

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Our Ref: CC3/AIG18001764/es3

08 FEB 2018

**By Registered Mail** 

AU WAN HOO @ ALBERT AU WAN HO
9 JALAN RUMAH TINGGI
#14-457
SINGAPORE 150009

Dear Sir/Madam,

# ACCIDENT INVOLVING SKK 6042B AND SCL 7873C ON 26/01/2018 ALONG CHANGI AIRPORT T3 CARPARK B2 @ 14:30 HOURS

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of AIG reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre.

Please note you had been notified via post from our office dated 31/01/2018.

To enable us to look into the matter immediately, please let us hear from you within **fourteen (14)** days from date of this letter (by 22/02/2018).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s **AIG Asia Pacific Insurance Pte Ltd** reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

ASHĚR SNG Case Handler DID: 6841 6051 Fax: 6741 4108

Email: ashersna@lkkauto.com

c.c. Claims Manager

AIG Asia Pacific Insurance Pte Ltd

(Motor Claims Dept)

Tel: 1 (605)
For: 58A2 511A
For: 58A2 511A
To check defevery status or to raise an enquiry
an your registered exticleles, please vioit
www.aingpout.com

Singapore Post Umbad (Reg. No. 198201823A/). 10 Euros Road 8 AG-30 Singapore Post Centra Singapore 488600

POSTING RECEIPT FOR REGISTERED ARTICLE(S)

- rouse provide all information required and produce this receipt for all enquiries.

\* Places tick where applicable. It shall be assumed no Advice of Receipt (AR) is required or delivery by sir is requested if relevant \* is left blank.

Please indicate the return address on the item(s) to essure prosupt status in event of non-delivery to the addressee(s).

Please past hands) at the post office counter according to the same area. 22797

RA TSN Ref: 1926/040/C0066 Date: 09 Feb 2018 RA No: RC26125153856 For Difficial Use Only (Item numbers are printed in order of posting at counter) SUL ( = I YIB M <u>۲</u> ... € X XX YS = × AR\*:( )Y ( |--Insurance": ( × Contents: OI VEH; SKK 6042B/ TP VEH; SCL 7873C AU WAN HOO @ ALBERT AU WAN HO SINGAPORE 150009 1. Name & Address of Addressee 2. Name & Address of Addresses #14-457

I have road, understood and agreed to the terms and conditions of pesting everlant. I accept the maximum liability payable for Registered Mail Service and certify that all information provided by me is true and the Reemis! Sees not contain any hazardous or prohibited Hemis!

09/2014

1

Name & Signature

SINGAPORE POST MACPHERSON RD

GST Reg. Add: SINGAPORE POST CENTRE 10 EUNOS ROAD 8

SINGAPORE 408600

GST Reg. No : M2-0105651-9

Date: 09 Feb 2018 Time: 10:35:32

Description Amount (S\$) GST@7%

Ref. No: \$\$L02/1926/040/C0068 # POST STP \$2 1 X 2.00 2.00

0.00

SUB TOTAL 2,00 0.00

TOTAL AMOUNT 2.00 GST COLLECTED BY SINGPOST 0.00

MOP: CASH \$2.00

Collect a FREE HPB steps tracker at participating Post Offices located island-wide! Book an appointment now at stepschallenge-appointment.com! Terms & conditions apply.

Pay any bills on SAM and earn LinkPoints now! Terms & conditions apply

Thank you for visiting Singapore Post

#Zero-rated for GST \*Exempt

+Out of Scope

\*\*Supplier Item

Price inclusive of 7% GST where applicable I have checked & confirmed the product is visually good, functional & performed within

expectation.

\*\*Supplier Item
Price inclusive of 7% QST where applicable
I have checked & confirmed the product is
visually good, functional & performed within
expectation.

Time: 10:35:24 MACPHERSON RD
Add: SINGAPORE POST CEN
10 ELNOS ROAD 8
SINGAPORE 408600
No : M2-0105651-9
\$ Feb 2018 SINGAPORE POST GST Reg. N Date: 09 F Reg. 381

GST@7% Amount (S\$) Description

PSL01/1926/040/0056 Ref. No: PSLO. Postage Label LOCAL

0.54 0.54

SUB TOTAL

8.0

0.54

0.54 SINGPOST TOTAL AMOUNT GST COLLECTED 6

\$0.54 8

R

Collect a FREE HPB steps tracker at participating Post Offices located island-wide! Book an appointment now at stepschallenge-appointment.com! Terms & conditions apply. MOP: CASH

Pay any bills on SAM and earn LinkPoints now! Terms & conditions apply

Thank you for visiting Singapore Post #Zero-rated for GST Exempt

Out of Scope

MCD518018875 / ComfortDelGro Engineering Re Ltd - Braddell ENTRY DATE & TIME 07/02/2018 10:44 SUBMITTED BY: Brenda Ng Lay Hong

## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/02/2018 12:01

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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.
- chiving of this report at the centre and to copies of the report being made available

<ol> <li>By the lodgement of this report to the insurers, you hereby consiforesaid.</li> </ol>	ent to the archiving of this report at the centre and to copies of the report being made available
ilu esalu.	ACCIDENT STATEMENT
Date Of Report	07/02/2018 10:44
Date Of Accident	26/01/2018 14:50
Exact Location Of Accident	B2 CARPARK T3 CHANGI AIRPORT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK6042B
Insured/Policyholder	
Name Of Registered Owner	AU WAN HOO @ ALBERT AU WAN HO
NRIC No	S0047392H
Email Address	ALBERTAU28@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84506622
Alternative Phone No	Home-62358097
Vehicle Particulars	* 1
Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

COMPREHENSIVE

2100348419

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Insurance Company

Name of Insurance Company

Type Of Coverage

Fleet Policy

Policy Number

Cover Note Number

Driver

AU WAN HOO @ ALBERT AU WAN HO Name of Driver

S0047392H NRIC No 29/09/1939 Date Of Birth **INDOOR** Occupation 14/08/1958 **Date Of Driving Pass** 

59 YEARS AND 5 MONTHS Driving Experience

Gender

(LOCAL) +65-84506622 Mobile Number

Fax Number

HOME-62358097 Contact Number

ALBERTAU28@HOTMAIL.COM EMail Address

Address Postcode	BLK 9 JALAN RUMAH TINGGI #14-457 150009
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 - HEAD TO REAR
Weather Conditions	MULTI STOREY CARPARK
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?	NO
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	EP Called Section 1
PLEASE REFER TO ATTACHED.	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### Sketch Plan

### 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 5. 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.
- 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 ("GLA") 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 Monetery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - 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 daims;
  - (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 actident 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 provided 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 insud, 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/FILL No.:

Date & Time:

NRIC/FIN No.: