

CPc

C PAGLAR & CO

ADVOCATES & SOLICITORS
UEN NO. 53130985A

50 Chin Swee Road
#05-03 Thong Chai Building
Singapore 169874
Telephone: (65) 6536 5456
Facsimile: (65) 6536 8706
Email: pri@cpaglar.com.sg
SERVICE OF COURT DOCUMENTS BY FACSIMILE WILL NOT BE
ACCEPTED
IN ASSOCIATION WITH JISPAL LAW CHAMBERS

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: **SFW 2916C**
Our Reference: CP/PRI/SLH4338/24- sf

Date: 4th September 2024

To: **M/S AUTO & GENERAL INSURANCE (SINGAPORE) PTE LIMITED** By Email
ATTN: MOTOR CLAIMS DEPT

Dear Sirs,

NOTICE OF ACCIDENT ON 3RD September 2024 INVOLVING MOTOR VEHICLE NO. SLH 4338R AND SFW 2916C ALONG SUMANG WALK AT ABOUT 1710 HOURS. PURSUANT TO PARAGRAPH 2.2 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We are instructed by **All Direction Services** to notify you of a road traffic on **3rd September 2024** at about **1710** hours along **Sumang Walk** involving our client's vehicle registration number **SLH 4338R** and vehicle registration number **SFW 2916C** driven by your insured/ insured driver. A copy of the Singapore accident statement report filed is enclosed.

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 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.

PLEASE REPLY BY EMAIL ONLY: pri@cpaglar.com.sg

DO NOT REPLY BY FAX.

Yours faithfully,



C PAGLAR & CO.

Enc.

cc. [Client by Fax: 6747 - 2373] – (SLH 4338R)

VEHICLE NO: SLH4338R

MAKE & MODEL: TOYOTA ALTIIS (AUTO) MANUAL

| | | |
|--|--|----------------------------|
| DATE OF ACCIDENT | 03 09 2024 | cc. 1.5 cc |
| TIME OF ACCIDENT | 5:10 AM (PM) | |
| LOCATION OF ACCIDENT | 570 SUMANG WALK | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT | PRIVATE USE (PRIVATE HIRE) |
| NAME OF OWNER | ALL DIRECTION SERVICES | |
| EMAIL | hacktong75@gmail.com | Office. MOBILE |
| NRIC | 53345785L | |
| CLAIM TYPE | OD / (THIRD PARTY) / | REPORTING ONLY |
| FLEET POLICY | YES (NO)? | |
| INSURANCE CO. | INCOME INSURANCE | |
| TYPE OF COVERAGE | (Comprehensive) / Third Party / Third Party Fire & Theft | |
| POLICY NO. | 5085297931-07 | |
| NAME OF DRIVER | AS ABOVE / IF NO HO HUAT HENG | |
| NRIC | S053478C | |
| DATE OF BIRTH | 04/12/1951 | |
| ANY PASSENGER | YES (NO) | |
| NAME OF PASSENGER | | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | (Outdoor) / Indoor | |
| DATE OF DRIVING PASS | 22/07/1971 | |
| GENDER | (Male) / Female | |
| CONTACT NO. | Mobile 93693001 | Office. Home. |
| EMAIL | | |
| ADDRESS | BK 601 HOUGARS AVE 4 #04-123 8530601 | |
| DOES DRIVER OWN OTHER VEHICLES? | (NO) / If yes, Reg No. | INSURER. |
| RELATIONSHIP | (Employee) / If No. | |
| WEATHER CONDITION | (Clear) / Raining / Other. | |
| ROAD SURFACE | (Dry) / Wet / Other. | |
| ANY INJURIES | No / If yes Who? HO HUAT HENG | |
| CONTACT NO. | 93693001 | |
| POLICE REPORT | (No) If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | (NO) IF YES, WHO? | |
| VEHICLE B NO. | SFW2916C | Any Passenger: NO |
| NAME | CHONG CHEE KONG. 56819502J | |
| CONTACT NO. | | |
| VEHICLE C NO. | Any Passenger. | |
| VEHICLE D NO. | Any Passenger. | |
| VEHICLE E NO. | Any Passenger. | |
| VEHICLE F NO. | Any Passenger. | |
| ANY WITNESS | NO | |
| WITNESS CONTACT NO. | NO | |
| WAS THERE ANY VIDEO CAPTURE? | YES (NO) | |
| WAS THERE ANY AUDIO RECORDED? | YES (NO) | |
| SCENE ACCIDENT PHOTOS TAKEN? | (YES) / NO | |
| **WORKSHOP: | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | NO YES (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 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 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 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;

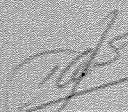
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

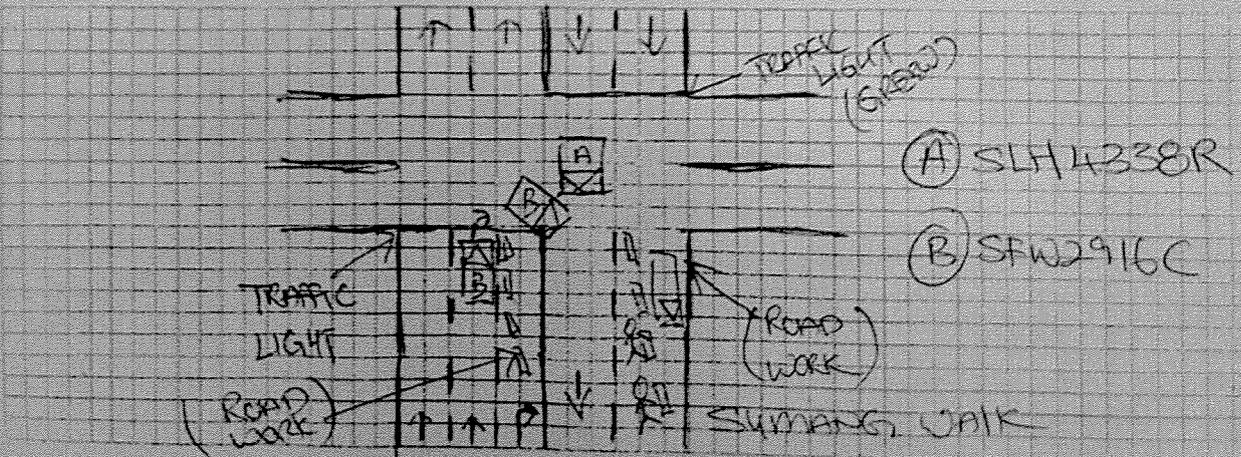
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in the 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   Driver's Signature (if driver is not the policyholder) / Date & Time   Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS DRIVING ALONG SUMANG WALK GOING STRAIGHT-
WHEN PASS THE TRAFAC LIGHT (GREEN). OUT OF SUDDEN
VEHICLE (B) SRW2916C DID NOT WAIT FOR TRAFFIC LIGHT AND
MAKE A U TURN HIT ON MY CAR (A) SLH4338R FRONT RIGHT
PORTION. AFTER THE ACCIDENT ALL THE WORKER AT THE
ROAD WORK SITE COME OVER AND HELP. (SUMANG WALK
ROADWORK)

Declaration

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



Witnessed by Reporting Centre Personnel