



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

**Our Ref: CC3/AIG17022102/K1ub3**

23 JANUARY 2018

**UNG EUGENE**  
BLK 112 POTONG PASIR AVE 1  
#01-644  
SINGAPORE 350112

Dear Sir/Madam,

**ACCIDENT INVOLVING SJA 9006B AND SHA 2487R ON 16.11.2017**

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 7 days from the date of this letter.

Please note that your No-Claim Discount (NCD)(if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Siti Jaafar  
Case Handler  
DID: 6256 3561  
FAX: 6741 4108  
Email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com)

c.c. AIG Asia Pacific Insurance Pte Ltd  
(Motor Claims Dept)

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : \_\_\_\_\_ Vehicle Registration No: SJA 9006B

Name(as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : \_\_\_\_\_ Time of Accident : \_\_\_\_\_

Place of Accident : \_\_\_\_\_

Insurance Company: Ala Asin Paul Fire

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Date and time of accident should be 16/11/2017 @ 1820 hrs.

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Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: