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Loo & Chong Law Corporation

(a law corporation incorporated with limited liability)
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In reply please quote our reference Number

Our Ref: SH24-168.TWA/L (GBJ 4534 Z)

1 July 2024

BY FAX / EMAIL: motorsurvey@sg.msig-asia.com

MSIG Insurance (Singapore) Pte Ltd
16 Raffles Quay
#24-01 Hong Leong Building
Singapore 048581
Motor Claims Dept
(Vehicle No. SND 4059 T)

Dear Sirs

We are instructed by **New Development Construction** to notify you of a road accident on **30.06.24** at about **12:25 pm** at / along **Upper Bukit Timah Turn right to Old Jurong Road** involving our client's vehicle no. **GBJ 4534 Z** and vehicle registration number **SND 4059 T** driven by your insured/driver/you/your driver at the material time. A copy of the Singapore accident statement filed is available.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed 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.

For the avoidance of doubt, our client will be claiming for compensation for loss of use/rental of a replacement vehicle in the instances enumerated in the State Courts Practice Direction Amendment No. 1 of 2016 paragraphs 7.1 and 7.2 of the Appendix C of the Pre-action Protocol for Non-Injury Motor Accident Cases which compensation is additional to any other claim for loss of use/rental of a replacement vehicle which our client may make against your insured and/or your insured's driver and or you/your driver.

Yours faithfully

This is a computer generated documents and requires no signature

cc: client (via e-mail/fax only) – (GBJ 4534 Z)

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 30 Jun 2024 / 12:25:00)

Vehicle Insurance Details

Vehicle No.:

SND4059T

Make Description/Model:

CITROEN / GRAND C4 SPACETOURER 1.2 EXCLUSIVE

Insurance Company Name:

MSIG INSURANCE (SINGAPORE) PTE LTD

Business Transaction Reference No.:

20240701151712059455

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK ➔

Print

SKETCH PLAN

VEH REG
INSURER
DATE OF ACC

GBJ 4534 Z
New development
30/6/24

IMPORTANT NOTICE

- Please read carefully the details of the accident to speed up the claims process.
- This form must be completed by the Policyholder and/or the Actual Driver.
- 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.
- 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 Traffic Police Department for investigation.**
- 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.
- 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



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

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

Sketch Plan

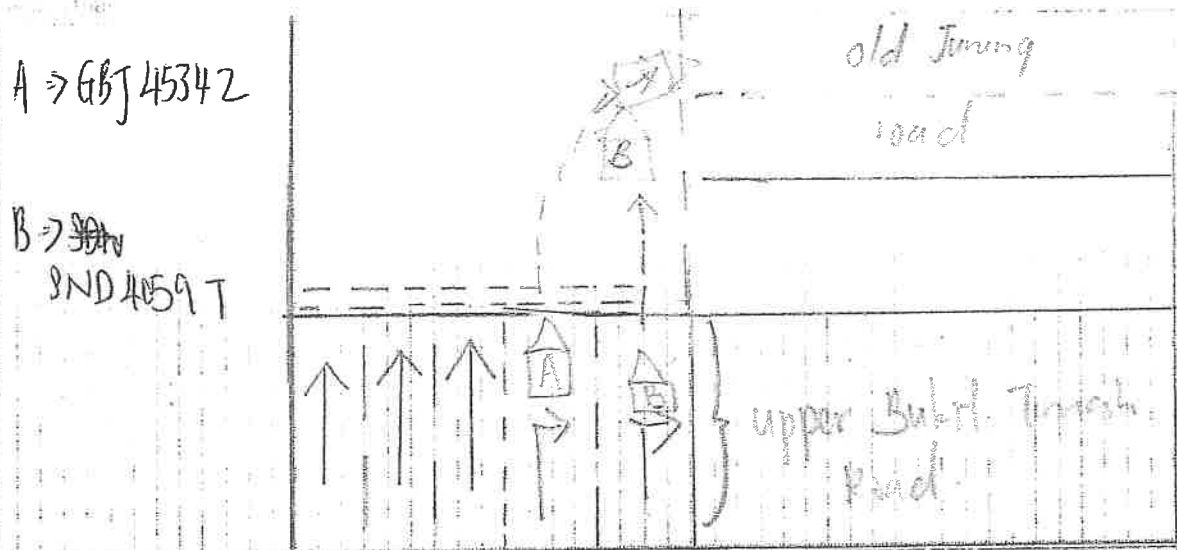
PLEASE
TURN
OVER

DECLARATION & POLICY INFORMATION

NOTE: PLEASE TAKE NOTE THAT YOUR INSURANCE HAVE 30 DAYS TIME FRAME TO FILE A CLAIM UNDER YOUR POLICY.

Claim under your Comprehensive policy. Pls check your policy for more information.


- ☐ Claim Own Policy ☐ Claim Third party ☐ Reporting Only
☐ Claim QDR TP at other workshop




I was travelling along upper Bukit Timah. stopped behind vehicle C with my right signal on and waiting for the traffic light to turn green. I was on the second on my right this lane allow me to turn right only. When the traffic light turn green the front vehicle move forward to turn right, I also follow to turn right to follow my lane. Vehicle B was on the first lane didn't turn right going straight and hit onto my lorry rear right side portion.

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

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