



22 September 2021

AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claim Department

Dear Sir/Madam,

**Road Traffic Accident Involving SMP 9755 H (Our Ref) and SHB 4569 U (Your Ref)
Dated 22 September 2021, Time around 1320HRS
@ Slip Road pf Scotts Road Towards Orchard Road (Outside Tang Plaza)**

We represent our client; LUO SUNG EN, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SMP 9755 H and your insured's vehicle registration number: SHB 4569 U. Enclosed herewith a copy of the Singapore Accident Statement / Traffic Police Report filed for your reference.

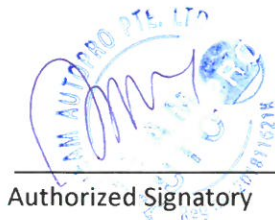
We hereby give you **NOTICE** that we are claiming against SHB 4569 U for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

| | | |
|-----------------------|---|-----------|
| Contact Person | Eric Lee | 8269 9999 |
| Email Address | teamautopl@gmail.com | |
| Survey Address | 160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722 | |

Kindly cc a copy of this letter to your insured for his/her acknowledgement.



Authorized Signatory

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

| BASIC INFORMATION | | | |
|---------------------------|--|---------------------------|---------------|
| Date of Accident: | 22/09/2021 | Time of Accident: | 13:20 |
| Exact Location: | Slip Rd of Scotts Rd Towards Orchard Rd (Outside Tang Plaza) | | |
| DETAILS OF OWN VEHICLE | | | |
| Vehicle Registration No. | SMP 9755 H | NRIC / FIN / Passport no: | S8471831I |
| Name of Registered Owner: | Luo Sung En | | |
| Owner's Email: | johnluosungen@gmail.com | | |
| Owner's Address: | Blk 659 Choa Chu Kang Crescent #16-69 S(680659) | | |
| Vehicle Make: | Honda | Vehicle Model: | Shuttle |
| Engine Capacity (cc): | 1496 cc | 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: | 5113440060-01 | | |

| DRIVER | | | |
|---------------------------|--|--------------------------|---------------|
| Name of Driver: | Luo Sung En | <input type="checkbox"/> | same as |
| NRIC / FIN / Passport no: | S8471831I | Date of Birth: | 24/11/1984 |
| Occupation: | Indoor / Outdoor | Driving Pass Date: | 16/05/2007 |
| Contact Number: | 8198 5567 | Gender: | Male / Female |
| Address: | Blk 659 Choa Chu Kang Crescent #16-69 S(680659) | | |
| 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: | | |
| 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): | 3 (1 male passenger and 1 female passenger) | | |

| DETAILS OF OTHER VEHICLE | | | |
|---------------------------|------------|-----------|-----------|
| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Vehicle Registration No: | SHB 4569 U | | |
| Vehicle Make / Model: | | | |
| Name of Driver: | Wee Ah Ong | | |
| NRIC / FIN / Passport no: | S1379254B | | |
| Contact Number: | 9177 5615 | | |
| 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

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 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. 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

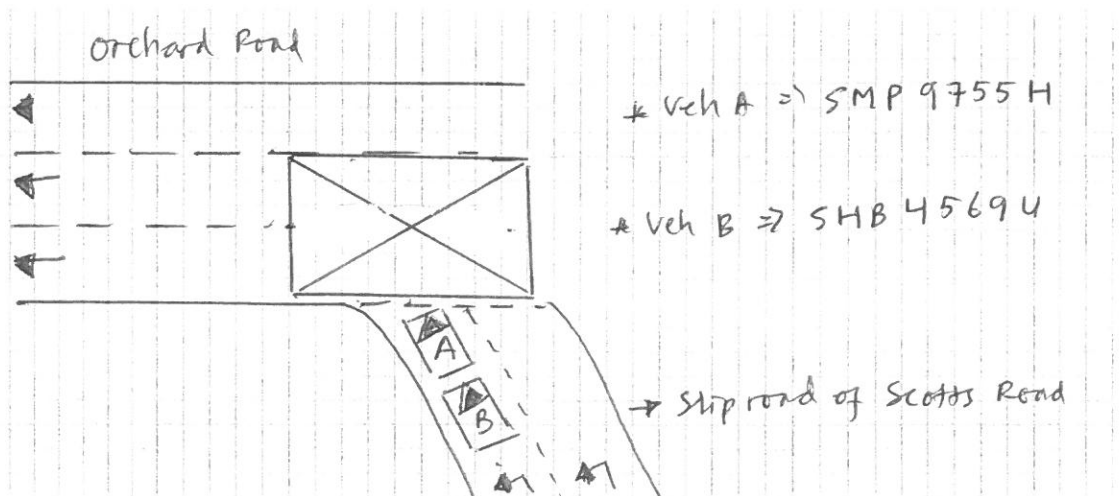
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Refer to Police report
T/20210922/7023

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 22/09/2021 17:21 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: LUO SUNG EN | | | Address: 659 CHOA CHU KANG CRESCENT #16-69 SINGAPORE 680659 | | |
| ID Type / ID No.: NRIC NO / S8471831I | | | Contact No.: Home/Office: Mobile: 81985567 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: JOHNLUOSUNGEN@GMAIL.COM | | |
| Sex: Male | Age: 36 | Date of Birth: 24/11/1984 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 22/09/2021 13:20 | Type of Location: Slip Road |
| Location: Slip Rd of Scotts Rd Towards Orchard Rd (Outside Tang Plaza) | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|-------|-------------------------------|-------|----------|-------|
| SHB4569U | Car | | | | | 0 |
| SMP9755H | Car | HONDA | SHUTTLE HYBRID 1.5 AUTO | Blue | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|-------------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMP9755H | NTUC Income Insurance Co-Operative Limited | 5113440060-01 | 24/10/2020 | 23/10/2021 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------|-----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | LUO SUNG EN | | ID No. | S8471831I |
| Related Vehicle | SMP9755H (Car) | | Contact No. | 81985567 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 22/09/2021 | | Date | NIL |
| No. of Days granted Medical Leave | | 05 | Degree of | Slight |
| Driver | | | | |
| Name | WEE AH ONG | | ID No. | NIL |
| Related Vehicle | NIL | | Contact No. | 91775615 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |

Brief Details.

On the stated date and time, I (SMP 9755 H) was travelling at the stated venue. I stopped my vehicle at the slip road of Scotts Road to check the oncoming traffic on the main road (Orchard Road) to ensure that it was clear for me to proceed. When I was stationary, suddenly vehicle bearing number: SHB 4569 U collided onto the rear of my vehicle. The rear of my vehicle was badly damaged. After the accident, I felt discomfort and pain on my head, neck, shoulder and lower back. I then proceeded to Mount Alvernia Hospital for a check-up and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20210922/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210922/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/09/2021 17:21

Classification Of Case:



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

Print Date/Time : 22 Sep 2021 / 18:29:11

Receipt Date/Time : 22 Sep 2021 / 18:29:11

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210922-003667

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|---|---|-------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SHB4569U As at 22 Sep 2021/13:20:00 Insurance Co: AXA INSURANCE PTE LTD | | | | |
| 1 | Insurance Enquiry - SHB4569U Enquiry Fee 20210922182831037069 | 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 | | | | |
| | 426569XXXXXX8100 | | eNETS Credit Card | 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.