



HUA HONG PRIVATE LIMITED

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21 November 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 YP 6677 C & SKH 8507 E ON 20/09/17 ALONG SERANGOON AVENUE 2 AT ABOUT 0745 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 Toh
Motor Claims Dept
Tel: 6661 9688
Fax: 6661 9699



TP → AIG

MMQV17125319 / Mova Automotive Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 21/09/2017 14:38

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 21/09/2017 14:38
 Date Of Accident 20/09/2017 07:45
 Exact Location Of Accident SERANGOON AVENUE 2
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP6677C
 Insured/Policyholder
 Name Of Registered Owner FLY BUILD PTE LTD
 Co Reg No 201634895K
 Email Address FLYBUILD.OFFICE@GMAIL.COM
 Mobile Phone No
 Alternative Phone No OFFICE-NOPHONE 6262 1613 / 9297 8258 (loy)

Vehicle Particulars

Manufacturer HINO
 Model HINO XZU710R-HKFM3

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number VCA/P1969630

Cover Note Number

Driver

Name of Driver MAHALINGAM ARIVAZHAGAN
 Passport No/FIN G7110331K
 Date Of Birth 09/06/1980
 Occupation INDOOR
 Date Of Driving Pass 25/03/2009
 Driving Experience 8 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-84203576
 Fax Number
 Contact Number
 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 - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface WET

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) 9

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 THE 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 SKH8507E
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver GEEVA S/O GOPAL KRISHNAN
 NRIC/Passport Number S9140618G
 Contact Number 98370430
 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 PLANIMPORTANT NOTICE

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 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 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/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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
21/11/17

Policyholder's Signature / Date & Time

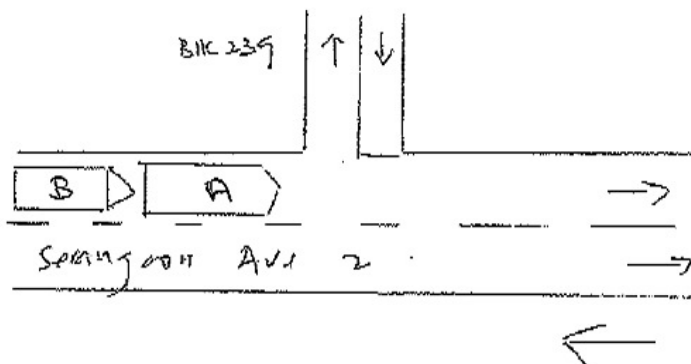
Sketch Plan

[Signature]

Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel




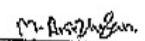
Sketch Plan Pg. 2


Describe Circumstances of the Accident		LICENSE PLATE NUMBER: YP6677C
ACCIDENT DATE: 20/09/2017		CONTACT NUMBER: 84202576
ACCIDENT TIME: 07:45 AM		EMAIL: flybuild.office@gmail.com.
LOCATION: Serangoon Ave - 2		
<p>When I was driving slowly along Serangoon Ave 2 signal left into the car park, vehicle SKH 8507E hit my lorry from behind.</p> <p>Third party vehicle SKH 8507E</p> <p>driver - Geeta s/o Gopal Krishna</p> <p>NRIC - S 91406186</p> <p>H.P - 98370430</p>		
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.</p> <p>PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>		
Please state:		
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only		

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Officer Personnel