

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

## VIA EMAIL

To	: AXA Insurance Singapore Pte Ltd	Date	: 12 <sup>th</sup> April 2022
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of SHC 2638L	Our Ref.	: SB/PO/Acc/2022-9774
Email	: motor.survey@axa.com.sg cst@axa.com.sg	No. of Pages	: 7 (including this page)

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## IMMEDIATE ATTENTION

Dear Sirs

### PRE-REPAIR INSPECTION

### ACCIDENT INVOLVING GBK 9425S & SHC 2638L ALONG THE KRANJI EXPRESSWAY EXIT INTO WOODLANDS ROAD ON 9.4.2022

We act for the owner of vehicle registration no. **GBK 9425S**.

We are instructed by our client to notify you of the above accident involving our client's said vehicle and your insured's taxi registration no. SHC 2638L driven at the material time. A copy of our client's Singapore Accident Statement is enclosed herein.

As a result of the above accident, our client's said vehicle was 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

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 ..... 11/04/2022 19:46 (SGT)  
Date of Accident ..... 09/04/2022 17:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... KJE EXIT TO WOODLANDS RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK9425S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TK ELECTRICIANS PTE. LTD.  
Company Reg No ..... 2XXXXX695Z  
Email Address ..... TECKKOON@TKELECTRICIANS.COM  
Mobile Phone No ..... (Phone) +65-91158246  
Alternative Phone No ..... +65-91158246

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... United Overseas Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DHOM120058142100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YEAKOB  
Passport No/FIN ..... GXXXX586Q

Date Of Birth .....	06/10/1993
Occupation .....	Outdoor
Date Of Driving Pass .....	10/02/2020
Driving experience .....	2 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93526417
Alt. Phone Number .....	-
Email Address .....	TECKKOON@TKELECTRICIANS.COM
Address .....	C/O 6D MANDAI ESTATE #03-12 M-SPACE
Address complement .....	S(729938)
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Clear
Road Surface .....	Dry

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	BELAL
Gender .....	Male

#### 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

I WAS DRIVING VEHICLE A ALONG KJE EXIT TOWARDS WOODLANDS ROAD. AT THE SLIP ROAD TOWARDS WOODLANDS ROAD , I SLOWED DOWN AND STOPPED MY VEHICLE TO GIVE WAY TO ONCOMING TRAFFIC ALONG WOODLANDS ROAD. SUDDENLY, I FELT AN IMPACT ON THE REAR OF MY VEHICLE. VEHICLE B COLLIDED INTO THE REAR OF MY VEHICLE. VIDEO FOOTAGE IS AVAILABLE.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC2638L
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	I40

Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
Name of Driver .....	NAZARUDIN BIN A RASHID
NRIC No .....	SXXXX897H
Contact Number .....	(Phone) +65-94889341
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**

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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 11/4/22 04:30pm

  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

*Please refer to sketch.*

## Describe Circumstances of the Accident


Please refer to statement.

TP claim @ other workshop.

## Declaration

We declare the foregoing particulars are true in every respect.

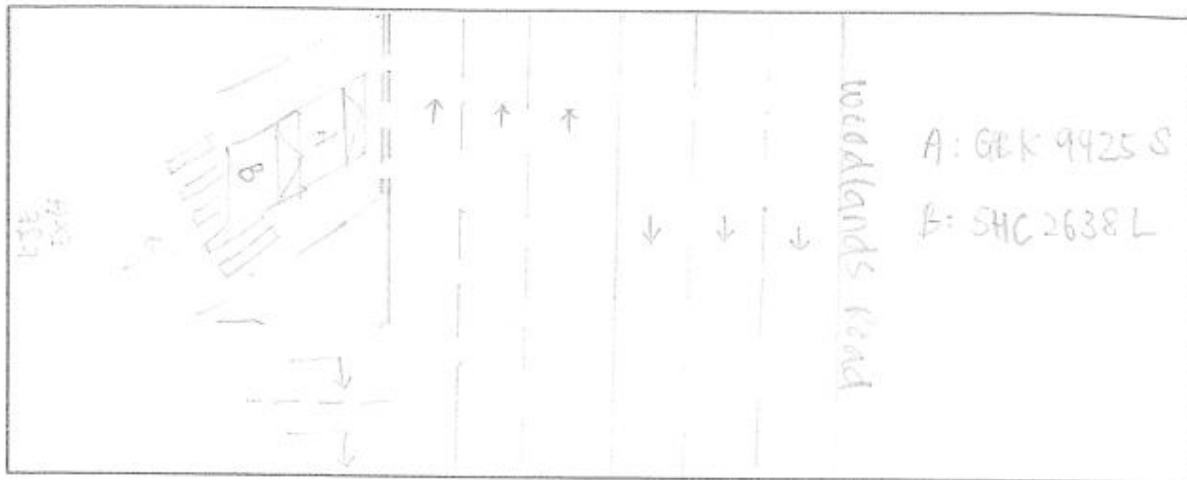
  
Policyholder's Signature / Date &  
Time

  
Driver's Signature (If driver is not the policyholder) / Date  
& Time  
11/4/22 @ 4.30pm

  
Witnessed by Reporting Centre  
Personnel

SKETCH PLAN

Statement



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving vehicle A along FJE exit towards Woodlands Road.

At the slip road towards woodlands Road, I slowed down and stopped my vehicle to give way to oncoming traffic along Woodlands Road. Suddenly, I felt an impact on the rear of my vehicle. vehicle B collided into the rear of my vehicle.

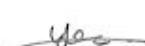
Video footage is available.

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)

Reporting Centre Personnel's Signature  
Name: