

ACCORD AUTO SERVICES PTE LTD

10 ANG MO KIO INDUSTRIAL PARK 2A
#03-11 AMK AUTOPOINT
SINGAPORE 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516
Email: claims@mycarworkshop.com.sg

Date: 02/01/2018

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
AIG Building #09-16
Singapore 079120
Att: Accident Claims Department

Fax: 6415 3727

Dear Sir/Mdm,

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 6.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

We have been appointed by KOH HAI SWEE to repair his motor vehicle no. SGV8737G.

Please provide us the 10 surveyor name list.

Please be informed that the said vehicle can be inspected at:

Accord Auto Services Pte Ltd
10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint
Singapore 568047

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, we will commence repairs thereafter without further reference to you.

Yours faithfully,

ACCORD AUTO SERVICES PTE. LTD.
10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint
Singapore 568047

Jessy Soe

NB: Any settlement of offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude our client from claiming injury-related damages arising from this accident.

MAAS18000690 / Accord Auto Services Pte Ltd - HQ
 ENTRY DATE & TIME: 02/01/2018 18:16
 SUBMITTED BY: See Jie Yi

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 02/01/2018 16:16
 Date Of Accident 01/01/2018 11:40
 Exact Location Of Accident PUNGGOL EAST
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV8737G
Insured/Policyholder
 Name Of Registered Owner KOH HAI SWEE
 NRIC No S1319964G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96249154
 Alternative Phone No OFFICE-96249154
Vehicle Particulars
 Manufacturer SUZUKI
 Model SWIFT-SPORT 1.6 (A)

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 ALLIED WORLD ASSURANCE COMPANY, LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number BVPPSB0539421701

Cover Note Number

Driver

Name of Driver LER YEW BOON DESMOND
 NRIC No S8034566F
 Date Of Birth 11/11/1980
 Occupation INDOOR
 Date Of Driving Pass 17/09/2008
 Driving Experience 9 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97999962
 Fax Number
 Contact Number
 EMail Address DESMONDLER@GMAIL.COM

Address BLK 678C PUNGGOL DRIVE
#06-840
Postcode 823678
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured FRIEND
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
Number of vehicles involved in the accident
Was any body injured in the Accident? YES
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) 3
Passenger 1

NAME: : LIM BEE ENG
GENDER: : FEMALE

Passenger 2

NAME: : LER JIA HE, DENZEL
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE 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 SKS781Z
Vehicle Make/Model/Colour TOYOTA ALTIS
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver WESLI HUANG

NRIC/Passport Number	S1245655G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LIM BEE ENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGV8737G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 678C PUNGGOL DRIVE #06-840
Postcode	823678

Accident Sketch Plan

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 Authorized Driver
- 3 Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation
- 6 This report will be forwarded by the insurers to 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

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 be 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 insurers 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/postal 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 be 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, but 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

ACCORD AUTO SERVICES PTE. LTD.
10 Ang Mo Kio Industrial Park 2A
#03-11 ANG MO KIO
Singapore 568047

Policyholder's Signature: _____ Date & Time _____

Driver's Signature (if driver is not the policyholder): _____
Date: 09/01/2018 10:07AM

Witnessed by Registering Centre Personnel

Sketch Plan

Vehicle A: <u>SAV131G</u>	Vehicle B: <u>KS761Z</u>
<p>The sketch plan is a grid-based diagram. Vehicle A (SAV131G) is represented by a car icon pointing upwards, located in the upper left quadrant. Vehicle B (KS761Z) is represented by a car icon pointing upwards, located in the upper right quadrant. A vertical line labeled 'Rungol Bus' runs through the center of the grid. Arrows indicate the direction of travel for both vehicles, pointing towards the center of the grid.</p>	

Accident Sketch Plan

Describe Circumstance of the Accident

Date & Time of Accident: 01/01/2018 @ 11:40am

Vehicle A: SGV 8337 G

Vehicle B: SKS 781 Z

I was stopped at a traffic light along Awgor East when I was knocked in the rear by SKS781 Z

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

(We declare the foregoing particulars are true in every respect)

Insured's Signature: [Signature]

On Behalf of Insured (if signed by the policyholder): [Signature]

Date: 02/01/2018 10:09 am

ACCORD AUTO SERVICES PTE. LTD.
10 Ang Mo Kio Industrial Park 2A
#03-11 AMK/Airport
Singapore 630047

Witnessed by: [Signature]

Police Report Pg. 1

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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Ler Yew Boon Desmond,
NRIC/FIN S8034566F, has reported to the Police a non-injury traffic accident
which occurred at Junction of Punggol East and Punggol Central, travelling
towards Sengkang East Drive. Accident involving vehicles SGV8737G and SKS781Z,
head to rear.
on 01/01/2018 at 1140 am involving the following vehicles:

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

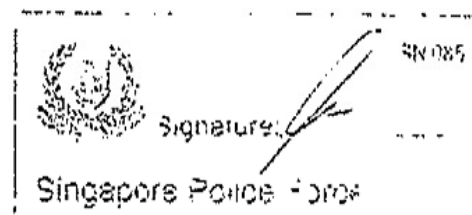
Rank/Name of Issuing Officer: SSGT Muhammad AqibDate: 01/01/2018 Time: 1207hrsS/D Ref: 20Police Post/Unit: Punggol Neighbourhood Police Centre

Punggol NPC
21A Tebing Lane
S (828837)
Tel: 1800-5033329

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

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Version as of 15 Jan 2002



1/2/2018

Receipt

Land Transport Authority

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time :

02 Jan 2018 / 18:20:05

Receipt Date/Time :

02 Jan 2018 / 18:20:05

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180102-002087

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)	
Result of Insurance Enquiry - SKS781Z					
As at 01 Jan 2018/11:40:00					
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.					
1	Insurance Enquiry - SKS781Z Enquiry Fee 20180102181853022293		7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49	
Total Before Rounding		7.00	0.49	7.49	
Rounding Difference		0.04			
Total Amount Payable		7.45			

Paid By

20180102181859511

Direct Debit: eNETS Debit (Internet Banking)

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable
Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.