

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

To : AG Insurance Pte Ltd.
Claims Department PA: 64153727
Re :
Vehicle No. SLF2441Z.

From: M/s Loh Heng

Sub : 3rd Party Claim

This is to inform you that vehicle no. SKP2278M, which is insured under your company was involved in an accident on 22-Dec-2017

The vehicle is at the workshop LOH HENG Tel:64532237 and is available for your inspection before work is carried out.

Please acknowledge receipt of this Notification by return fax to **64556384** and reply Within 2 days whether you wish to inspect the vehicle or waive inspection.

Yours faithfully,
LOH HENG

Danny Loh(Person to contact)
HP : 90111432

BLOCK 176 #03-08 SIN MING AUTOCARE,
SIN MING DRIVE, SINGAPORE 575721
PHONE: 64532237 / 64530797
FAX: 64556384

loh heng@yahoo.com.sg

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 23/12/2017 09:44
Date Of Accident 22/12/2017 14:45
Exact Location Of Accident ORCHID COUNTRY CLUB - CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF2441Z
Insured/Policyholder
Name Of Registered Owner HG FURNISHING WORKS PTE LTD
Co Reg No 201705570M
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-81830818

Vehicle Particulars

Manufacturer CITROEN
Model C4

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 GA238809/1
Cover Note Number

Driver

Name of Driver LOW NAIP HAN
NRIC No S7125143H
Date Of Birth 26/07/1971
Occupation INDOOR
Date Of Driving Pass 23/10/1989
Driving Experience 28 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-81830818
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 272A SENGKANG CENTRAL #13-305
Postcode	541272
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR OF COMPANY
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP2278M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW GIN YEW
NRIC/Passport Number	S7040295E
Contact Number	98268844
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

IMPORTANT NOTICE

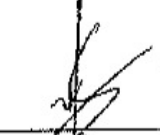
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

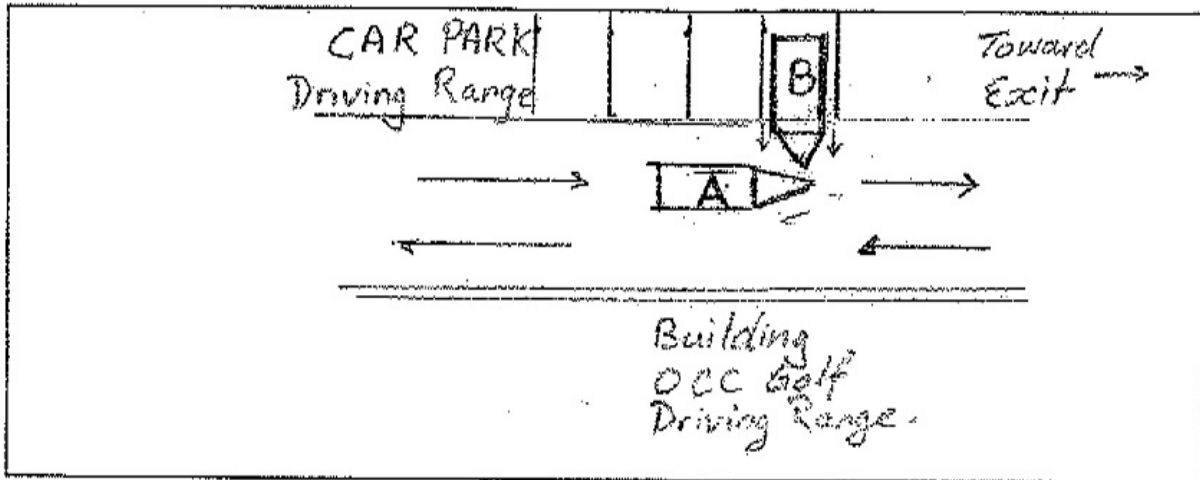

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 22/12/2017 Time: 14:45 Location: Orchid Country Club - Car Park

My Vehicle A: SLF 2441Z Vehicle B: SKP 2278M Vehicle C/Others: —



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving off from the Orchid Country Club - Golf Driving Range Car Park at about 2:45pm. I was already driving on the straight Road (Straight Path) moving towards the Exit. (Refer to Picture - Vehicle A.)

All of a sudden, Vehicle B - (Black Car) suddenly moved out from his parking lot without checking the Right-Side on coming car. This is when I could not react on time and the Veh-B hit my car (Veh-A) on the Left front portion of my car.

There are eyewitness at the Building opposite of the OCC Golf Driving Range mentioned to me that they noted the Driver (Male) was talking turning his head towards the Lady Passenger on his Left as the car (Veh-B) was moving off from the Parking Lot. Upon exchanging of particulars, Veh-B Driver mentioned that the Lorry on his right parked blocked his view and can't see the on coming car.

() 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 m/s: LOH HENG A

Email Address : loh.heng.0308@yahoo.com.sg

& Myself :

Email Address :

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 to be true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time

Witnessed by Reporting Centre Personnel