

237 Alexandra Road #04-11
The Alexcier, Singapore 159929
Telephone: 6538 6250 Facsimile: 6538 1860
Email: mail@oraclelaw.sg

VIA EMAIL

To	: China Taiping Insurance (S) Pte Ltd	Date	: 1 st March 2022
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of SMM 7507L	Our Ref.	: SB/PO/Acc/2022-9750
Email	: claimsdept@sg.cntaiping.com	No. of Pages	: 9 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

PRE-REPAIR INSPECTION

ACCIDENT INVOLVING SMP 2948P, SMM 7507L, GBE 6100E & SHC 3379C AT MSCP AT BLOCK 292 PUNGGOL CENTRAL ON 26.2.2022

We act for the owner of vehicle registration no. **SMP 2948P**.

We are instructed by our client to notify you of the above accident involving our client's said vehicle and your insured's vehicle registration no. **SMM 7507L** driven at the material time. A copy each of our client's Singapore Accident Statement and police report are enclosed herein.

As a result of the above accident, our client's said vehicle has been damaged. Before our client proceeds to repair his damaged vehicle, please let us know **within the next (2) working days of your receipt of this notice** whether you 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 his said vehicle without further reference to you.**

Please note that this notification does not in any way prejudice our client's right nor shall it be deemed as a waiver of any of his rights, as such our client's rights are expressly reserved.

Yours faithfully



Mr Stanley Bay / Miss Pauline Ong

Enc

Details of Workshop

Hiap Lek Automobile Trading
160 Sin Ming Drive
#05-17 Sin Ming Autocity S(575722)
Tel No.: 6453-1743 Fax No.: 6266-8605

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	28/02/2022 17:17 (SGT)
Date of Accident	26/02/2022 08:15 (SGT)
Exact Location of Accident	292 Punggol Central, Singapore 820292
Additional Location Information	Multi Story carpark 1B at blk 292 Punggol Central
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2948P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Au Thin Soon
NRIC No	S7962963D
Email Address	y87bb05@gmail.com
Mobile Phone No	(Phone) +65-82320928
Alternative Phone No	(Home) +65-82320928

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00248182102
Cover Note Number	-

DRIVER

Name of Driver	Au Thin Soon
NRIC No	S7962963D

Date Of Birth	04/02/1979
Occupation	Indoor
Date Of Driving Pass	16/12/1999
Driving experience	22 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82320928
Alt. Phone Number	(Home) +65-82320928
Email Address	y87bb05@gmail.com
Address	Blk 298 Punggol Central #03-469
Address complement	-
Postcode	820298
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Aljunied Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002809999
Alt. Police Station Phone No	(Fax) +65-62815960
Police Station Address	Blk 13 Joo Seng Road #01-69 Singapore 360013
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer attached police report no: T/20220228/2036 & T/20220226/2039

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	SMM7507L
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	GBE6100E
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 3

Vehicle Registration Number	SHC3379C
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

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 willful 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)

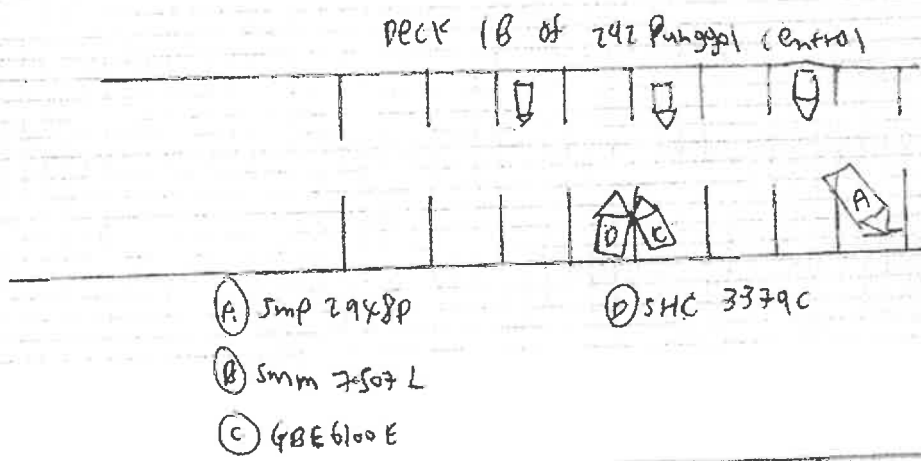
I understand, acknowledge, agree and consent that :

- (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



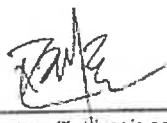
Describe Circumstances of the Accident


As per police report.

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


**SINGAPORE
POLICE FORCE**


T/20220228/2035

1 of 3

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

Report No: T/20220228/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 28/02/2022 13.06	Vide Report No. T/20220228/2035	Station Diary No 15
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Informant's Particulars

Name of Informant AU THIN SOON		Address: APT BLK 298 PUNGGOL CENTRAL #03-469 SINGAPORE 620296	
ID Type / ID No.: NRIC NO / S7962963D		Contact No.: Home/Office:	Mobile: 62320926
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 43	Date of Birth: 04/02/1979	Type of Informant: Passenger
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: CAR MECHANIC		Driving Licence Information: Class: 2B.3	Date of Expiry:

General information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/02/2022 08:15	Type of Location: Car Park
Location: PUNGGOL CENTRAL			
Weather:	Road Surface:	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6100E	Van					0
SHC3379C	Car					0
SMM7507L	Car					0
SMP2948P	Car	HONDA	Stream	Grey	Slightly Damaged	0


**SINGAPORE
POLICE FORCE**


T/20220226/2036

2 of 3

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

Report No: T/20220226/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	AU THIN SOON	ID No.	S7862963D
Related Vehicle	SMP2948P (Car)	Contact No.	82320926
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 2B.3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/02/2022 at about 0815hrs, I went back to my vehicle, SMP2948P, which was parked head in, at Blk 292 Punggol Central MSCP, deck 1B, lot 106. I discovered my vehicle sustained damages on the rear bumper and the vehicle is slanted. There are another 2 vehicles, GBE8100C and SHC3379C respectively, were damaged too. One of the owner of the vehicle was at scene told me that he had called for Police.

Traffic Police officers arrived, vide F/20220226/0067 and interviewed all parties at scene. My vehicle was parked at the said location on 25/02/2022 at about 1900hrs, everything was intact. My vehicle was slanted to the right which suggest that the vehicle that hit my vehicle came from the left. My rear bumper was damaged and I am unable to close my boot properly. Due to the collision, the front of my vehicle mounted onto the curb located at the rear of the parking lot, which causes my front wheels alignment to be shifted.

Traffic Police gave me a case card and advised me to lodge a Police report about the accident. I wish to state that my in-car camera did not capture the incident.



**SINGAPORE
POLICE FORCE**



T20220228/2036

Police Station Of Origin
Ajunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

3 of 3
Report No: T20220228/2036

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 66474885 stating the report number as reference.

Signature of Officer Recording The Report
E / SR STAFF SGT BOH TECK
BOON, KENARD

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time
28/02/2022 19:08

Officer In Charge Of Case
TP / HRT /

Classification Of Case

Contact No.:

NP168