

Our Reference : HL/ABM/12289/21/ck  
Your Reference :

13 August 2021

M/S AXA INSURANCE SINGAPORE PTE LTD  
MOTOR CLAIMS DEPARTMENT  
By Email : motor.survey@axa.com.sg

Dear Sir / Madam,

**PRE-REPAIR SURVEY – NOTIFICATION OF INSPECTION  
ACCIDENT ALONG AYE TURNING TOWARDS PORTSDOWN FLYOVER INVOLVING SJQ 6052C  
AND SHC 1577K ON 11.08.21**

We are instructed by M/s Auto Best Motor Services to notify you of a road traffic accident on 11.08.21 along AYE turning towards Portsdown Flyover involving our client's vehicle registration number SJQ 6052C and vehicle registration number SHC 1577K driven by your insured at the material time. A copy of our client(s) Singapore Accident Statement is attached.

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 two (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 the vehicle without further reference to you.

Yours faithfully

**HENRY G S LIM**

Encl

cc : M/s Auto Best Motor Services

A B M

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any false 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 recording 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 ..... 12/08/2021 14:45 (SGT)  
Date of Accident ..... 11/08/2021 14:35 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TURNING TOWARDS PORTSDOWN FLYOVER  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJQ6052C

Is company? ..... No  
Name Of Registered Owner ..... LEE KUM LEONG  
NRIC No ..... S7015801I  
Email Address ..... LEEKUMLEONG70@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98918780  
Alternative Phone No ..... (Home) +65-67287679

Manufacturer ..... Toyota  
Model ..... Camry  
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 ..... 1808

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100307116  
Cover Note Number ..... -

Name of Driver ..... LEE YUE LONG, SETH  
NRIC No ..... T02268352

Accident report SP0U218C0008

Date Of Birth .....	02/09/2002
Occupation .....	Indoor
Date Of Driving Pass .....	23/07/2021
Driving experience .....	1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91941591
Alt. Phone Number .....	-
Email Address .....	SETHLEE.YL@GMAIL.COM
Address .....	BLK 10 CANTONMENT CLOSE #13-75
Address complement .....	-
Postcode .....	080019
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### DETAILS OF ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ELLERY SUA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CONTACT INFORMATION OF INSURER

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

#### ATTACHMENT

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 .....	SHC1577K
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) .....	-

100-443881-2

- Notwithstanding, the above is subject to approval by any of the issuers within 14 days after the service of notice or request following their respective firms, which may be done outside of Singapore, for one or more of the above purposes.


**Describe the Circumstances of the Accident**

When car, being off at A/E launch position road was waiting to turn right when lights were green, I accelerated but the truck in front moved back which caused me to jam break this caused a taxi to hit my car's rear.

**Declaration**


I/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 further (14) days claim whereby the claim must be made within the specified time period from the day of occurrence. Please check with your insurer for more details.

  
 Signature of Driver / Date

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

12/8/21

  
 Signature of Witness / Date & Time