辉 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: 04:50 PM **Date:** January 8, 2018

Re: Accident between SLR1753S and SLN9483P along Bartley Road Towards CTE on 05/01/2018.

Hi,

- Please help to arrange the surveyor to come down and survey the vehicle SLR1753S on **10/01/2018 (WEDNESDAY) after 11 AM.**

Thank you

Sandra

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

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
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05/01/2018

Owner: SKYWAY MOTOR PTE LTD

ESTIMATE TO REPAIR TOYOTA CHR - SLR1753S

1pc	front LH headlamp	$ 2,821.40
1pc	front LH headlamp lower beam	$ 271.75
1pc	front LH fender	$ 433.00
1pc	front LH fender protector	$ 320.00
1pc	front LH fender inner shield	$ 381.90
1pc	front LH fender "HYBRID" emblem	$ 65.25
1pc	front bumper	$ 581.25
1pc	front bumper LH sider retainer	$ 132.00
1pc	front bumper LH side garnish	$ 374.45
1pc	front bumper lower lid	$ 680.00
1pc	front LH sport rim	$ 1,250.00
		$ 7,311.00
	less 25%	$ 1,827.75
		$ 5,483.25
	alighnment	$ 80.00
	spray painting	$ 700.00
	labour charges	$ 700.00
	Total	$ 6,963.25

MHYM18003155 / Hui Yang Motor Pte Ltd - HQ
ENTRY DATE & TIME: 08/01/2018 10:14
SUBMITTED BY: Bel Chew Shu Jing

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 witholding 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	08/01/2018 10:14
Date Of Accident	05/01/2018 17:55
Exact Location Of Accident	ALONG BARTLEY ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR1753S
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	PEILIN@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR 1.8 HYBRID S AUTO 5DR
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 HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A 28795104 MCX
Cover Note Number	
Driver	
Name of Driver	TEO CHENG SEONG
NRIC No	S7239043A
Date Of Birth	17/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1995
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96324332
Fax Number	
Contact Number	
EMail Address	ALEXTEO2305@GMAIL.COM

Address	132A HILLVIEW AVENUE #08-03
Postcode	S669604
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

PLEASE REFER TO THE ATTACHED SKETCH PLAN.

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	SLN9483P
Vehicle Make/Model/Colour	KIA NIRO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO POH SENG (ZHAO BAOCHENG)
NRIC/Passport Number	S7640219A
Contact Number	
Address	BLK 6 TELOK BLANGAH CRESCENT #03-422
Postcode	S090006
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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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5. **Any false reporting may be referred to the Police for investigation.**
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 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:

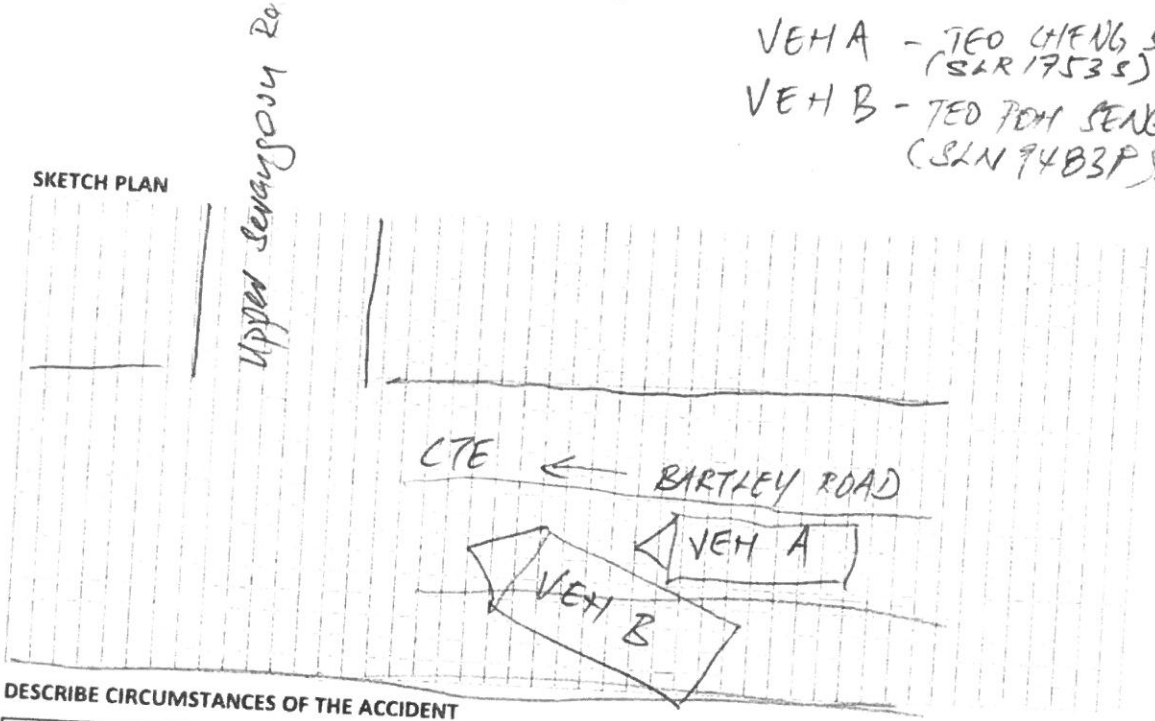
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2 Pg. 1

VEH A - TEO CHENG SENG (SLR 1753S)
VEH B - TEO POH SENG (SLN 94B3P)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/1/18 at around 5.55pm, I, TEO CHENG SENG was travelling on the 1st lane on Bartley Road towards the direction of CTE and I switch lane to the 2nd ~~lane~~ lane. When my car was on the ~~second~~ 2nd lane, vehicle B, SLN94B3P suddenly just appeared on my path and bush through my front left bumper.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: