

EXCLUSIVE ENTERPRISE

8 Kaki Bukit Ave 4 #03-49 PREMIER @ KAKI BUKIT Singapore 415875
Tel: 8878 5573 / 8653 6483 Fax: 6242 6370 (Co Reg No: 201906614W)
Email: exclusiveenterprise50@gmail.com

Date: 24/08/21

To: First Capital

Attn: Motor Claims Department

Re: Accident Involving Motor Vehicle No: SMS 1954 L and SG 1056X
along Edgedale Plains outside of Blk 682A (location)
on 20/08/2021 (date).

We refer to the above matter.

We are instructed by KIT FONG (name)
to notify you of a road traffic accident on 20/08/2021 (date) at about 1950HRS (time)
at Edgedale Plains outside of Blk 682A (location)
involving our client's / customer's vehicle registration number SMS 1954 L and
vehicle registration number SG 1056X driven by you at the material time.

As a result of the accident, our client's customer's vehicle has been damaged. Before our client/we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer 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/we shall proceed to repair the vehicle without further reference to you.

Thank You.

Best Regards,



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	23/08/2021 18:01 (SGT)
Date of Accident	20/08/2021 19:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EDGEDALE PLAINS OUTSIDE OF BLK 682A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1954L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIT FONG
Company Reg No	5XXXX065E
Email Address	Taygx89@gmail.com
Mobile Phone No	(Phone) +65-91862647
Alternative Phone No	(Home) +65-91862647

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116159717-01
Cover Note Number	-

DRIVER

Name of Driver	CHIA MEI KIT
NRIC No	SXXXX629G

Date Of Birth	29/05/1970
Occupation	Outdoor
Date Of Driving Pass	20/11/1991
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91862647
Alt. Phone Number	-
Email Address	Taygx89@gmail.com
Address	BLK 661B EDGEDALE PLAINS #08-620
Address complement	-
Postcode	822661
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 TO ATTACHED

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	SG1056X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	SHIBU SUKUMARAN
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

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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 report(s) may be referred to the Police for investigation.
6. The report will be forwarded by JM Insurers of the LIA 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 in the Insurer, you hereby consent to the archiving of this report at JIC Ltd 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 my 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 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 as outlined 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 claims, 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.



KIT FONG
(53407066E)

Policyholder's Signature

Date & Time: 10/10/2024

Driver's Signature

(If driver is not the policyholder)

Date & Time:

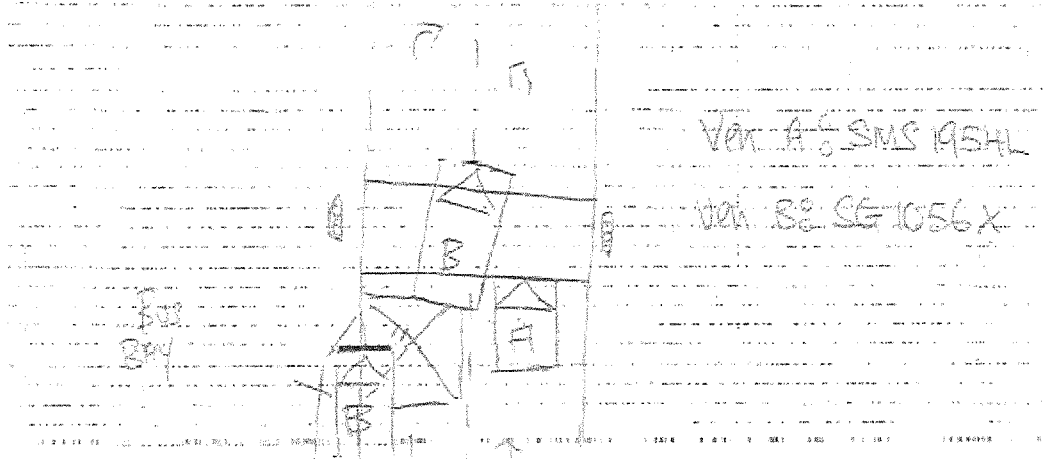
Reporting Centre Personnel's Signature

Name:

MARC/PH No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Van was driving in my lane & I saw Van B Entering the lane
 from the left cutting into my lane I stopped at Van B then
 Van B hit my Van and hit into my Van front left corner with his
 Rear door position

DECLARATION

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

→ KIT FONG
 Policyholder (Signature)
 Date & Time: 10/10/2018

✓ [Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 10/10/2018

SHUGA
 Reporting Centre Personnel's Signature
 Name:
 NSIC/PIN No.:

Land Transport Authority
 Land Transport Authority
 10 Sin Ming Drive
 Singapore 575701
 GST Registration No. : M4-0006529-2

Print Date/Time : 23 Aug 2021 / 15:43:45

Receipt Date/Time : 23 Aug 2021 / 15:43:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210823-002701

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SG1056X				
As at 20 Aug 2021/19:50:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SG1056X Enquiry Fee 20210823154254242921	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			-0.04
	Total Amount Payable			7.45
Paid By				
	DICNV20210823154254822776	SGQR(PayNow)		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.