

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 <sup>st</sup> August 2022
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of FBR 5946U	Our Ref.	: SB/PO/Acc/2022-9881
Email	: motor.survey@axa.com.sg cst@axa.com.sg	No. of Pages	: 7 (including this page)

## IMMEDIATE ATTENTION

Dear Sirs

### **PRE-REPAIR INSPECTION**

### **ACCIDENT INVOLVING SNE 7880M & FBR 5946U ALONG WOODLANDS STREET 41 ON 29.8.2022**

We act for the owners of vehicle registration no. **SNE 7880M**.

We are instructed by our clients to notify you of the above accident involving our clients' said vehicle and your insured's motorcycle registration no. **FBR 5946U** ridden at the material time. A copy of our clients' Singapore Accident Statement is enclosed herein.

As a result of the above accident, our clients' said vehicle has been damaged. Before our clients 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 clients shall proceed to repair their said vehicle without further reference to you.**

Please note that this notification does not in any way prejudice our clients' right nor shall it be deemed as a waiver of any of their rights, as such our clients' rights are expressly reserved.

Yours faithfully



*Mr Stanley Bay / Miss Pauline Ong*

Enc

### **Details of Workshop**

Tong Luck Auto Pte Ltd  
160 Sin Ming Drive  
#07-01/06 Sin Ming Auto City S(575722)  
Tel No.: 6250-0088 Fax No.: 6250-5545  
Contact Person: Miss Kristine Goh / Miss Candy Ong

## 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 ..... 30/08/2022 19:56 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 29/08/2022 11:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WOODLANDS STREET 41  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNE7880M

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.  
Company Reg No ..... 1XXXXX778Z  
Email Address ..... mohamed\_faizal.mohd\_yasin@mercedes-benz.com  
Mobile Phone No ..... (Phone) +65-68498118  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
Variant ..... 1.6(A) LX  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1591

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 999995580

#### DRIVER

Name of Driver ..... A MANIRAJA  
NRIC No ..... SXXXX123Z  
Date Of Birth ..... 06/11/1966  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/03/1987
Driving experience .....	35 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93265715
Alt. Phone Number .....	-
Email Address .....	Maniraja@usa.com
Address .....	HDB Woodlands, 418 Woodlands Street 41 730418
Address complement .....	-
Postcode .....	730418
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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) .....	1
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 .....	-

#### 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 ALONG WOODLANDS STREET 41 AND SIGNALLED TO TURN LEFT TO ENTER INTO MY CARPARK. WHILE MAKING THE TURN, VEHICLE B TRIED TO SQUEEZE IN BETWEEN MY VEHICLE AND THE CURB; COLLIDING INTO THE LEFT PORTION OF MY VEHICLE. MY REAR LEFT PORTION WAS DENTED AND SCRATCHED. I WAS NOT INJURED BUT RIDER OF VEHICLE B SUFFERED SOME ABRASIONS.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBR5946U
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	T150
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

Name of Driver .....	Afiq b ghazali
NRIC No .....	SXXXX888C
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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 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. 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 lodgment 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.
- (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  
Date & Time:

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

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR**

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

## SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG WOODLANDS STREET 41 AND SIGNALLED TO TURN LEFT TO ENTER INTO MY CARPARK. WHILE MAKING THE TURN, VEHICLE B TRIED TO SQUEEZE IN BETWEEN MY VEHICLE AND THE CURB; COLLIDING INTO THE LEFT PORTION OF MY VEHICLE. MY REAR LEFT PORTION WAS DENTED AND SCRATCHED. I WAS NOT INJURED BUT RIDER OF VEHICLE B SUFFERED SOME ABRASIONS.

