



方商昭噴漆
POON SIANG SEOW

Sin Ming Autocity, No 160 Sin Ming Drive, #05-13, Singapore 575722
Tel: 6453 7511 Fax: 6453 8046 Email: sitt1@singnet.com.sg Regn. No: 05396600K

Our ref.: GBE 437Z

Date: 10/01/2018

Time: 5PM

AIG
Motor Claims Department

FAX: 68357416

Dear Sirs

ACCIDENT ON 9/1/2018 INVOLVING GBE 437Z AND SKM 8601P
ALONG SERANGOON GARDEN MARKET AND FOOD CENTRE
CAR PARK

We are instructed by DYNAMIC AIRCONDITIONG AND REFRIGERATION ENT.
The owner OF GBE 437Z

You are the insurers of motor car no. SKM 8601P

We are instructed to give you 48 hours Notice for the per- repair inspection under NIMA
Protocol of the damage to our clients' car before any repairs are carried out

Our client's car may be inspected at POON SIANG SEOW SIN MING AUTOCITY
NO. 160, SIN MING DRIVE, #05-13, SINGAPORE 575722
Tel; 64537511, Fax 64538046

Your faithfully

ALBERT POON

E-mail: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 9.1.2018 (dd-mm-yy) Time of Accident: 13.45 (24-HR-FORMAT)
 Vehicle No.: KBE 4372 Vehicle Make & Model: NISSAN NV550
 Exact location of Accident: Serangoon Garden Market & Food Centre
 Policyholder's Name / IC No.: Dynamic aircondition & refrigeration enter
53055240W
 Driver's Name / IC No.: LEE HEE FAI 52600386E (As Above)
 Driver's Contact No.: 98234948 Company Contact No.: _____
 Driver's Address: AP1 BIK 60 DAKOTA CRESCENT #12-243 (P) 39
 Insurance Company: WTA Email address (if any): _____

Relationship between Owner & Driver: (Please CIRCLE one only)Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____**What do you wish to claim? (Please TICK one only)**
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Exact purpose for which the vehicle was being used at time of accident?
☐ Private use / ☒ Work purpose
Occupation (nature of job) ☐ Indoor ☒ OutdoorNo. of Passengers (Including Driver): 2 male**Weather condition & Road conditions (On the day of accident)**
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your Car Camera? ☐ Yes ☐ NoAny Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____**The Other Party(s) Details:**1. Driver's Name / IC No.: TAN KIM CHIEE S00213450 Vehicle No.: SKM 81Driver's Contact No.: 97229596 Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

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**.
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. 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.

**DYNAMIC AIRCONDITIONING
& REFRIGERATION ENT.**

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

Please refer to attachment
for details

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Serangoon Garden Market and Food Centre
looking for parking lot.
I notice that parking lot was mostly full and a lot
of cars waiting at the side.
When I drive pass near lot 40 to 44, a park car
suddenly drive out into my path and hit my front
left side.

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)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: