

faxed - 18/1/18

Mr. Wee Too Kiong
c/o Blk. 1009, #01-90,
Bukit Merah Lane 3,
Singapore 159273.

18th January 2018

without prejudice

AIG Asia Pacific Insurance Pte Ltd
AIG Building, #07-16,
78 Shenton Way,
Singapore 079120.

Dear Sirs,

ACCIDENT INVOLVING SKP 5144 X AND SLA 6591 Z ON 07.01.18

I refer to the above matter.

I am the owner/driver of SKP 5144 X who was involved in the abovementioned accident as a result of the gross negligence caused by your insured driver of SLA 6591 Z.

Please be informed that I am now holding your insured driver responsible for all my outlays as a result of the accident. In line with the new implementation on 1st May 2011, kindly instruct your adjuster to carry out a pre-repair assessment at Shu Fatt Auto Works, Block 1009, #01-90, Bukit Merah Lane 3, Singapore 159723 (Tel: 6273-0119/Fax : 62707065).

I will appoint my own adjuster and claim survey costs in addition to my other disbursements if:=

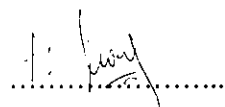
1. My vehicle is not surveyed within 2 working days
2. There is no confirmation on your part (within 5 working days from date of survey) regarding liability dispute

This confirmation is very important to me as I will have to revert to own damage claim with survey report from my insurer's panel should your insured or his/her driver breached policy condition/s or for reason/s unknown to me now.

Please arrange for survey as soon as possible and confirm liability and I look forward to your early confirmation.

Please also let me have a copy of your insured's report as soon as possible otherwise the GIA report fee of \$29.00 if incurred will be included in the claim accordingly.

Yours faithfully,



Encs

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 07/01/2018 12:10
 Date Of Accident 07/01/2018 10:15
 Exact Location Of Accident PEOPLE'S PARK COMPLEX
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP5144X
Insured/Policyholder
 Name Of Registered Owner WEE TOO KIONG
 NRIC No S2504554H
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-91055364
 Alternative Phone No OFFICE-91055364

Vehicle Particulars

Manufacturer NISSAN
 Model SYLPHY

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 MSIG INSURANCE (SINGAPORE) PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number A28606761QMY
 Cover Note Number

Driver

Name of Driver WEE CHONG CHEUT (XU CHONGJIUE)
 NRIC No S8070120I
 Date Of Birth 05/04/1980
 Occupation INDOOR
 Date Of Driving Pass 11/05/2004
 Driving Experience 13 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-91055364
 Fax Number
 Contact Number
 EMail Address WEE_CHUNG_CHEUT@MOE.EDU.SG

Address	BLK 88 DAWSON ROAD #23-37
Postcode	S142088
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	4
Passenger 1	NAME: : DELPHINE SZE LI XIN GENDER: : FEMALE
Passenger 2	NAME: : WEE HONG XI GENDER: : MALE
Passenger 3	NAME: : WEE HONG YI GENDER: : MALE

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 ATTACHED (ATTENDED BY IFAH)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD VIDEO ONCE RECEIVED FROM DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA6591Z
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOLLA SIVA PRASAD
NRIC/Passport Number	S7061672F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

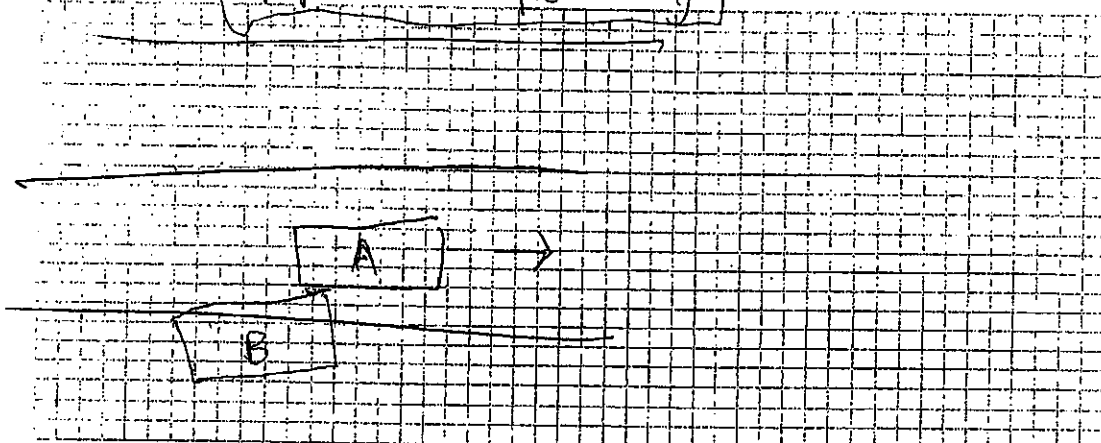
Driver's Signature
(If driver is not the policyholder)
Date & Time: 07 Jan 2018,
12:30 noon.

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



SKETCH PLAN

Peoples' Park Complex Building



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SKP5744X

B: SLA 6591Z

I was driving (SKP5744X) in the ~~middle~~ middle lane.

The driver of SLA 6591Z ~~hit the back of~~ hit my car.

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: 7 Jan 2017

12:30 noon

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

