Legiste Law Corporation

ADVOCATES & SOLICITORS
NOTARIES PUBLIC
COMMISSIONERS FOR OATHS
INCORPORATED WITH LIMITED LIABILITY
Co. UEN 200305183Z

133 New Bridge Road #11-01 Chinatown Point Singapore 059413 Telephone +65-62279909

Telephone +65-62279909 Facsimile +65-62272767 E-mail advocates@legiste.com.sg

Our Ref

FMC.12837.23.45

19th April 2023

Motor Claims Department HSBC Life (Singapore) Pte Ltd (Insurers of SHC 5167J) 38 Beach Road #03 - 11 South Bridge Tower Singapore 189767

Trans-cab Services Pte Ltd (Owners of SHC 5167J) 2 Ang Mo Kio Street 63 Singapore 569111

Dear Sirs

NOTICE OF ACCIDENT
ACCIDENT 15.04.23 INVOLVING SGM 5865L & SHC 5167J
AT/ALONG TPE EXIT SENGKANG EAST ROAD
CLAIMANT(S): ENG JUI PONG

HSBC LIFE (BINGAPORE TO 2 1 APR 2013

FOK MUN CHEONG

TAN KIM KEE

NG LAI LENG

3020970523--=

URGENT

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

& BY PDX

60225733





We are instructed by the abovenamed Claimant, owner of motor-vehicle No. SGM 5865L to notify you of a road traffic accident on 15th April 2023 at about 12.30 pm at/along TPE exit Sengkang East Road involving our client's motor-vehicle and your motor-vehicle No. SHC 5167J driven by your insured driver at the material time. A copy of Singapore Accident Statement filed by our client is enclosed.

THIS COPY FOR

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, **21**st **April 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

SF0E234H0003 / FALCON-AIR AUTO SERVICES PTE LTD [528840] ENTRY DATE & TIME: 17/04/2023 10:46 (SGT) SUBMITTED BY: Janet Lim VERSION: 1 (17/04/2023 10:46 (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 wilful misrepresentation or witholding 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.

- Any false reporting may be referred to the Police for investigation.
 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

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

17/04/2023 10:46 (SGT)

Both Policyholder and Actual Driver

15/04/2023 12:30 (SGT)

TPE, Singapore

TPE EXIT SENGKANG EAST ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGM5865L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

ENG JUI PONG

S1462180F

JUI_PONG@YAHOO.COM.SG

(Phone) +65-92987628

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota

Corolla

ALTIS

Private use

No - Claiming third party

Private car

Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5062347634-09

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

ENG JUI PONG

S1462180F 02/01/1961

Outdoor

Accident report SF0E234H0003

Page 1 of 12

Date Of Driving Pass 22/02/1984

Driving experience 39 YEARS AND 2 MONTHS

Gender Male

(Phone) +65-92987628 Mobile Number

Alt. Phone Number

Email Address JUI_PONG@YAHOO.COM.SG BLK200D SENGKANG EAST ROAD Address

Address complement #14-36

544200 Postcode 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 - Head to Rear

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) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email

DETAILS OF POLICE ACTION

Original language used in the statement

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, ANNEX 1 AND ANNEX 2 ATTACH.

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 SHC5167J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver Contact Number

Address	-
Address complement	-
Postcode	:4
nsurance Company Name	-
Nature Of Damage	:=
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

SKETCH PLAN



IMPORTANT NOTICE

- I Premier eport correctly the derivative of a product is been up the plant's process
- This egent must be completed by the Policyholder and/or the Authorised Oriver
- information provided most be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
- The issue and acceptance of this form by insurance companies is not an admission of Julius nability on the Jan tof the insurance
- 5 Any false reporting may be referred to the Police for investigation
- 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
- 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
- 8 Consent under the Personal Data Protection Act (PDPA) | Lunderstand, 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
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
- (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
- 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
- (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 Rignature Date

Driver's Signature & Time

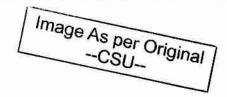
(If driver is not the policyholder) Date

& Time

Reporting Centre Personnel's Signature

HRIC/FIN No

SKITCH PLAN

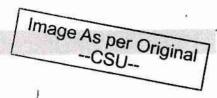


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ECLARATION		
	particulars are true in every respect.	
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17/4/2	?	17/4
iceholder's Signature e & Tune	Onver's Signature	Reporting Centre Personne's Signature
to be tube.	(If driver is not the policyholder)	Name.

NRIC/FIN No.

Date & Time

SKETCH PLAN #3



Annex /

Date: 17 April 2023

RE: SGM 5865 L Hit By trans cab Taxi SHC 5167J from the back on 15.4.2023

Accident report by driver of SGM 5865L Mr. Eng Jui Pong:

10200-

The accident happened last Saturday 15.4.2023 at around 12.30 noon. There was no injury from both vehicles.

On that day, I was travelling from TPE towards SLE direction and exited to Sengkang East Road via Exit 10. Before reaching Sengkang East Road, I noticed that the left lane of the slip road was not able to get through due to an accident involved a car and a bicycle (see picture taken in front of position D of the sketch show the road condition). As such, I filtered to the right lane. The accident happened when my car was waiting in front of Give Way line as shown in the sketch mark "B". I felt an impact from behind. I dismounted to take a look, and found the rear bumper of my car fell on the floor. Vehicle with car plate number SHC 5167 J moved slowly and stopped at position D as shown in the sketch. The taxi driver confirmed that he was fine without injury. He requested to leave because there is a passenger at the back seat and needed to head to the destination. I then exchanged particulars with him, taking down his name as Mr. Lew Kok Keong, handphone number 91153988.

Thank you.

Yours truly,

Eng Jui Pong

NRIC NoSXXXX180F

Hp:92987628

