

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

Address: SIN MING AUTOCARE Blk 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: 10:10 AM	Date: November 24, 2017
Accident between GBF3201L and SLN5582M along 25/27 Claymore Road on	
Re: 10/11/2017.	

Hi,

- Please help to arrange surveyor to survey the vehicle on Next TUESDAY (28/11/2017) after 11 AM.

Thank You

Sandra

輝陽汽車有限公司
HUI YANG MOTOR PTE. LTD.

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Reg No. 201629438M

10/11/2017

Owner: RIVERWOOD PTE LTD

ESTIMATE TO REPAIR TOYOTA HIACE - GBF3201L

spray painting	\$ 600.00
labour charges	\$ 300.00
Total	<u>\$ 900.00</u>



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	16/11/2017 11:46
Date Of Accident	10/11/2017 11:40
Exact Location Of Accident	25/27 CLAYMORE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3201L
Insured/Policyholder	
Name Of Registered Owner	RIVERWOOD PTE. LTD.
Co Reg No	201317643W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 M
Exact Purpose for which vehicle was being used at time of accident	WORK.

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5077802151-01
Cover Note Number	

Driver

Name of Driver	SEKHAR NARESH
NRIC No	G0428014N
Date Of Birth	13/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2014
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91562061
Fax Number	
Contact Number	OTHERS-87003165
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

-

-

Insurance Company of Driver's Own Vehicle -

-

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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 SKETCH PLAN.

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 SLN5582M

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver CHONG KIM HOE

NRIC/Passport Number S2571798H

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

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5. **Any false reporting may be referred to the Police for investigation.**
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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: 16/11/17

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/11/17

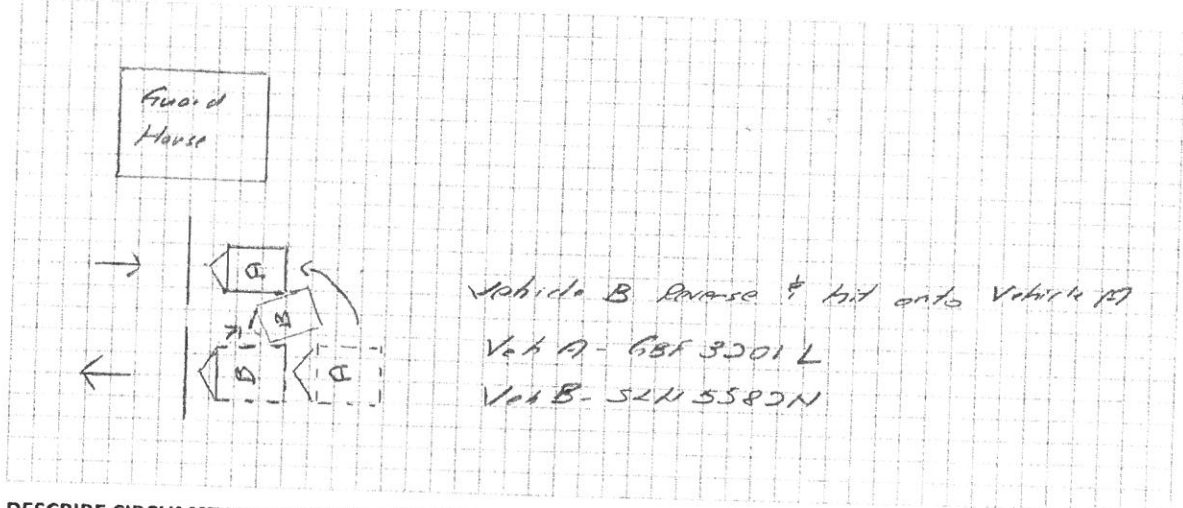


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10-11-2017 at 11.40 Am my Vehicle A (GBF3201L) was travelling at 25/27 claymore Rd In front Vehicle B (SLN5582N) entering into wrong block and vehicle A was behind vehicle B. So Security of the Condo ask vehicle B to reverse. Then Security ask vehicle A to go next lane which his exit lane. Vehicle A Station at next lane to give way for vehicle B. Vehicle B reverse sharply and bang vehicle A behind passenger side. Vehicle B drive claim vehicle A's fault and mistake and ask to pay and settle the case. Vehicle A refuse to pay and claim for report. vehicle B drive refuse to exchange handphone number.

Vehicle A (GBF3201L)

Vehicle B (SLN5582N)

DECLARATION

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

Policyholder's Signature
Date & Time:



GBF3201L

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

[Signature]



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