Your Ref : SLK 80T Fax : 6223 7262 Our Ref : CS/1046/22/TAG Tel : 3152 0980

Date : 4 April 2022 Email : may@libertylaw.com.sg

AXA INSURANCE PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 19 MARCH 2022 NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by Lim Hsi Wei, the owner of SJQ 6958P to notify you of a road traffic accident on 19 March 2022 at about 3.40.p.m. at the B2 carpark of Tampines Hub, involving our client's vehicle registration number SJQ 6958P and vehicle registration number SLK 80T, which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday 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 the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

MAY

Enc.

SK0L223P0003 / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 25/03/2022 11:12 (SGT) SUBMITTED BY: DARRELL LEK VERSION: 1 (25/03/2022 11:12 (SGT))

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 witholding of material facts may allow insurance companies to repudiate

- 9. Information provided mast by as distinct and second as positive 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 the control of this report will be constructed that the second of the control of the cont 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	25/03/2022 11:12 (SGT) 19/03/2022 15:40 (SGT) Singapore TAMPINES HUB B2 CARPARK Singapore	
DETAILS OF	OWN VEHICLE	
Vehicle Registration Number	SJQ6958P	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No LIM HSI WEI	
VEHICLE PARTICULARS		
Manufacturer Model 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? Vehicle Category Transmission CC	Toyota Vellfire No - Claiming third party Private car Auto 2400	
INSURANCE COMPANY		
Name of Insurance Company Type of Coverage Fleet Policy Policy Number	NTUC Income Insurance Co-operative Ltd Comprehensive No 5108456403-02	

LIM CHOON HOCK

DRIVER

Name of Driver

Date Of Birth	
Occupation	Outdoor
Date Of Driving Pass	
Driving experience	
Gender	Male
Mobile Number	
Alt. Phone Number Email Address	
Address	
Address complement	
Postcode	<u> </u>
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Calliaine Cross lunction
Type of Accident Weather Conditions	Collision - Cross Junction Clear
Road Surface	Dry
	Siy
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	LIM SIM SIONG
Gender	Male
PASSENGER 2	
Name	NOEL LIM TAI XI
Gender	Male
PASSENGER 3	
Name Gender	KELLY LIM SHI RUI
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Na
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
If yes, against whom?	NO -
,	
CIRCUMSTANCES OF ACCIDENT	
REFER TO REPORT ATTACHED	
ATT ACLIMENT (C)	
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	SLK80T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG YEE TENG
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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 Formby insurance companies is not an admission of policy liability on the part of the insurance
- 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
- (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

s Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident
On 19/3/2022 at around 3.40pm, I was
dethis out True
getting out Tampines theb carpark B2
when at the junction near the genty
exit, a car no SLK80T come from my
Hight side and knocked the front of
i modeled the front of
my car boanet bumper.
We alighted and exchanged details.

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

Policyholder & Signature / Date & Driver's Signature (If driver is not the policyholder) / Date
Time 25:03.22 OBS am & Time

Witnessed by Reporting Centre Personnel























