

Legiste Law Corporation

ADVOCATES & SOLICITORS
NOTARIES PUBLIC
COMMISSIONERS FOR OATHS
INCORPORATED WITH LIMITED LIABILITY
Co Regn. No. 200305183Z

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FOK MUN CHEONG
TAN KIM KEE
NG LAI LENG

Our Ref FMC.12821.23.45

10th March 2023

URGENT

Motor Claims Department
HSBC Life (Singapore) Pte Ltd
(Insurers of SH 6843C)
38 Beach Road #03 - 11
South Bridge Tower
Singapore 189767

BY EMAIL (cst@mail.life.hsbc.com.sg)
& BY PDX

Comfort Transportation Pte Ltd
(Owners of SH 6843C)
383 Sin Ming Drive
Singapore 575717

BY CERTIFICATE OF POSTING

Dear Sirs

NOTICE OF ACCIDENT

ACCIDENT 08.03.23 INVOLVING SLT 6117K & SH 6843C
AT BT BATOK AVE 3 TOWARDS BT BATOK CENTRAL
CLAIMANT(S): PHUA WEE HIANG

We are instructed by the abovenamed Claimant, owner of motor-vehicle No. SLT 6117K to notify you of a road traffic accident on 8th March 2023 at about 10.30 am at Bt Batok Avenue 3 towards Bt Batok Central involving our client's motor-vehicle and your motor-vehicle No. SH 6843C driven by your insured driver at the material time. A copy of Singapore Accident Statement filed by our client is enclosed.

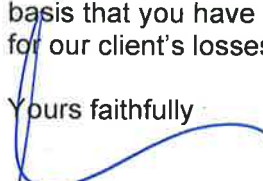
FOR THE INSURER(S)

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 of your receipt of this notice i.e by end of office hours, **14th March 2023** 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. For the avoidance of doubt, you are liable to compensate our client for loss of use/rental commencing from (and including) today under the provisions of the applicable NIMA Protocol.

FOR THE OWNER(S)

To avoid repudiation of liability by your insurers for breach of policy condition, we would strongly suggest that you report the accident to your insurers on an immediate basis, if you have not already done so. TAKE NOTICE that if your insurers should repudiate liability on the basis that you have breached their policy terms and conditions, you may be personally liable for our client's losses as adjudged by the Court.

Yours faithfully


Joseph Fok Mun Cheong
Legiste Law Corporation
enc cc client

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	08/03/2023 16:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/03/2023 10:30 (SGT)
Exact Location of Accident	Bukit Batok, Singapore
Additional Location Information	BKT BATOK AVE 3 TWDS BKT BATOK CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6117K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PHUA WEE HIANG
NRIC No	S2204904F
Email Address	PHUAWEEHIANG@GMAIL.COM
Mobile Phone No	(Phone) +65-81571265
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5095467687-05

DRIVER

Name of Driver	PHUA WEE HIANG
NRIC No	S2204904F
Date Of Birth	20/05/1971
Occupation	Indoor

Date Of Driving Pass	31/08/1993
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81571265
Alt. Phone Number	-
Email Address	PHUAWEHIANG@GMAIL.COM
Address	540 CHOA CHU KANG ST 52
Address complement	05-28
Postcode	680540
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)	3
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	yvonne
Gender	Female

PASSENGER 2

Name	kathy
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

AS PER SKETCH PLAN ATTACHED

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	NOT AVAILABLE, WILL SEND BY EMAIL

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6843C
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	CHAN KOK WEE
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN**IMPORTANT NOTICE**

1. Please fill in this **correctly** and return it to the insurer for lodged with the relevant insurer.
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 willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this form by insurers constitute a formal admission of policy liability on the part of the respective 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 following purposes:
 - (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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

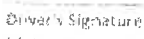
< DRIVING ALONG Bukit Batok Ave 3 towards Bukit Batok Central

- I am at the middle lane and a taxi cut into my lane and the left rear of taxi hit onto my car right front.

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


Reporting Centre Personnel's Signature
Name
NRIC/ID No

IMAGES

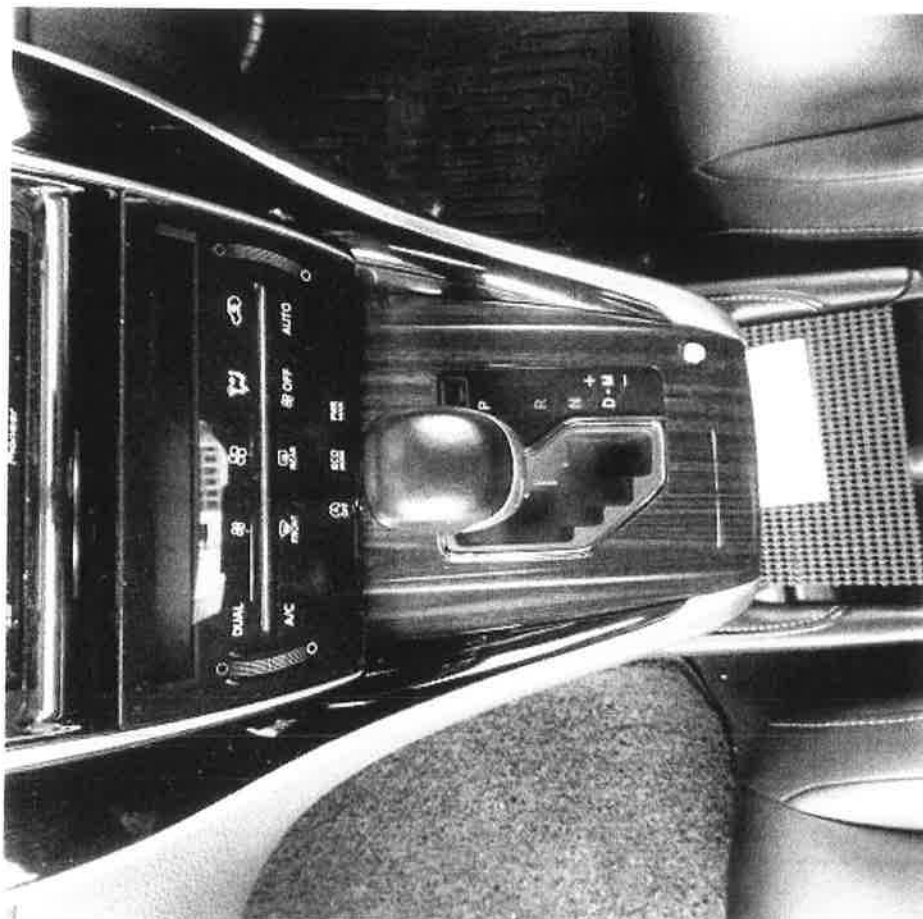


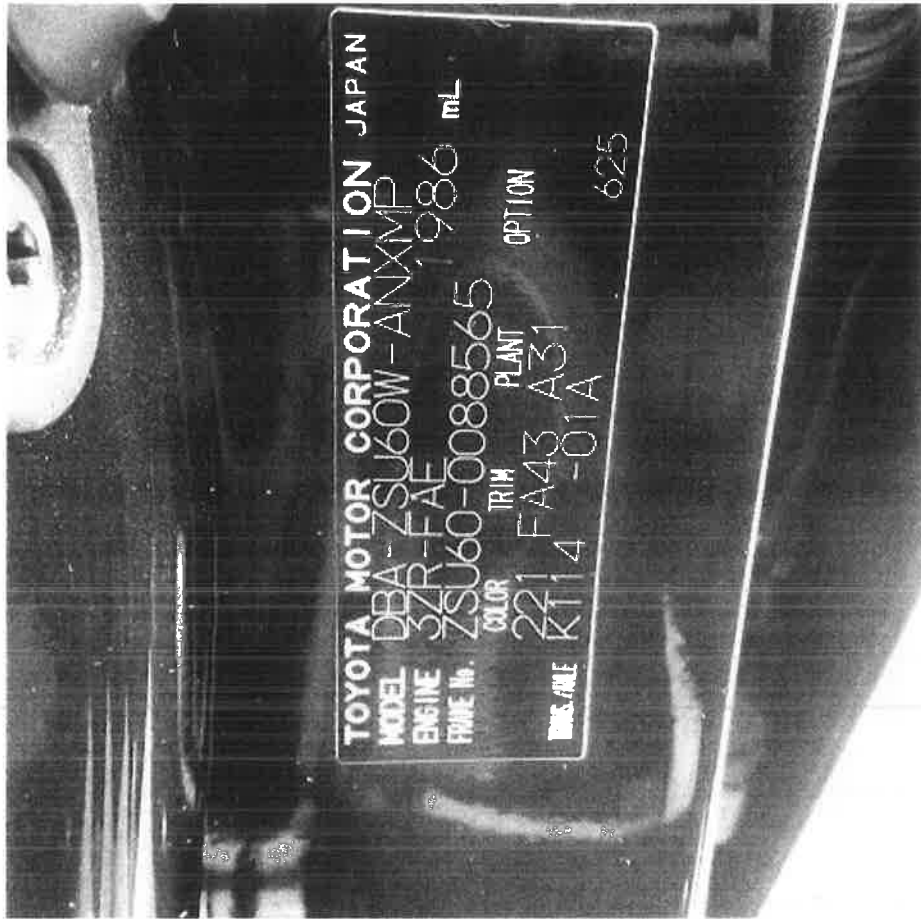
IMAGES #2



IMAGES #3









IMPORTANT NOTE: Please refer to the original accident report for details. This addendum is to be filled out and submitted along with the original report.

ADDENDUM

A) PARTICULARS OF PERSON MAKING THE AMENDMENTS


Original Report No: SF0E23380004 Vehicle Registration No: SLT 6117K
 Name (as shown in report): PHUA WEE HIANG NRIC/FIN/Passport No: S220 4904K
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8157 1265
 Email Address: _____
 Date of Accident: 8/3/23 Time of Accident: 1030
 Place of Accident: Bkt Batok Ave 3 twcls Bkt Batok Central
 Insurance Company: Income

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Revise video - video have it, will submit by email.
change from video No to YES.

Policyholder / Driver's Signature
 Date:


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