## 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:

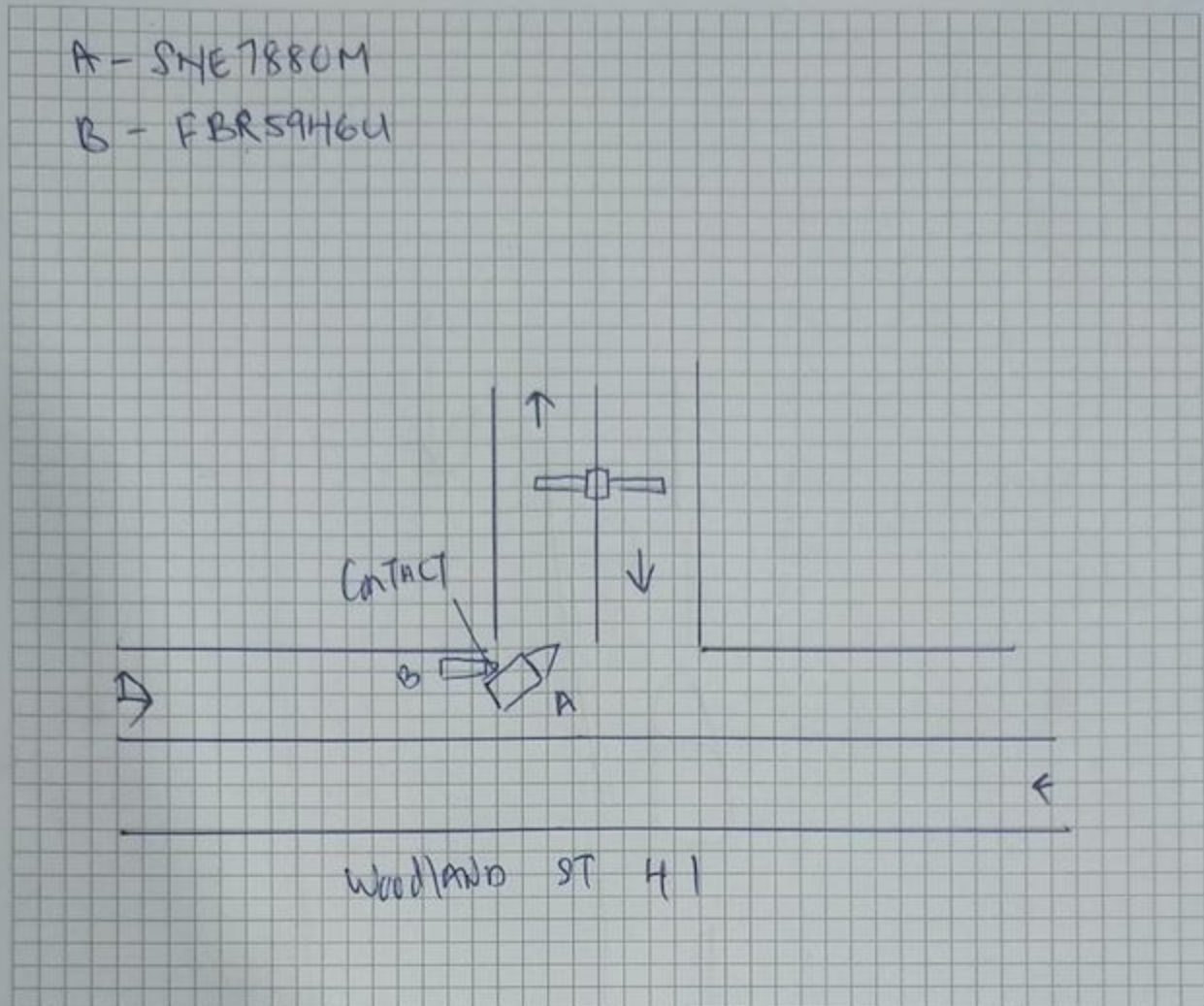
**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**MOHAMED SHARIL BIN SATAR**

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



Ver. Jun2022

ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Mohamed Sharil Bin Satar

Witnessed by Reporting Centre  
Personnel