Notification of Pre-repair Inspection/Notice of Accident

| ТО | INDIA | YOUR REF | SH7511D | | | | | | |
|-----------------|-------------------------|----------|----------------|--|--|--|--|--|--|
| DATE | 25.07.2016 | OUR REF | 1607-26 | | | | | | |
| ATTENTION | Motor Claims Department | | | | | | | | |
| THIRD PARTY FAX | | | | | | | | | |
| NO. | | | BY FAX / EMAIL | | | | | | |

Dear Sir

We are instructed by (name of claimant) ANG WEE KIAN GAVIN to notify you of a road traffic accident on (date) 15.07.2016 at about (time) 06:20 at (location) CHANGI AIRPORT TERMINAL 3 PICK UP POINT BEFORE GATE 1 involving our client's/customer's vehicle registration number SKW8647E and SH7511D driven by your insured/insured's driver at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/customer's vehicle has been damaged. Before our client/we proceed to repair the damage vehicle, please let us know within two (2) working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair inspection survey or waive the pre-repair inspection of the vehicle. If we do not received any reply from you within two (2) working days as of the date of this notice in accordance with the protocol, our client/we shall proceed to repair the vehicle without further reference to you and we shall claim for the additional loss of use and/or rental and all incidental costs arising from the giving of this notice to you.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol <u>within two (2) working days</u> as dated of our notice to you.

The said motor vehicle can be inspected at the following place:-

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24
PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

TEL: 68442475 FAX: 68442474

Thank you.

Yours faithfully,

XUM

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability
- 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 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.

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 Date Of Report
 15/07/2016 16:43

 Date Of Accident
 15/07/2016 06:20

Exact Location Of Accident CHANGI AIRPORT TERMINAL 3 PICK UP POINT B4 GATE 1

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW8647E

Insured/Policyholder

Name Of Registered Owner ANG WEE KIAN GAVIN

NRIC No S8843783G Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96288147

Alternative Phone No Office-96288147

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model SCIROCCO 1.4 TSI AT 1372Q5

Exact Purpose for which vehicle was being used

at time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

No

If No, Please state action to be taken

Third Party Private Car

Vehicle Category

Insurance Company

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type Of Coverage Comprehensive

Fleet Policy No.

Policy Number 5080115541

Cover Note Number

Driver

Name of Driver ANG WEE KIAN GAVIN

NRIC No S8843783G
Date Of Birth 13/11/1988
Occupation Outdoor
Date Of Driving Pass 04/09/2008

Driving Experience 7 Years And 10 Months

Gender Male

Mobile Number (Local) +65-96288147

Fax Number

Contact Number Office-96288147

EMail Address NOEMAIL

Address

BLK 423 JURONG WEST AVE 1 #04-222

Postcode

640423

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

No Owner

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Damaged whilst parked

Weather Conditions

Clear

Road Surface

Dry

Other Information

Was any foreign vehicle involved in this accident?

No

Was any body injured in the Accident?

No

Was any other material or property damaged?

Yes

Was there any video captured by Car Camera?

Number of Passengers (Including Driver)

Yes 1

Details of Police Action

Was the accident reported to the police?

No

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

No

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Are accident photos available for attachment?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SH7511D

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report sorrantly the delain of the occident to appeal up the olsers process
- 2. This Form must is completed by the Policyholder and/or the Authorised Criver.
- 3 Information provided must be self-ruthful and accurate as possible. Any wife migrapresentation or with leaving of distance flavor may sion issuance concess to repudiate colley liability
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- of Singapore (GIA) for archiving and that copies of this report will fur a fee be made available upon application by interested parties
- 7. By the ludgement of this report to the insurers, you renetly consent to the sections of this report at the centre and to copies of the repart teng made available efcreseid.
- 8 Consent under the Personal Data Protection Act (POPA)

funderstand, acknowledge, agree and consent that

- (a) My mission , my w creating and the General hourance Association of Singapore ("GIA") may be parmitted to collect use. declare and/or process my personal data/personal information sot out in the (form) and any other personal information provided by the or possessed by my named (collectively the "Personal Information") and disclose and transfer such Personal Information to as insurer(s) who have noured value (a) evolved in the accident (all insurer(t) who have insured value(ta) average in the excident shall be collectively referred to as the 'Insurers'; the neurors' low york'aw fame, the Monatery Authoray of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (i) processing, hardless and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to 铁市 (海州市)
- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or cooling with my restructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which sould invoive declasure of person personal data about mate every about delivery of the same as well as on the external cover of emelopes/mail
- (v) complying with appreciative law in administrating processing, repulling and/or desiring with my claims (collectively the "Purposes")
- (b) as inducents I who have assured velocities involved in this accident and the insurers in wydrollow form, may are permitted to coemit, usin, disclaise articles process my Personal Information for one or more of the above Purposite, and
- (c) my Personal information may/can be decided by any of the insulers and/or GA to their third party service providers or agents (including freit law yers law farm), which may be sied outside of Singapore, for one or more of the above Ruposes.

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Accident Sketch Plan

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Declaration

Whe decision the foregoing particulars are true in every respect

Polcyfolderik Sansture / Ente & Three Crops Signature (* driver is not the policyholder) / Care a Tifre

Witnessed by Reporting Central Paragraps