

輝 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: 01:35 PM

Date: January 12, 2018

Accident between SLP9503E and SKQ3161D along Woodlands Avenue 1 on

Re: 06/01/2018.

Hi,

- Please help to arrange the surveyor to come down and survey the vehicle SLP9503E on 16/01/2018 (TUESDAY) 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

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Reg No. 201629438M

06/01/2018

Owner: HYMS CAR LEASING PTE LTD

ESTIMATE TO REPAIR TOYOTA PRIUS ALPHA 1.8S A - SLP9503E

1pc	rear tailgate		\$ 1,712.45
1pc	rear tailgate "PRIUS CX" emblem		\$ 61.10
1pc	rear tailgate "HYBRID" emblem		\$ 121.10
1pc	rear tailgate inner rubber		\$ 374.85
1pc	rear tailgate inner lock		\$ 381.90
1pc	rear bumper		\$ 891.45
2pcs	rear bumper side retainer @\$141.45		\$ 282.90
1pc	rear end panel		\$ 681.25
			<hr/>
			\$ 4,507.00
	less 25%		\$ 1,126.75
			<hr/>
			\$ 3,380.25
1set	rear parking sensor	s.nett	\$ 280.00
	remove & refit rear windscreen glass		\$ 120.00
	wiring		\$ 60.00
	tuffkote		\$ 60.00
	spray painting		\$ 800.00
	labour charges		\$ 900.00
	Total		<hr/>
			\$ 5,600.25



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	06/01/2018 12:17
Date Of Accident	06/01/2018 11:00
Exact Location Of Accident	ALONG WOODLANDS AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9503E
Insured/Policyholder	
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	201320561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64515752

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID 1.8S 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5082578000-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD MUSTAFA BIN OTHMAN
NRIC No	S7323864A
Date Of Birth	09/07/1973
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81813244
Fax Number	
Contact Number	
EMail Address	MOHDMUSTAFAO@HOTMAIL.COM

Address	BLK 549 WOODLANDS DRIVE 44 #11-90
Postcode	S730549
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	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?	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	SKQ3161D
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALYSSON JACOB HUANG
NRIC/Passport Number	S8225433A
Contact Number	98623345
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

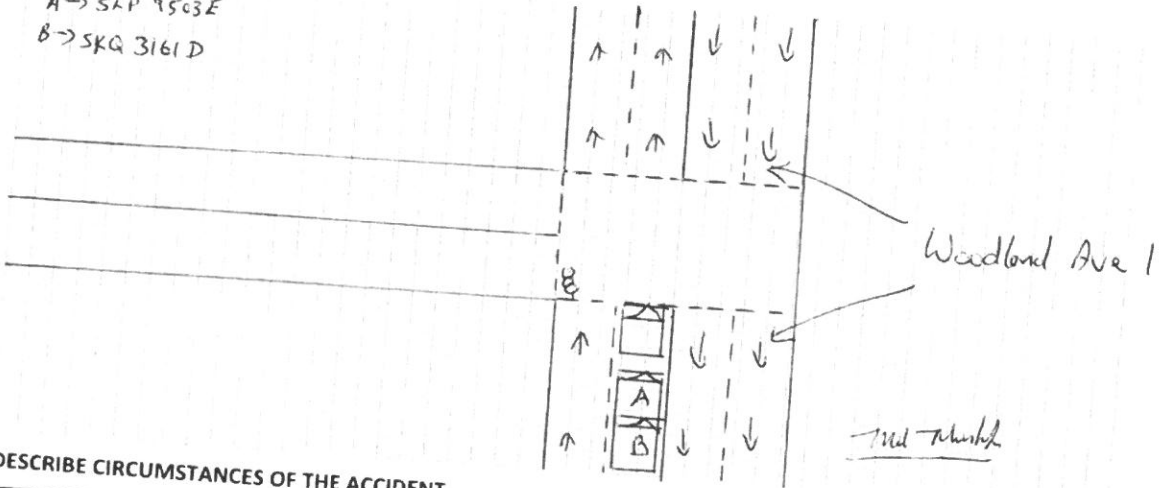
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

A → SAP 9503E
B → SKQ 3161D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling on Woodlands Ave 1 and as I approach the traffic lights I stop as it was on red light. Then suddenly vehicle B (SKQ 3161D) hit ^{on} my rear.

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.:

