

Your Ref : SHA 9311T
Our Ref : **CS/1030/23/AAK**
Date : 2 March 2023

Fax : 6223 7262
Tel : **3152 0980**
Email : may@libertylaw.com.sg

HSBC Life (Singapore) Pte.Ltd.

BY EMAIL ONLY

DATE OF ACCIDENT: 22 FEBRUARY 2023

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by AAK Logistics Services Pte Ltd, the owner of YQ 3301B to notify you of a road traffic accident on 22 February 2023 at about 4.45.p.m along Jalan Buroh , involving our client's vehicle registration number YQ 3301B and vehicle registration number **SHA 9311T** , which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday 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 the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

MAY

Enc.

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 01/03/2023 18:38 (SGT)
Reported by Driver
Date of Accident 22/02/2023 16:45 (SGT)
Exact Location of Accident Jln Buroh, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ3301B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AAK LOGISTICS SERVICES PTE LTD
Company Reg No
Email Address
Mobile Phone No
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 2998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00144962202

DRIVER

Name of Driver ASRUL ANUAR BIN ABDULLAH
Passport No/FIN
Date Of Birth
Occupation Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

.....
Male
.....
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Raining
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
Yes
No
Yes
1
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
MacPherson Neighbourhood Police Post
(Phone) +65-18007449999
(Fax) +65-65476366
Blk 54 Pipit Road #01-82/84 Singapore 370054
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20230224/2084

ATTACHMENT(S)

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

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

SHA9311T
Hyundai
-
-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN ENG MOK
NRIC No	S7130750F
Contact Number	(Phone) +65-93360283
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	ASRUL ANUAR BIN ABDULLAH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG TWISTED, KNEE INJURED
Injured person in which vehicle?	YQ3301B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



Policyholder's Signature / Date & Time

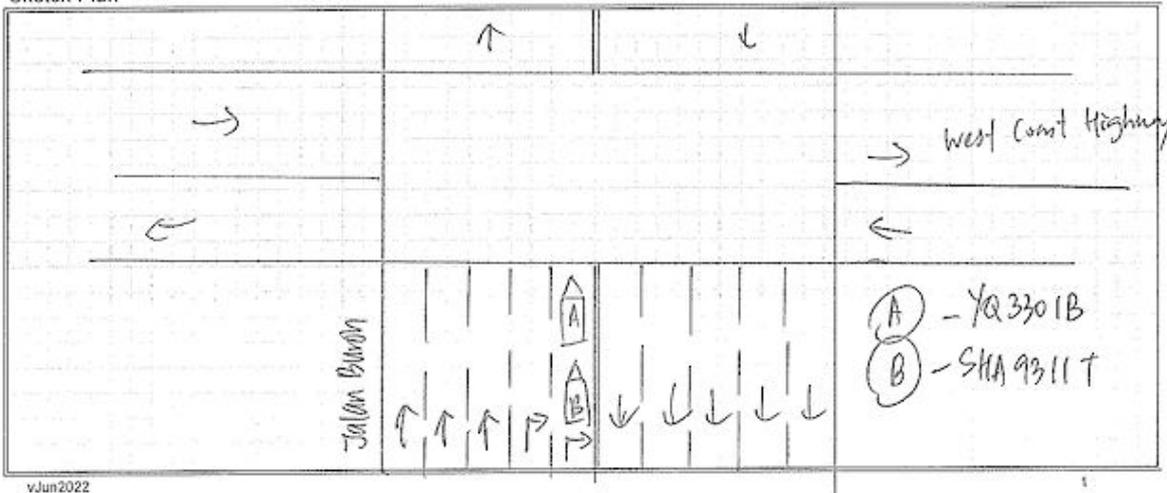
[Handwritten Signature]

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

[Handwritten Signature]

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

Sketch Plan



Describe Circumstance of the Accident

Refer to police report. T/2023 0224/2084

Claim own policy
 Claim third party
 Claim OD/TP at other workshop
 For record purpose

Policy No. DMCSNWO01496202
Insurer China Veh. No. YQ3701B

AAK LOGISTICS

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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

SNG AH TEE MOTOR & PANEL SVC PTE LTD
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)




























**SINGAPORE
POLICE FORCE**


T/20230224/2084

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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20230224/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2023 16:07	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: ASRUL ANUAR BIN ABDULLAH		Address: [REDACTED]	
ID Type / ID No.: FIN NO / G7275407M		Contact No.:	[REDACTED]
Nationality: MALAYSIAN		Home/Office:	Mobile: [REDACTED]
Sex: Male		Email:	
Age: [REDACTED]	Date of Birth: [REDACTED]	Type of Informant: Driver	
Race: Malay	Language: English	Institution / School Name:	
Occupation: truck driver	Driving Licence Information: Class: 2B,3,4A,4		Date of Expiry: 06/01/2024

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2023 16:45	Type of Location: Straight Road
Location: JALAN BUROH				
Weather: Drizzling		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9311T	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Yellow	Slightly Damaged	0
YQ3301B	Lorry	MITSUBISHI	CANTER FEB21ER3S DEN (CBU)	White	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230224/2084

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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20230224/2084

CONTINUATION OF REPORT

Driver			
Name	TAN ENG MOK	ID No.	S7130750F
Related Vehicle	SHA9311T (Car)	Contact No.	93360283
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ASRUL ANUAR BIN ABDULLAH	ID No.	[REDACTED]
Related Vehicle	YQ3301B (Lorry)	Contact No.	[REDACTED]
Hospital/Clinic	CIRCUIT MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3,4A,4 Date of Expiry: 06/01/2024
Date Treatment	22/02/2023	Date Discharge	22/02/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 22/02/2023 at about 4.45pm, I was driving my company lorry (YQ3301B) along Jln Buroh. At the T-Junction of Jln Buroh and West Coast Highway, I intended to make a right turn from Jln Buroh and West Coast Highway. I stopped the lorry behind another few lorries along lane one as the traffic light was red. My lorry was stationary, waiting for the traffic light to turn for about a minute. Suddenly, a taxi (SHA9311T) hit onto the rear of my lorry. After the accident, I felt some numbness on my right knee and right shoulder areas. Both the taxi driver and I came out of the vehicle to take photo of the scene and exchange particulars. No ambulance and police were called. We then drove off after particulars exchanged. While on the way home, I felt pain at my right knee and right shoulder areas. As such, I seek treatment at Circuit Medical Clinic on the same day. I was issued with 5 days of medical leave by the doctor. There is in-car camera installed in my company lorry.



**SINGAPORE
POLICE FORCE**



T/20230224/2084

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20230224/2084

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / SGT 3 PU SONGHUI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/02/2023 16:07
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

NP168

