

**HUA HONG PRIVATE LIMITED**

25D Sungei Kadut Street 1 Singapore 729332
Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: claims@huahong.com.sg

11 December 2017

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 Chartis Building
Singapore 079120

Attn: Motor Claims Dept
Fax: 6415 3727

Dear Sir/Mdm

**ACCIDENT INVOLVING SLD 7134 M & SKL 2222 U ON 10/12/17 ALONG TUAS
SECONDLINK AT ABOUT 1600 HOURS (THIRD PARTY CLAIM)**


I refer to the matter above.

Please advise on the liability of the above-mentioned accident. A copy of the GIA report as attached for your perusal (total 5 pages including this letter).

Should you need any clarification, please contact Mrs Tan @ 6661 9695 or email to claims@huahong.com.sg.

Thank you.

Yours sincerely


Yvonne Teh
Motor Claims Dept
Tel: 6661 9688
Fax: 6661 9699



TP → AIG

MHH117162774-01 / Hua Hong Pte Ltd - Sungai Kadut
ENTRY DATE & TIME: 11/12/2017 15:23

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 11/12/2017 15:23
Date Of Accident 10/12/2017 16:00
Exact Location Of Accident ALONG TUAS SECONDLINK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD7134M
Insured/Policyholder
Name Of Registered Owner KOH BOON KEING
NRIC No S7160145E
Email Address SAYLEE@ACSM.COM.SG
Mobile Phone No (LOCAL) +65-96335323
Alternative Phone No OTHERS-96335323

Vehicle Particulars

Manufacturer TOYOTA
Model ALPHARD CVT
Exact Purpose for which vehicle was being used at time of accident PRIVATE
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5095366774
Cover Note Number

Driver

Name of Driver KOH BOON KEING
NRIC No S7160145E
Date Of Birth 13/05/1971
Occupation OUTDOOR
Date Of Driving Pass 27/05/1996
Driving Experience 21 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96335323
Fax Number
Contact Number OTHERS-96335323
Email Address SAYLEE@ACSM.COM.SG

Address BLK 626 CHOA CHU KANG STREET 62 #12-180
Postcode 680626
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 SIDE SWIPE
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) 5

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

AS PER SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKL2222U
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number 98199922
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

SKETCH PLAN**IMPORTANT NOTICE**

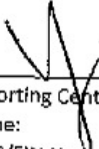
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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:

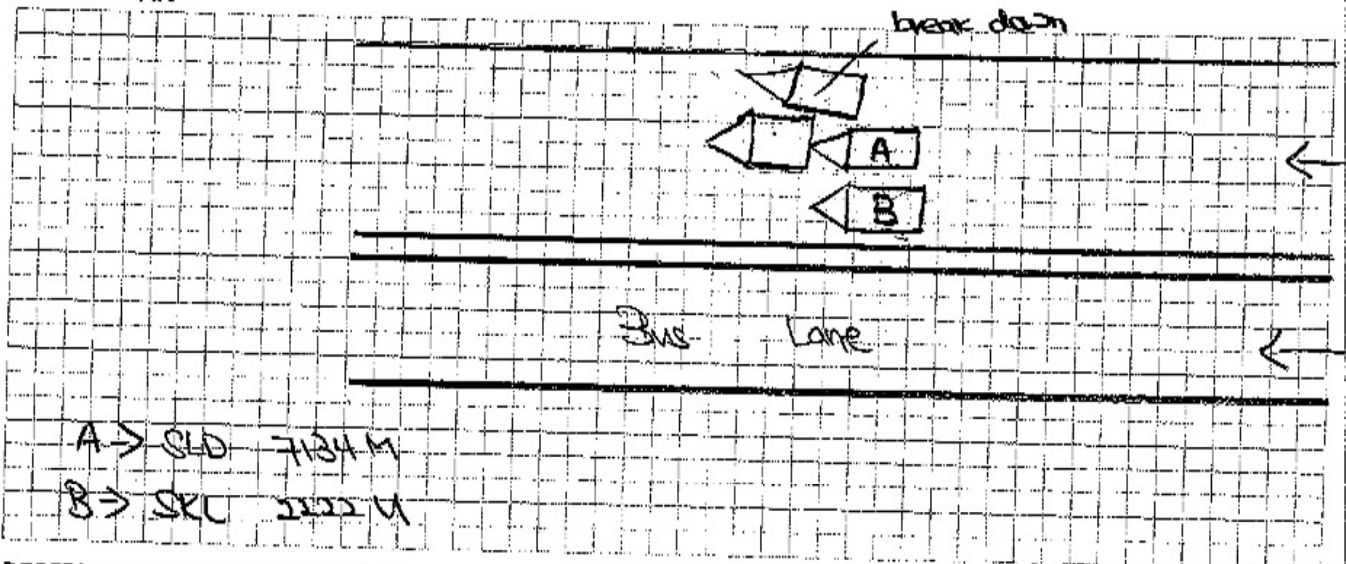
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 10 / Dec / 2017 , 4 pm

Accident Location : Along Tuas Secondlink

I was at the mentioned location. A vehicle break down on the right lane, so I proceed to allow the front vehicle to move off. Veh B on my left squeezed through and our vehicle side swipe.

☐ Reporting Only ☐ Own Damage ☒ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

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

IMPORTANT NOTE:

You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature
Date & Time:

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

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