

TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit Autohub

2 Kaki Bukit Ave 2, #01-17

Singapore 417921

Tel No. : +65 6744 0510 / 6842 0051 Fax No. : +65 6741 0510

Company Reg. No. : 200714616M

GST Registration No. : 200714616M

Our Ref: **SGF 7012 E**

Your ref: **SJH 5885 U**

18 July 2017

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: 18 July 2017

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 **KUNG WAI QUEN** to notify you of a road traffic accident on **18 July 2017** at about **09:45 HOURS** At **DUNEARN ROAD TOWARDS WAYANG SATU FLYOVER** involving our client's vehicle **SGF 7012 E & SJH 5885 U** 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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TwinCar Automotive Pte Ltd

Vehicle No.	SGF 7012 E	Model / Make	TOYOTA U103
Date of Accident	18/07/2017		
Time of Accident	0945	HRS	
Location of Accident	DUNEARN ROAD TOWARDS WASANH SATU FLYOVER		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	KUNG WAI QUEN		
Telephone No.	H/P: 91868503	Home:	Office:
NRIC	S1503858F		
Address	BCK 290C BUKIT BATEK EAST AVE 3 #14-36D S(650290)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC INCOME		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5079066082-01		
Name of Driver	As Above If No,		
NRIC		Any Passengers:	1
Date of birth	24 FEB 1961		
Occupation	Outdoor / Indoor		
Driving License Pass Date	02 NOV 1978 (CLASS 3)		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No	If yes, Reg No.	OWNER
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	KUNG WAI QUEN	91868503	
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	SJH 5885 U	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.	SLA 9879 A	Any Passengers:	
Vehicle D No.	SGX 976 A	Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	FRONT AND REAR		
Camera Recorder	Yes / No		
Email Address	WQ.KUNG@GMAIL.COM		
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
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' 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

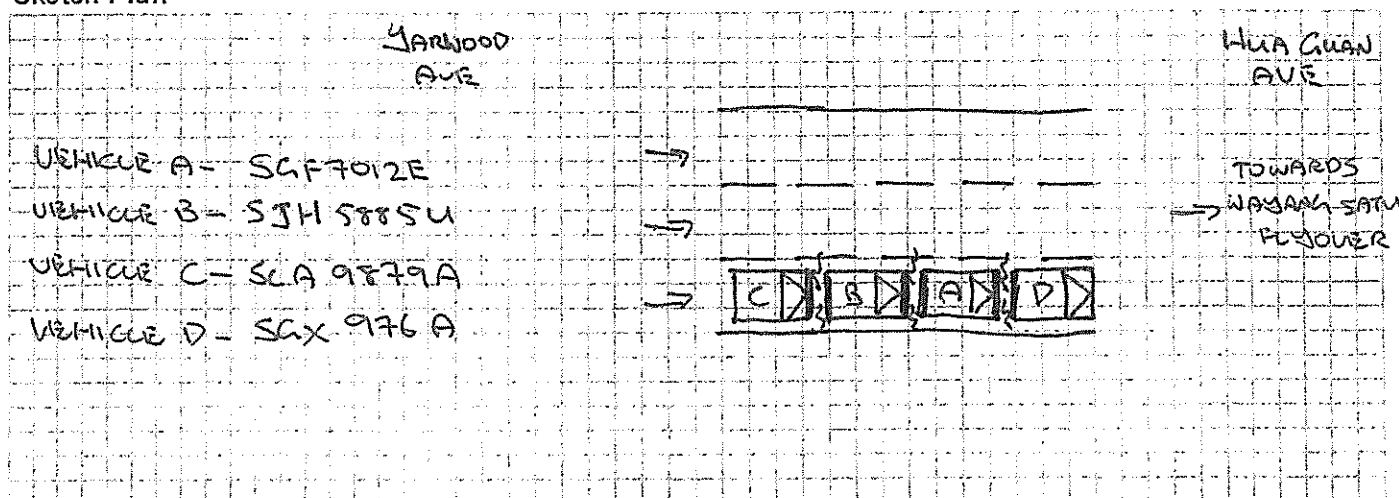
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS TRAVELLING ON THE EXTREME RIGHT LANE OF DUNEARN ROAD TOWARDS WYANA SATU FLYOVER (IN-BETWEEN YARWOOD AVE AND HUA GUAN AVE).

AS THE VEHICLE INFRONT BRAKE TO COMPLETE STOP DUE TO THE HEAVY TRAFFIC, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE, AND CAUSES MY REAR BOOT TO BE FORCE OPEN. AND THE IMPACT WAS SO GREAT THAT PUSHED ME INFRONT AND HIT INTO THE VEHICLE INFRONT. ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING (SJH 5885 U) HAD COLLIDED TO THE REAR OF MY VEHICLE. AND IT WAS A CHAIN COLLISION INVOLVING 4 VEHICLE.

THE WHOLE ACCIDENT FOOTAGE WAS TAKEN DOWN BY MY IN-CAR CAMERA (FRONT / REAR)

VEHICLE A - SGF 7012 E


VEHICLE B - SJH 5885 U


VEHICLE C - SLA 9879 A

VEHICLE D - SAX 976 A

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