

TwinCar AUTOMOTIVE PTE LTD

Company Registration and GST No. 200714616M

2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 67440510

Fax: 67410510

Email: sales@n51.com.sg

Our Ref:

SKH 9818 B

Your ref:

SHA 2322 H

07 December 2021

AXA INSURANCE PTE LTD

BY EMAIL motor.survey@axa.com.sg ONLY

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 03 Dec 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS

PURSUANT TO PARAGRAPH 2.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

We are instructed by **TEA GEOK HONG ANGELA** to notify you of a road traffic accident on **03 Dec 2021** at about **22:50 HRS** along **PIE** our client's vehicle **SKH 9818 B & SHA 2322 H** driven by you/your insured at the material time.

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 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 shall proceed to repair the vehicle without further reference to you.

Please be inform that we don't excess to Merimen System and kindly reply to us by Email / Fax.

Yours faithfully,



.....
Twincar Automotive Pte Ltd

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	06/12/2021 08:52 (SGT)
Date of Accident	03/12/2021 22:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9818B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEA GEOK HONG ANGELA (CHENG YUFENG)
NRIC No	S7603080D
Email Address	KAIMINGOWYANG@YAHOO.COM
Mobile Phone No	(Phone) +65-97969818
Alternative Phone No	+65-97969818

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla200
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	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00151342101
Cover Note Number	-

DRIVER

Name of Driver	OW-YANG KAI MING
NRIC No	S8134981I

Date of Birth	18/10/1981
Occupation	Indoor
Date of Driving Pass	15/12/2005
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-97969818
Alt. Phone Number	-
Email Address	KAIMINGOWYANG@YAHOO.COM
Address	171 BUKIT BATOK WEST AVE 8 #12-351
Address complement	-
Postcode	650171
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Angela Tea
Gender	Female

PASSENGER 2

Name	Sharon Huan
Gender	Female

PASSENGER 3

Name	Joni Kan
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT # T/20211204/2009

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Reasons for not uploading a video of the accident
Was there any audio recorded?

REFER TO CSE KO.
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME1962L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA2322H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver ONG WEE SENG
NRIC No S7018502D
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLN5714A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person OW-YANG KAI MING
Gender Male

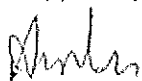
Phone No	(Phone) +65-97969818
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKH9818B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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.
- (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.



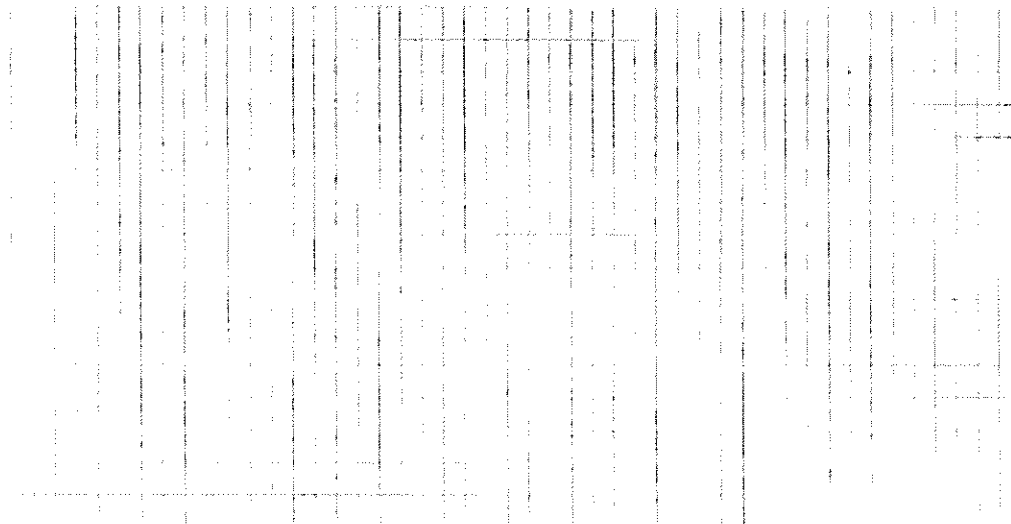
Policyholder's Signature
Date & Time 04/12/2021 0905



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

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarringe.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop
Name: KERLYN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO.T/20211204
VEHICLE C (SLN5714A) - CHAN KOON SONG (S1406592Z)

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time 04/12/2021 0805

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

Kerlyn Ong Kal Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd -
Customer Service Centre
Name: KERLYN

SKETCH PLAN

IMPORTANT NOTICE

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- I understand, acknowledge, agree and consent that:
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 - (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.

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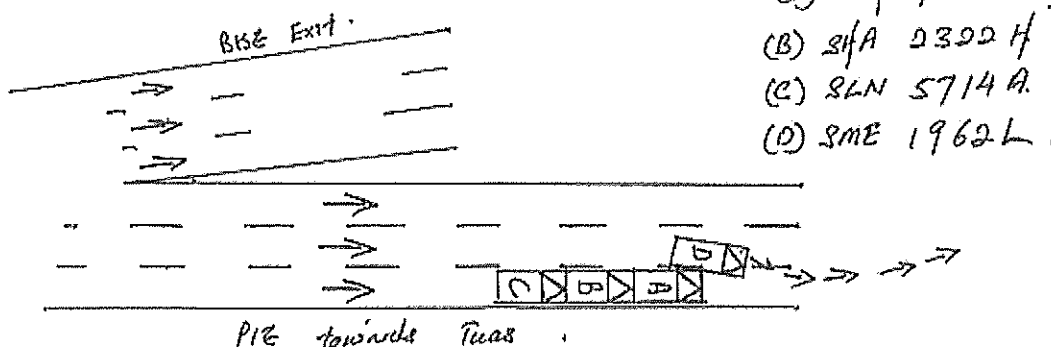
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan





SINGAPORE POLICE FORCE



T/20211204/2009

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20211204/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2021 01:08		Vide Report No.: J/20211203/0191		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: OW-YANG KAI MING			Address: APT BLK 171 BUKIT BATOK WEST AVENUE 8 #12-351 SINGAPORE 650171		
ID Type / ID No.: NRIC NO / S81349811			Contact No.: Home/Office: Mobile: 97969818		
Nationality: SINGAPORE CITIZEN			Email: Kaimingowyang@yahoo.com		
Sex: Male	Age: 40	Date of Birth: 18/10/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: WATCH MAKER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/12/2021 23:50	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2322H	Car				Seriously Damaged	4
SKH9818B	Car				Seriously Damaged	3
SLN5714A	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211204/2009

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20211204/2009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OW-YANG KAI MING	ID No.	S81349811
Related Vehicle	SKH9818B (Car)	Contact No.	97969818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 3rd December at around 23:49hrs I was traveling along PIE towards Tuas, after the BKE exit, traveling on the first lane. I was travelling with my wife and two other friends. Suddenly my wife alerted me about a car that was driving very near our car. Just as I was about to check my left side mirror, said car hit my side, side swiping my car and drove off. Said car was a Blue Honda Civic, unfortunately I was not able to properly make out the plate number I could only get (SKH1762L). I did observe the same car when I was travelling along Eng Neo Avenue, where I observed that mentioned car was swerving left and right. I did not think much of it and slowly overtook him until later when the incident happened. Upon collision, I jam braked which then caused a chain collision with two other vehicles hitting me in the rear. The vehicle which hit me in the rear was a Blue Comfort Taxi (SHA2322H) and had 4 passengers. The vehicle which in turn hit the Taxi was a Toyota Prius (SLN5714A). Once the collision happened, I checked on everyone in the car and found no one was injured.

I started retrieving the footage from my front and rear in-car cameras and called for police assistance. I then exited my vehicle to check on the other cars and found no one was injured.

My car has damages of, scratches and dents on the left side of the car, with streaks of blue paint from the car which hit mine. My rear bumper is dented in from the rear collision with the Taxi. The Taxi's front and rear bumper is dented in, while the Prius front bumper is dented in. Thankfully no one suffered injuries from the accident.

Traffic police soon arrived at the scene and took the SD card from me and instructed me to lodge a police report regarding the accident. No damages to government property. Ambulance came to scene but left after assessing no one was injured.



**SINGAPORE
POLICE FORCE**



T/20211204/2009

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3


Report No. T/20211204/2009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report J / Sgt 2 NAZRUL CHIN <i>NAZRUL</i>	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2021 01:08
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	<i>NAZRUL</i>