

KURUP & BOO

UEN 53130914B
ADVOCATE & SOLICITOR
COMMISSIONER FOR OATHS
NOTARY PUBLIC

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Our Ref : BMC.3697.21.wh

19 August 2021

AXA Insurance Pte Ltd
8 Shenton Way
#B1-01 AXA Tower
Singapore 068811

Via email only: motor.survey@axa.com.sg

Dear Sirs

**ACCIDENT INVOLVING VEHICLE NOS. XD 1278D AND SKB 1168C
AT NEAR BEFORE JURONG PORT ROAD ON 17 AUGUST 2021**

We act for Yi Shen Pte Ltd, the owner of the vehicle no. XD 1278D which was involved in the above accident.

We attach a copy of our client's Singapore Accident Statement for your immediate attention.

We hereby give you **two days'** notice for your representative to inspect our client's damaged vehicle. Kindly contact Mr Soh Jun Heng at his handphone **9873 3978** for further details in respect of the survey.

Yours faithfully



BOO MOH CHEH

enc

cc client -

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 17/08/2021 17:36 (SGT)
Date of Accident 17/08/2021 01:30 (SGT)
Exact Location of Accident Near Bef Jurong Port Rd, Singapore
Additional Location Information ALONG AYE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD1278D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YI SHEN PTE LTD
Company Reg No 2XXXXX692H
Email Address admin@yishen.com.sg
Mobile Phone No (Phone) +65-81611180
Alternative Phone No (Office) +65-81611180

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fv517
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 11945

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number SI20V11949/VCH/R02
Cover Note Number -

DRIVER

Name of Driver LOAU SEE WAH
NRIC No SXXXX889H

Date Of Birth	16/06/1963
Occupation	Outdoor
Date Of Driving Pass	24/05/2008
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90997108
Alt. Phone Number	-
Email Address	admin@yishen.com.sg
Address	BLK 563 CHOA CHU KANG STREET 52 #09-202
Address complement	-
Postcode	-
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 - Change/cross lane
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 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	SKB1168C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	LOH SOW FONG MICHELLE
Contact Number	SXXXX896C
Address	-

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

SKETCH PLAN

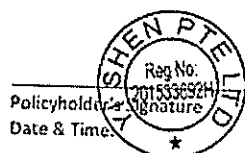
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

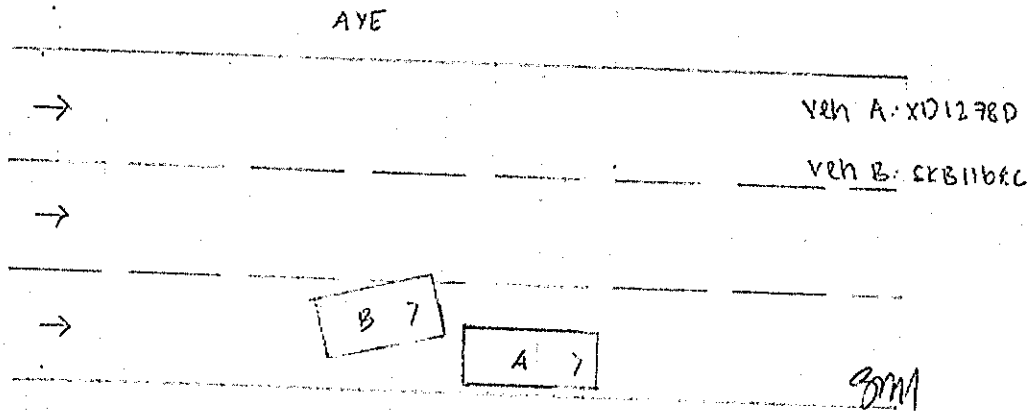
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 12/8

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle A (XD1278D) was slow moving on lane 1 along AYE due to tree pruning when suddenly I felt an impact from the rear. Vehicle B (SKB1168C) had collided onto TMA of my vehicle A.

DECLARATION

I/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: 12/8

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

