



Kaki Bukit Autohub,
2 Kaki Bukit Ave 2, #01-18
Singapore 417921
Tel No. : +65 6842 0051 / 6744 0510 Fax No. : +65 6741 0510
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

Our Ref: **SKF 3645 H**
Your ref: **SKX 8789 Z**

16 May 2016

AIG ASIA PACIFIC INSURANCE PTE. LTD.

NO: 78 SHENTON WAY
#07-16 CHARTIS BUILDING
SINGAPORE 079120
Attn: Motor Claims Department

BY FAX 6835-7416 & EMAIL :
AIGSGP_ClaimsSurvey@aig.com

Dear Sir/Madam,

DATE OF ACCIDENT: 14 May 2016

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS
PURSUANT TO PARAGRAPH 2.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES**

We are instructed by **ONG BEE SENG, BETTY** to notify you of a road traffic accident on **14 May 2016** at about **14:30 HOURS** At **BISHAN ST 13 JUST INFRONT OF BISHAN BUS INTERCHARGE** involving our client's vehicle **SKF 3645 H & SKX 8789 Z** driven by you/your insured at the material time.

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 or your insurer 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 be inform that we don't excess to Merimen System and kindly reply to us by Email / Fax.

Yours faithfully,



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N-51 AUTOMOTIVE PTE LTD

Vehicle No.	SKF 3645H		Model / Make	VOLKSWAGEN SCIROCCO
Date of Accident	14 MAY 2016			
Time of Accident	14:30 HRS			
Location of Accident	BISHAN ST 12 JUST IN FRONT OF BISHAN BUS			
Exact purpose use during accident	INTERCHANGE BACK HOME			
Name of Owner	ONG BEE SENG BETTY			
Telephone No.	H/P: 96461891		Home :	Office :
NRIC	S12907351D			
Address	127 BISHAN ST 12 #08-135 S(570127)			
Claim type	OD THIRD PARTY REPORTING ONLY			
Insurance Company	LAMPAC			
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft			
Policy No.	Z/15/VP00/093174			
Name of Driver	As Above If No, GOH DAO YUN, SHAWN			
NRIC	S8222173E		Any Passengers :	1
Date of birth	08 JULY 1982			
Occupation	Outdoor / Indoor			
Driving License Pass Date	24 FEB 2012			
Gender	Male / Female			
Contact No.	H/P: 96461890		Home :	Office :
Address	127 BISHAN ST 12 #08-135 S(570127)			
Driver have any own vehicle	No , If yes, Reg No.			
Relationship	Employee,		If no, state	MOTHER
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No , If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	No , If Yes, Where?			
Vehicle B No.	SKX 8789 Z		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	REAR PORTION			
Camera Recorder	Yes / No			
Email Address	Shawn.goh.2003@economics.smu.edu.sg			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?				
				Yes / No
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD.			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	WINSON NG			
FAX NO	6741 0510			

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 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Shawn

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan BISHAN ST 13 JUST IN FRONT OF BISHAN BUS INTERCHANGE		

Describe Circumstances of the Accident

I STOPPED BEFORE THE STOP LINE, DUE TO THE TRAFFIC LIGHT IS RED. I WAS IN THE LEFT LANE OF A 2-LANE ROAD. SOMEWHERE ALONG BISHAN STREET 13 JUST IN FRONT OF BISHAN BUS INTERCHANGE. OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) DROVE FROM THE REAR AND COLLIDED UNTO THE REAR PORTION OF MY VEHICLE. A - SKF 3645 H
B - SKX 8789 Z

Declaration

We declare the foregoing particulars are true in every respect.

Shawn

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel