENG

Our Ref FMC.12551.21.WPT

10th August 2021

URGENT

Motor Claims Department
AXA Insurance Pte Ltd
(Insurers of SHA 1231T)
8 Shenton Way, #27 – 01 AXA Tower
Singapore 068811



BY EMAIL (motor.survey@axa.com.sg ;
motor.doc@axa.com.sg) & BY PDX

Comfort Transportation Pte Ltd
(Owners of SHA 1231T)
383 Sin Ming Drive
GAS Building
Singapore 575717

BY CERTIFICATE OF POSTING

Dear Sirs

NOTICE OF ACCIDENT

**ACCIDENT ON 30.07.21 INVOLVING CB 6520E & SHA 1231T
ALONG TUAS ROAD, SINGAPORE
CLAIMANT(S): WESTPOINT TRANSIT PTE LTD**

We are instructed by the abovenamed Claimants, the owners of motor-vehicle No. CB 6520E to notify you of a road traffic accident on 30th July 2021 at about 6.50pm along Tuas Road, Singapore involving our clients' motor-vehicle and your motor-taxi No. SHA 1231T driven by your insured driver at the material time. Copy of Singapore Accident Statement filed by our clients is enclosed herewith for your attention.

FOR THE INSURER(S)

As a result of the accident, our clients' vehicle has been damaged. Before our clients proceed to repair their damaged vehicle, please let us know within 2 working days of your receipt of this notice i.e by end of office hours, **12th August 2021** 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 clients shall proceed to repair the vehicle without further reference to you. For the avoidance of doubt, you are liable to compensate our clients for loss of use/rental commencing from (and including) today under the provisions of the applicable NIMA Protocol.

FOR THE OWNER(S)

To avoid repudiation of liability by your insurers for breach of policy condition, we would strongly suggest that you report the accident to your insurers on an immediate basis, if you have not already done so. TAKE NOTICE that if your insurers should repudiate liability on the basis that you have breached their policy terms and conditions, you may be personally liable for our clients' losses as adjudged by the Court.

Yours faithfully

Joseph Fok Mun Cheong
Legiste Law Corporation
encs
cc clients

PDX Intercompany Exchange Pte Ltd



010809121251
FROM **LEGISTE LAW CORPN**
PDX Box No. **8719**

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	04/08/2021 10:49 (SGT)
Date of Accident	30/07/2021 18:50 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	TOWARDS PIONEER NORTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6520E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WESTPOINT TRANSIT PTE LTD
Company Reg No	1XXXXX153R
Email Address	operations@westpointbus.com.sg
Mobile Phone No	(Phone) +65-68611187
Alternative Phone No	(Office) +65-68611187

VEHICLE PARTICULARS

Manufacturer	King Long
Model	XMQ6900K DIESEL TURBO MANUAL 39 SEATER
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	Bus
Transmission	Manual
CC	6693

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNA00013852000
Cover Note Number	

DRIVER

Name of Driver	WONG POH BENG
NRIC No	SXXXX898C

Date Of Birth	30/04/1959
Occupation	Outdoor
Date Of Driving Pass	29/09/1995
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91012078
Alt. Phone Number	-
Email Address	operations@westpointbus.com.sg
Address	APT BLK 87 DAWSON ROAD #04-21
Address complement	-
Postcode	141087
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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 SKETCH PLAN

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	SHA1231T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)		

SKETCH PLAN

IMPORTANT NOTICE

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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

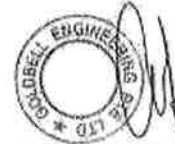
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: CB6520 E

Vehicle B: 9MA1231T



Tuas Road Traffic Light Junction

Describe Circumstances of the Accident

On 30 July 2021 evening 18:50hrs. I was stopped at the Tuna Road Traffic junction on the way to pick up Pax-Ocean Trip. Suddenly a taxi (84N1231T) hit my bus (CB 6530 E) from behind causing damage to the rear portion of my bus.

Name: <u>Wong Pak Benny</u>	
(Owner / Insured / Driver)	
NRIC no: <u>9404016C</u>	
Vehicle no: <u>CB 6530 E</u>	
Will send my other related documents within 72 hours	
Company name: <u>West Point</u>	Company Rating: <u>100</u>
GAE had clearly informed me on new GAE rules.	
I hereby declare that I am not a member of GAE.	



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









