

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	: 31 st August 2022
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of SHA 5048E	Our Ref.	: SB/PO/Acc/2022-9882
Email	: motor.survey@axa.com.sg cst@axa.com.sg	No. of Pages	: 6 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

PRE-REPAIR INSPECTION ACCIDENT INVOLVING SFM 1232B & SHA 5048E ALONG CLEMENTI AVENUE 2 ON 28.8.2022

We act for the owner of vehicle registration no. **SFM 1232B**.

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. **SHA 5048E** 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 has been 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

Tri King Auto Solutions
53 Paya Ubi Industrial Park
#01-15 Ubi Avenue 1 S(408934)
Tel No.: 6604-6616 (Contact Person: Marcus)

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 Actual 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	29/08/2022 17:23 (SGT)
Reported by	Both
Date of Accident	28/08/2022 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM1232B
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA BOON LENG
NRIC No	S1652631B
Email Address	SIEWHIANSIOA@GMAIL.COM
Mobile Phone No	(Phone) +65-91074241
Alternative Phone No	+65-96848232

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5121258085-01

DRIVER

Name of Driver	CHUA BOON LENG
NRIC No	S1652631B
Date Of Birth	26/04/1964
Occupation	Indoor

Date Of Driving Pass	09/10/1984
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91074241
Alt. Phone Number	+65-96848232
Email Address	SIEWHIANSIOA@GMAIL.COM
Address	BLK 114 CLEMENTI ST 13 #10-53
Address complement	-
Postcode	120114
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	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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SPOUSE
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	SD CARD INSIDE VEHICLE IN-CAR CAMERA

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5048E
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MOHD THAIB BIN JALIL
NRIC No	S1719289B
Contact Number	(Phone) +65-98801132
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INCOME MOTOR SERVICE CENTRE

Report No: MT/ _____

D.O.A: **28/08/2022**
Time: **07:50** hrs

Report Date & Start Time: **29/08/2022 / 17:14**

Vehicle No: **SFM1232B** Reporting Type: _____

SKETCH PLAN

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

[Signature]

29/08/22 / 17:14

Policyholder's Signature / Date & Time

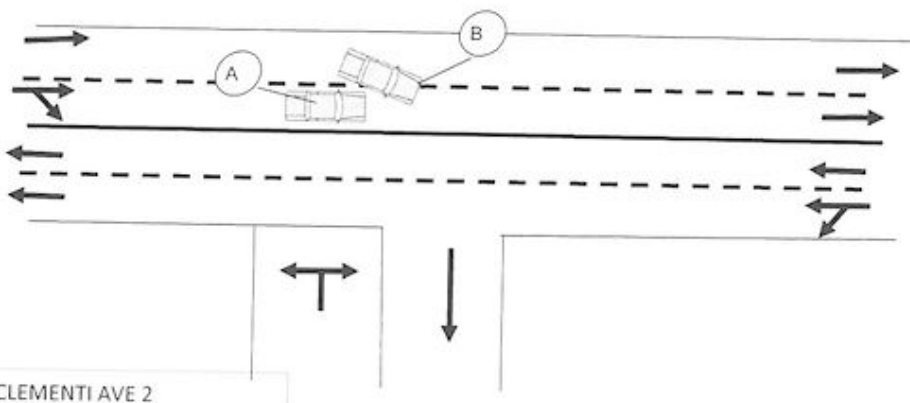
29/08/22 / 17:14

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

Chen JunLiang

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Vehicle A: SFM1232B

Vehicle B: SHA5048E

Describe Circumstances of the Accident

MY VEHICLE WAS MOVING STRAIGHT ON THE RIGHT LANE OF CLEMENTI AVE 2 TOWARDS CLEMENTI ROAD. VEHICLE B WAS ON THE LEFT LANE AND SUDDENLY MADE A RIGHT TURN INTO THE HDB CARPARK ENTRANCE. THUS HIT ONTO MY VEHICLE FRONT LEFT PORTION. NO ONE WAS INJURED.

Declaration

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



29/08/22 / 17:14

Policyholder's Signature / Date & Time

29/08/22 / 17:14

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

Chen JunLiang

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)