

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	: 16 th January 2023
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of SND 5280M	Our Ref.	: SB/PO/Acc/2023-9984
Email	: motor.survey@axa.com.sg cst@axa.com.sg	No. of Pages	: 5 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

PRE-REPAIR INSPECTION

ACCIDENT INVOLVING SLZ 3619S & SND 5280M ALONG YISHUN CENTRAL ON 15.1.2023 @ 1.20 P.M.

We act for the owner of vehicle registration no. **SLZ 3619S**.

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. **SND 5280M** 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

Hiap Lek Automobile Trading
160 Sin Ming Drive
#05-17 Sin Ming Autocity S(575722)
Tel No.: 6453-1743 Fax No.: 6266-8605

(Draft)

SL0M231G0007 / Lai Hui (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: -
SUBMITTED BY: [To Be Confirmed]
VERSION: 1 (16/01/2023 12:05 (SGT))

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 willful 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	-
Reported by	Both
Date of Accident	15/01/2023 13:20 (SGT)
Exact Location of Accident	Yishun Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3619S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANG CHEE KIANG ANDY (ZHANG ZHIQIANG ANDY)
NRIC No	SXXXX342C
Email Address	andycck27@gmail.com
Mobile Phone No	(Phone) +65-82016196
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800046809-04

DRIVER

Name of Driver	CHANG CHEE KIANG ANDY (ZHANG ZHIQIANG ANDY)
NRIC No	SXXXX342C
Date Of Birth	27/11/1980
Occupation	Indoor

Date Of Driving Pass	(Draft) 10/03/2000
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82016196
Alt. Phone Number	-
Email Address	andycck27@gmail.com
Address	BLK 507 JELAPANG ROAD #11-10
Address complement	-
Postcode	670507
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 - Change/cross lane
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

Please refer to the sketch plan.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND5280M
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Describe Circumstance of the Accident

I am travelling along Yishun central towards North point direction.

I am travelling straight within my own lane. From a distance,

I notice that my left lane, there is a taxi Pylon Parking


light and as such, vehicle (B) change lane abruptly and makes

me had no time to slow down and hit onto rear right of

vehicle (B).

Declaration

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

 16/1/23

Policyholders Signature / Date & Time



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



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

SOH JIT HOON

SKETCH PLAN

IMPORTANT NOTICE

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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 aforementioned.
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 be 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 be 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/ may not 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 placed outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (to driver is the Policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NPIC/ID card) **SOH JIT HOON**

Sketch Plan

