

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

FACSIMILE TRANSMISSION
(MT Claim SG <mt_claim@lonpac.com>)

To	: Lonpac Insurance Berhad	Date	: 5 th May 2022
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of GBD 6525T	Our Ref.	: SB/PO/Acc/2022-9796
Fax No.	: 6296-2706 / 6296-3767	No. of Pages	: 6 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

PRE-REPAIR INSPECTION
ACCIDENT INVOLVING GBK 5694H AND GBD 6525T ALONG UBI AVENUE 1 ON 04/05/22 @ 2.00PM

We act for the owner of vehicle registration no. **GBK 5694H**

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 **GBD 6525T** 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 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 client shall proceed to repair their 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 their 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 05/05/2022 10:02 (SGT)
Date of Accident 04/05/2022 14:00 (SGT)
Exact Location of Accident Ubi Ave 1, Singapore
Additional Location Information Ubi Ave 1 towards Ubi Ave 2 (outside Maha Bodhi school)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5694H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Rareus Pte Ltd
Company Reg No 201108753R
Email Address daniel@rareus.com
Mobile Phone No (Phone) +65-93667722
Alternative Phone No (Home) +65-93667722

VEHICLE PARTICULARS

Manufacturer Fiat
Model Doblo
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00110462100
Cover Note Number -

DRIVER

Name of Driver Koh Yun Long, Daniel
NRIC No S8811768I

Date Of Birth	07/04/1988
Occupation	Outdoor
Date Of Driving Pass	18/10/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93667722
Alt. Phone Number	-
Email Address	daniel@rareus.com
Address	Blk 230 Bishan Street 23 #08-35
Address complement	-
Postcode	570230
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

Refer attached report

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	GBD6525T
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Kunjithapatham Raja
Work Permit No	G8431238Q
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Koh Yun Long, Daniel
Gender	Male
Phone No	(Phone) +65-93667722
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK5694H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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 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' 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.

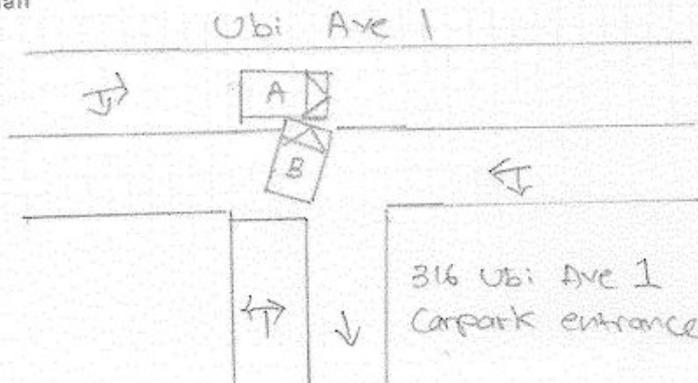


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 04/05/2022 around 2pm, I was driving along Ubi Ave 1 in the direction of Ubi Ave 2. Ubi Ave 1 is a single lane road (in both directions). I proceeded along Ubi Ave 1 and as I approached Maha Bodhi School there was a stationary bus (non-party) on the left side of the road. The non-party bus was not within the bus bay but it was parked along the left side of Ubi Ave 1 (near the entrance of the school). I continued driving towards the stationary non-party bus intending to pass it from the right side. I kept ^{within the lane and} drove past the stationary non-party bus, a lorry ^{and} registration GBD 6525T emerged from the adjacent car park exit (opposite side of the road) and drove straight into the right side of my vehicle. The lorry registration GBD 6525T had emerged from the car park exit adjacent and from the opposite side of the road. Lorry registration GBD 6525T had driven across the single lane (from opposite direction of travel) and as a result collided into the front right side fender and door of my vehicle. I have a very sore shoulder and neck ache. I have difficulty turning my head/neck. I will be visiting the doctor for medical examination. I have a video of the incident captured from my in-car camera.

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