

輝 陽 汽 車 有 限 公 司
HUI YANG MOTOR PTE LTD

Address: SIN MING AUTOCARE Bldg 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) Fax: 64514658

Reg No. 201629438M

Fax

To: AIG Asia Pacific Insurance Pte. Ltd. **From:** Hui Yang Motor Pte Ltd

Phone: 64515752 **Fax:** 64514658 **Pages:** 6 Pages (Including this page)

Time: 12:05 PM **Date:** November 23, 2017

Accident between SJN9939R and SJR6786M along Waterway Point - end of the
Re: carpark on 19/11/2017.

Hi,

- Please help to arrange surveyor to survey the vehicle on Next MONDAY (27/11/2017) after 11 AM.

Thank You

Sandra

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Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

Reg No. 201629438M

19/11/2017

Owner: LIM LIANG SOON

ESTIMATE TO REPAIR PERODUA VIVA - SJN9939R

1pc	rear bumper	\$ 558.00
2pcs	rear bumper clip @\$5.00	\$ 10.00
2pcs	rear bumper side retainer @\$45.00	\$ 90.00
2pcs	rear bumper parking sensor @\$158.00	\$ 316.00
		<hr/>
		\$ 974.00
	less 10%	<hr/>
		\$ 97.40
		<hr/>
		\$ 876.60
	spray painting	\$ 400.00
	labour charges	\$ 400.00
	Total	<hr/>
		\$ 1,676.60
		<hr/>



SINGAPORE ACCIDENT STATEMENT

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 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.

ACCIDENT STATEMENT

Date Of Report	20/11/2017 11:46
Date Of Accident	19/11/2017 16:00
Exact Location Of Accident	WATERWAY POINT END OF THE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9939R
Insured/Policyholder	
Name Of Registered Owner	LIM LIANG SOON
NRIC No	S0508675B
Email Address	DRYTULIP@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94760213
Alternative Phone No	OTHERS-92997727

Vehicle Particulars

Manufacturer	PERODUA
Model	VIVA-989CC SXI (M)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA169688
Cover Note Number	

Driver

Name of Driver	LIM LIANG SOON
NRIC No	S0508675B
Date Of Birth	18/09/1948
Occupation	OUTDOOR
Date Of Driving Pass	10/12/1968
Driving Experience	48 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94760213
Fax Number	
Contact Number	OTHERS-92997727
EMail Address	DRYTULIP@HOTMAIL.COM

Address	BLK 653 YISHUN AVE 4 #07-461
Postcode	760653
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

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

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR6786M
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	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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:

20-11-17
11:00 AM

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

20-11-17
11:00 AM

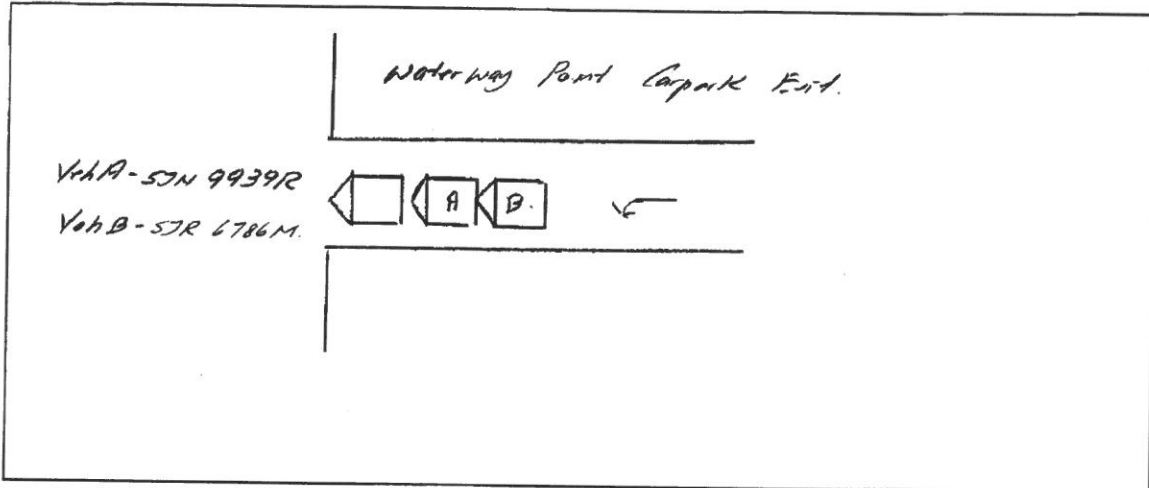
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN

Date: 19/11/17 Time: 4pm Location: Along Waterway Point East ^{Capark}
 My Vehicle A: SJN 9939R Vehicle B: SJR 6786M Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/11/17 @ 4pm, my vehicle A (SJN 9939R) was about to exit the Waterway Point shopping centre, at the point of the accident, my vehicle A (SJN 9939R) was stationary due to vehicles in front wasn't moving. Suddenly I felt an impact on my rear vehicle B (SJR 6786M) which came from behind and hit onto the rear portion of my vehicle A (SJN 9939R).


() 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 : Hui Yang Motor Pte Ltd
 Email Address : hui-yang.motor@hotmail.com
 & Myself : Linn Liang Soon
 Email Address : drytulip@hotmail.com

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

DECLARATION

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


 Policyholder's Signature
 Date & Time: 20-11-17
11:00 AM


 Driver's Signature (If driver is not the policyholder)
 Date & Time: 20-11-17
11:00 AM


 Witnessed by Reporting Centre
 Personnel