



21st January 2022

AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claim Department

Dear Sir/Madam,

**Road Traffic Accident Involving SMP 5997 C (Our Ref) and YP 5949 A (Your Ref)
Dated 15 January 2022, Time around 1030HRS
@ Along Macpherson Rd (After junction of Macpherson Lane)**

We represent our client; CHEE LING KIEN, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SMP 5997 C and your insured's vehicle registration number: YP 5949 A. 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 YP 5949 A 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

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming Autocity Singapore 575722
Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 21/01/2022 (dd/mm/yy) Time of Accident: 14 : 05 (24-HR-FORMAT)
Vehicle No.: SMP 5997 C Vehicle Make & Model / Engine (cc): Honda Shuttle 1496 cc Private Hire (Y/N) (Y)
Exact location of Accident: Junction of Woodlands Ave 12 and Woodlands Ave 1
Policyholder's Name / IC No.: Chee Ling Kien S1792460E
Driver's Name / IC No.: Chee Ling Kien S1792460E (As Above) ☐
Driver's Contact No.: 9100 7530 Company Contact No / Owner Contact No: _____
Driver's Address: Blk 518B Tampines Central 7 #11-64 Singapore 522518
Owner Email address: lingkien@gmail.com Insurance Company: NTUC
Driver Email address: lingkien@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** _____

***Passanger Name:** Ms. Cheok Swee Hong

Gender: Female

***Passanger Name:** _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Chee Ling Kien and Cheok Swee Hong

Injuries Sustain: Head Injured Person in Which Vehicle: SMP 5997 C

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Wang Suozhu / G5274337R Vehicle No: YP 5949 A

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

***Independent Witness (If Any):** _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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' 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.

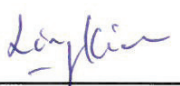
(collectively the "Purposes")

(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.



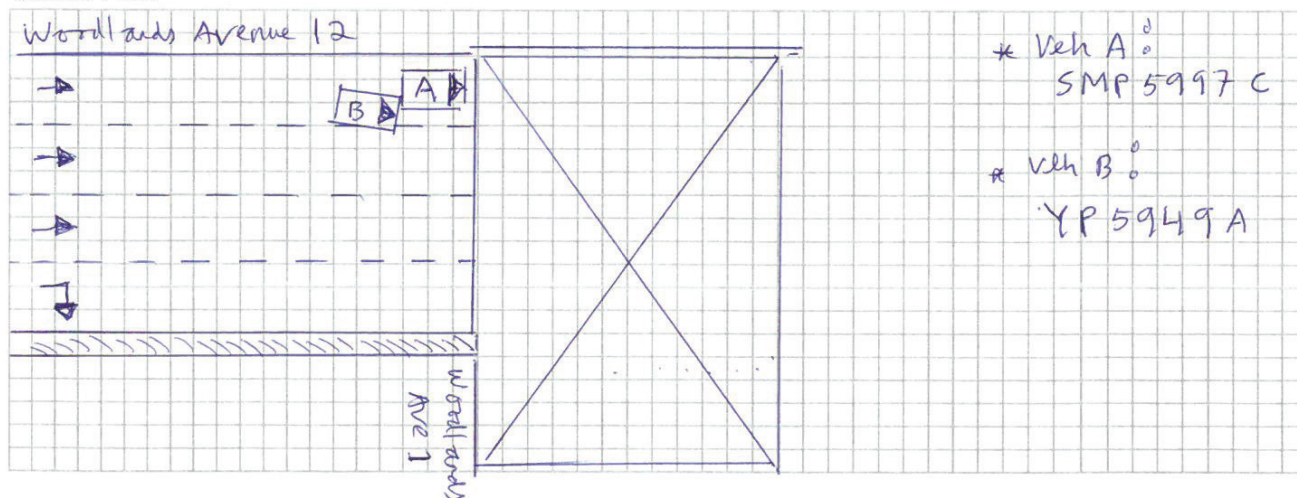
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



On the stated date and time, I was travelling along the stated venue. As I saw the traffic light changing from amber to red before reaching the traffic junction, I applied brake to stop my vehicle. When I was in stationary position, suddenly vehicle B collided onto the rear of my vehicle. Not long after the collision, there was an ambulance which happened to pass by the accident scene. The paramedic officers did some checks for me and also my friend who was travelling together with me. Both of us felt unwell and discomfort on our heads. After that my friend assisted me to take some pictures and some traffic officers also arrived at the accident scene. We were advised to shift our vehicles to the road side and waited for towing services. My friend and I will go to seek medical treatment too.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Jan 2022 / 18:02:44

Receipt Date/Time : 21 Jan 2022 / 18:02:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220121-003236

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - YP5949A				
As at 21 Jan 2022/14:05:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - YP5949A Enquiry Fee 20220121180137417859	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.