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The Alexcier, Singapore 159929
Telephone: 6538 6250 Facsimile: 6538 1860
Email: mail@oraclelaw.sg

VIA EMAIL

To	: AXA Insurance Singapore Pte Ltd	Date	: 16 th August 2021
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of SME 1266M	Our Ref.	: SB/PO/Acc/2021-9639
Email	: motor.survey@axa.com.sg cst@axa.com.sg	No. of Pages	: 4 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

PRE-REPAIR INSPECTION

ACCIDENT INVOLVING SMT 7414J & SME 1266M ALONG PORTSDOWN ROAD & FUSIONOPOLIS PLACE ON 14.8.2021 @ 10.05 A.M.

We act for the owner of vehicle registration no. **SMT 7414J**.

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. **SME 12966M** 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 proceeds to repair his 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 his 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 his rights, as such our client's rights are expressly reserved.

Yours faithfully



Mr Stanley Bay / Miss Pauline Ong

Enc

Details of Workshop

Hiap Lek Automobile Trading
160 Sin Ming Drive
#05-17 Sin Ming Autocity S(575722)
Tel No.: 6453-1743 Fax No.: 6266-8605

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION

Date of Accident: 18/08/2021 Time of Accident: 10-05am
 Exact Location: Portf down Road and Fusionopolis place

DETAILS OF OWN VEHICLE

Vehicle Registration No. SMT 7414J NRIC / FIN / Passport no: S1719975G
 Name of Registered Owner: Lee Yiong wei
 Owner's Email: leeyiongwei@yahoo.com
 Owner's Address: Blk 635A Punggol Pnt #05-615 (S) 821635
 Vehicle Make: mercedes Vehicle Model: C180
 Engine Capacity (cc): 1600 Transmission: ☒ Auto ☐ Manual
 Type of Claim: Own Damage / ☒ Third Party / Reporting Only
 Vehicle Category: ☒ Private ☐ Commercial / Motorcycle / Private Hire
 Name of Insurance Co: NTUC Income
 Type of Policy: Comprehensive / Third Party / Third Party, Fire & Theft
 Policy Number: 5118678886

DRIVER

Name of Driver: Lee Yiong wei ☒ same as
 NRIC / FIN / Passport no: S1719975G Date of Birth: 19/08/1965
 Occupation: Engineer ☒ Indoor ☐ Outdoor Driving Pass Date: 09 Jan 2014
 Contact Number: 9099 9648 Gender: Male / Female
 Address: Blk 635A Punggol Pnt #05-615 (S) 821635
 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: front to side
 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): 2 males.

DETAILS OF OTHER VEHICLE

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	Sml 126bm		
Vehicle Make / Model:	Tesla		
Name of Driver:	Hor Eva		
NRIC / FIN / Passport no:	S7536143B		
Contact Number:	98419110		
Name of Insurance Co:			

DETAILS OF WITNESS

Name:	Contact Info:

DETAILS OF INJURED PERSON

	Person 1	Person 2	Person 3
Name / in which vehicle?:			

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

16-8-2021 2pm

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 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

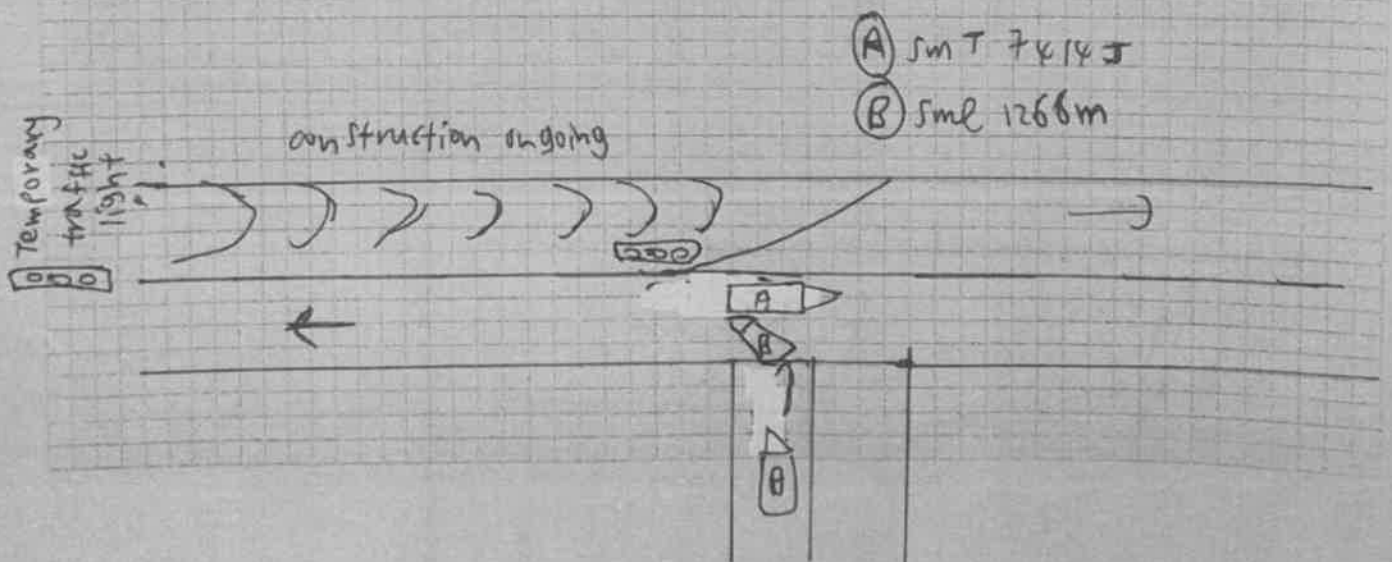
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

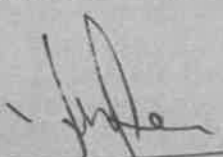


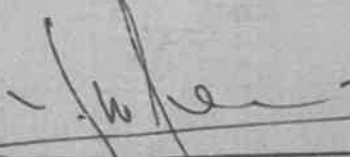
Describe Circumstances of the Accident

on 14/08/2021 @ about 10.05am, I am travelling along Portdown Road and there is Road Construction and there is a temporary traffic light there and it is green light in my favor and I proceed, my lane is being block by construction road there so I need to move the other lane as it was just one lane up and one down road. While passing by Fusionopolis place, a vehicle suddenly dash out from there and hit onto my vehicle rear right portion. At the Fusionopolis place, there is a stop line, the driver did not stop at the stop line. I wish to state that my vehicle damaged is on the rear portion when impact.

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