

Legiste Law Corporation

ADVOCATES & SOLICITORS
NOTARIES PUBLIC
COMMISSIONERS FOR OATHS
INCORPORATED WITH LIMITED LIABILITY
Co. Regn. No. 200305183Z

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FOK MUN CHEONG
TAN KIM KEE
NG LAI LENG

Your Ref Your/Your insured veh No. YP 5498J; Accident on 06.04.22
Our Ref FMC.12672.22.45

11th April 2022

Motor Claims Department
AXA Insurance Pte Ltd
(Insurers of YP 5498J)
6 Buona Vista Drive #18 – 01/06
The Metropolis Tower 1, Singapore 138588



URGENT

BY EMAIL
(motor.survey@axa.com.sg /
motor.doc@axa.com.sg) & PDX

Perfectworks Pte Ltd
(Owners of YP 5498J)
56 Loyang Way #01 – 17
Loyang Enterprise Building
Singapore 508775

BY CERTIFICATE OF POSTING

Dear Sirs

NOTICE OF ACCIDENT
ACCIDENT ON 06.04.22 INVOLVING SLG 3259Y & YP 5498J
AT / ALONG AYE, SINGAPORE
CLAIMANT(S): SAGAR S/O MUNITANDHI

We are instructed by the abovenamed Claimant, the owner of motor-vehicle No. SLG 3259Y to notify you of a road traffic accident on 6th April 2022 at about 6.30 pm at / along AYE Singapore involving our client's motor-vehicle and your/your insured motor-vehicle No. YP 5498J. Copy of the Singapore Accident Statement filed by our client is enclosed herewith for your attention.

FOR THE INSURER(S)

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair his damaged vehicle, please let us know within 2 working days of your receipt of this notice i.e by end of office hours, **13th April 2022** 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. For the avoidance of doubt, you are liable to compensate our client for loss of use/rental commencing from (and including) today under the provisions of the applicable NIMA Protocol.

FOR THE OWNER(S)

To avoid repudiation of liability by your insurers for breach of policy condition, we would strongly suggest that you report the accident to your insurers on an immediate basis, if you have not already done so. TAKE NOTICE that if your insurers should repudiate liability on the basis that you have breached their policy terms and conditions, you may be personally liable for our client's losses as adjudged by the Court.

Yours faithfully

Joseph Fok Mun Cheong
Legiste Law Corporation
encs
cc client

PDX Intercompany Exchange Pte Ltd



FROM **LEGISTE LAW CORPN**
PDX Box No. **8719**

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	07/04/2022 13:41 (SGT)
Date of Accident	06/04/2022 18:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG3259Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAGAR S/O MUNITANDHI
NRIC No	S1358367F
Email Address	SPUTNIK2727@GMAIL.COM
Mobile Phone No	(Phone) +65-98579915
Alternative Phone No	(Home) +65-98579915

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1999

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05029991
Cover Note Number	-

DRIVER

Name of Driver	SAGAR S/O MUNITANDHI
NRIC No	S1358367F

Date Of Birth	29/09/1959
Occupation	Outdoor
Date Of Driving Pass	19/04/1984
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-98579915
Alt. Phone Number	(Home) +65-98579915
Email Address	SPUTNIK2727@GMAIL.COM
Address	16 CASUARINA ROAD
Address complement	-
Postcode	579404
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN ATTACHED

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	YP5498J
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LI CHENG
Passport No/FIN	G8104189Q
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. This report must be completed by the Policyholder and/or the Authorised Driver.
2. The report must be completed truthfully and accurately as possible. Any false or misleading information may result in the insurer repudiating policy liability.
3. Any false reporting may be referred to the Police for investigation.
4. The report will be forwarded by the insurers of the G4 Reports Management Centre established by the General Insurance Association of Singapore (GIA) to the relevant third parties for a fee to be made payable to the relevant parties.
5. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the insurer's office and/or the report being made available to third parties.
6. Consent under the Personal Data Protection Act (PDPA): I understand, acknowledge, agree and consent that:
 - (i) the insurer(s) 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 to 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 Ministry of Transport of Singapore and any relevant government agency/authority (such as the Land Transport Authority);
 - (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) investigating the accident and/or my claims;
 - (iv) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (v) 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
 - (vi) 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: _____
& Time: _____

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

Reporting Centre Personnel's Signature: _____
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN

A- SLG3359Y

B- YPS498J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle A (SLG3359Y) was stationary along AVE as traffic as traffic was heavy. Suddenly I felt a huge jolt and heard a loud bang from my rear. I came out of my vehicle A and found out that vehicle B (YPS498J) front portion had collided into the rear of my vehicle A.

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At Falcon-Air

Claim OD / TP Own W/shop

Reporting Only

DECLARATION

I/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:

Reporting Centre Personnel's Signature Name: NRIC/PSN No:



IMAGES #2







GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #13-00 Singapore 048633
 Tel: 634 5222-3013 Fax: 634 5741 7777
 Email: gias@ias.org.sg Website: www.gias.org.sg
 UEN: S55500090 GST Reg. No: NM0001793

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authority to which you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SF0G22470001 Vehicle Registration No: SLG 3259 Y
 Name: Sagar S/O Munirayandhi NRIC/FIN/Passport No: S135 8367 F
 (*Vehicle Driver / Vehicle Owner(*) Please delete as appropriate
 Address: _____ Singapore
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 06/04/22 Time of Accident: 1630 hr
 Place of Accident: _____
 Insurance Company: Leipac

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Additional information

During the accident, because of the impact, some of my items placed behind the boot, were flung out of my car, I picked up what I could see.

While removing the items from my car, I found my Label printer missing and and my tube marker damaged.

1) Tube marker Letwin LM 380A \$1,200
2) Label marker Brother PT-E5550 WVP \$380
Bought 3 1/2 yrs ago.

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: 11/04/22
 Date: _____