

# AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721  
•Tel: 6452 8211 • Fax: 6451 7420

ALG Asia Pacific Insurance Pte Ltd  
Attn: Motor Claims Department

24/11/17

Dear Sir,

**RE: Request for PRI for** SLD 7604Z **in an accident involving** SJK 2722Z  
@ Balestier Road towards Moulmein Road on 24/11/17 @ 1135am

We have been authorised by YONG KIAT MIN, the registered owner of motor vehicle: SLD 7604Z at the material time of accident to make a claim against your insured.

Please give us the list of panel of your 10 survey firms for our selection to inspect the above said vehicle or you may assign our choice from either one of the 3 survey firms,

- 1) Premier Appraiser Services
- 2) LKK Auto Consultants Pte Ltd
- 3) AJAX Inspection Services Pte Ltd

We will direct settle the claims with you if the survey is conduct by either of one the firms mentioned.

Kindly contact us at 64528211 before coming to ensure the vehicle is in the workshop.

Thank you.

Yours Sincerely,



Autoworx House  
Email: autoworxhouse@hotmail.com

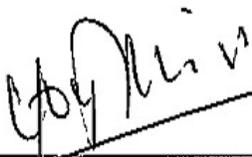
## SKETCH PLAN

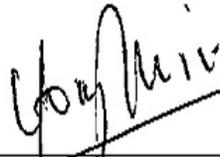
### IMPORTANT NOTICE

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

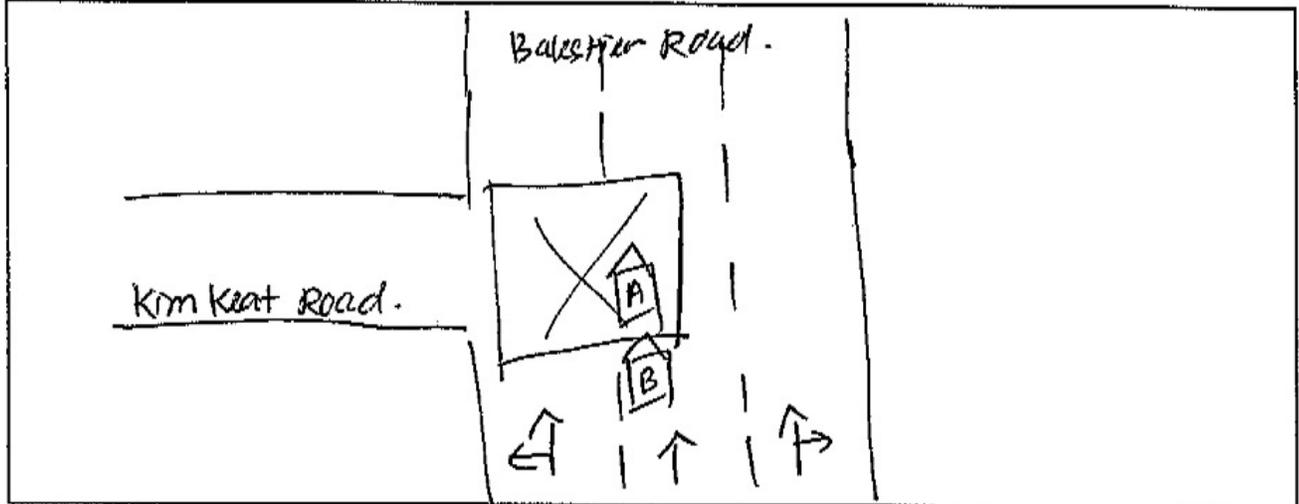
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Date of accident: 24/11/17 Time: 1135 Location: Balestier Road towards moulmein Road  
 My Vehicle A: SLD 7604Z Vehicle B: SJR 2700Z Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Balestier Road towards moulmein Road, at the T-junction of Kim Keat Road, vehicle in front of me slowed down, I slowed down too; suddenly Vehicle B failed to slow down in time and collided into the rear of my vehicle with a hard impact.

- Claim OD/TP at Ah Lim Motor   
  Claim OD/TP at other workshop   
  Reporting Only

Remarks : Please forward a copy of my efile accident report to :  
 My workshop : Supreme Auto Service P/L  
 Email address : achim @ Supreme. Sg.  
 & myself :  
 Email address :

Note : Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]  
 Policyholder's Signature  
 Date & Time:

[Signature]  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: