



# GOH JP & WONG LLC

advocates & solicitors  
commissioner for oaths & notary public

GOH TECK WEE

WONG TZE ROY

WONG FUNG KWAI

SOON WEI SONG

133 New Bridge Road #16-09 Chinatown Point Singapore 059413  
Tel: 6538 5868 Fax: 6538 4898 (Not for service of Court documents) Email: mail@gohjpwong.com  
Goh JP & Wong LLC is a law corporation with limited liability. GST/UEN: 201406078M

YOUR REF:

OUR REF: GTW.ACC.3037.23.wk

**WHEN REPLYING, PLEASE QUOTE OUR REFERENCE NO**

DATE: 3 April 2023

**Saliman Bin Kambrat**  
Block 720 Bedok Reservoir Road  
#05-4672 Singapore 470770

Dear Sirs

**NOTIFICATION OF ACCIDENT**

**SUBJECT MATTER: TRAFFIC ACCIDENT INVOLVING GBD 896L & SHD 5297L ON 24.3.2023  
ALONG OPHIR ROAD**

We act for Oversea Union Motor Accessories Co in the above matter.

We are instructed to notify you of the above accident on 24th March 2023 at about 2337 hrs along Ophie Road involving our client's motorvan GBD 896L and motortaxi SHD 5297L driven by you at the material time. A copy of the Traffic Accident Report filed is enclosed.

As a result of the accident, our client's motorvan GBD 896L has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days (excluding Saturdays, Sundays and Public Holidays) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair inspection of the vehicle or whether you or your insurer waive the pre-repair inspection. 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.

Kindly advise your surveyor to liaise with the workshop directly for repair estimates and post re-repair inspection, if required

Yours faithfully

*Goh JP & Wong LLC*

Enc.

Cc **HSBC Life (Singapore) Pte Ltd**  
Attention: Motor Claims Department  
By email: mt.surv@mail.life.hsbc.com.sg

## 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 .....	25/03/2023 14:13 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/03/2023 23:37 (SGT)
Exact Location of Accident .....	Ophir Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD896L

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	OVERSEA UNION MOTOR ACCESSORIES CO
Company Reg No .....	
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	


#### VEHICLE PARTICULARS

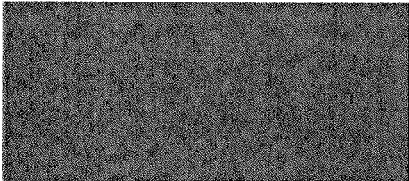
Manufacturer .....	Mercedes
Model .....	Citan
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	22-MT102753-R04

#### DRIVER

Name of Driver .....	LOW WEI REN
NRIC No .....	
Date Of Birth .....	
Occupation .....	Indoor

Date Of Driving Pass .....	14/05/2002
Driving experience .....	20 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	
Alt. Phone Number .....	
Email Address .....	
Address .....	
Address complement .....	
Postcode .....	
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	PARTNER
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) .....	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 .....	JANNIE
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

I WAS TRAVELLING ALONG OPHIR ROAD. SUDDENLY, THE FRONT LEFT HAND PORTION OF VEHICLE B HIT ONTO THE REAR RIGHT HAND PORTION OF MY VEHICLE.

#### 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 .....	SHD5297L
Vehicle Manufacturer .....	-
Vehicle Model .....	-



Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

IMPORTANT NOTICE

1. Please fill in correctly the details of the accident or speed camera 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The cover 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 making 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/are 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.

華聯汽車裝飾用品公司

OVERSEA UNION MOTOR ACCESSORIES CO.

Driver's Signature

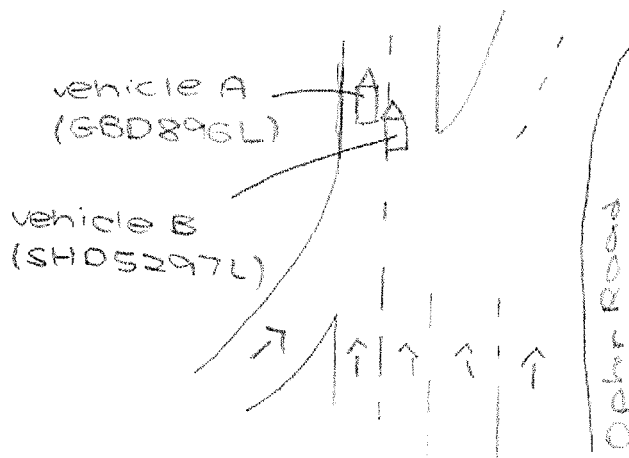
(If not the policyholder)

Reporting Centre Personnel's Signature

Name

NR1 / NR No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ophir Road.

Suddenly, the front left hand portion

of vehicle B hit onto the rear right

hand portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars as true and correct.

華聯汽車裝飾用品公司  
OVERSEA UNION MOTOR ACCESSORIES CO.

Accident report SS2X233P000C