

• Advocates & Solicitors

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	: 7 th March 2021
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of SMW 3100A	Our Ref.	: SB/PO/Acc/2022-9753
Email	: claimsdept@sg.cntaiping.com	No. of Pages	: 6 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

**PRE-REPAIR INSPECTION
ACCIDENT INVOLVING SLC 5774J, SMW 3100A, SLE 6408A & SG 1162Y ALONG ANG MO KIO AVENUE 1
ON 05-03-2022 @ 9 A.M.**

We act for the owners of vehicle registration no. **SLC 5774J**.

We are instructed by our clients to notify you of the above accident involving our clients' said vehicle and your insured's vehicle registration no. **SMW 3100A** driven at the material time. A copy of our clients' motor accident report is enclosed herein.

As a result of the above accident, our clients' said vehicle have been damaged. Before our clients proceed to repair their 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 clients shall proceed to repair their said vehicle without further reference to you.**

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

Yours faithfully



Mr Stanley Bay / Miss Pauline Ong
Enc

Details of Workshop

MJE Motor
Block 7 Sin Ming Industrial Estate
Sector C #01-94 S(575642)
Tel No.: 6454-2203; Fax No. 6452-3308

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	05/03/2022 10:41 (SGT)
Date of Accident	05/03/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 1 (TOWARDS MARYMOUNT RD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5774J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EUGENE HO MUN THANG
NRIC No	S8971256D
Email Address	eugenehmt@gmail.com
Mobile Phone No	(Phone) +65-94317262
Alternative Phone No	+65-94317262

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118226024-01
Cover Note Number	-

DRIVER

Name of Driver	EUGENE HO MUN THANG
NRIC No	S8971256D

Date Of Birth	23/09/1989
Occupation	Indoor
Date Of Driving Pass	06/03/2014
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-94317262
Alt. Phone Number	+65-94317262
Email Address	eugenehmt@gmail.com
Address	209A PUNGGOL PLACE #06-1272
Address complement	-
Postcode	821209
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEONG CARMEN
Gender	Female

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 SKETCH PLAN

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	VIDEO FOOTAGE WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW3100A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98283100
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	SLE6408A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97438142
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	SG1162Y
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)	-

SKETCH PLAN

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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.

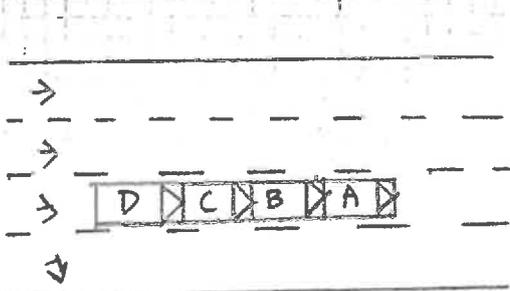
Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-68/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1288 Fax: 6453 7844
 (Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLC 5774J
 B: SMW 3100A
 C: SLE 6408A
 D: SG 1162Y

Ang Mo Kio Ave 1

Describe Circumstances of the Accident

I was driving vehicle A along Ang Mo Kio Ave 1 (towards Marymount Road) on Lane 2. Approaching the junction, traffic light was RED. Vehicles in front of me stopped. I slowed down and stopped too. After a few seconds, I felt an impact at the rear of my vehicle. Vehicle B collided into the rear of my vehicle. I alighted and realised it was a chain collision. There were no injuries.

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

CITY AUTO FTE LTD
21-A Sin Ming Road
#01-88/89/92 Sin Ming Ind Es
Singapore 571640
Tel: 6453 1231 Fax: 6453 794
(Claims Section)
Witnessed by Reporting Centre Personnel