



Auto  
Consultants  
Pte Ltd

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,

ASHER SNG  
Case Handler  
DID: 6841 6051  
Fax: 6741 4108  
Email: [gshersng@lkkauto.com](mailto:gshersng@lkkauto.com)

c.c. Claims Manager  
AIG Asia Pacific Insurance Pte Ltd  
(Motor Claims Dept)



## 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 willful 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 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	07/02/2018 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
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100348419
Cover Note Number	
<b>Driver</b>	
Name of Driver	AU WAN HOO @ ALBERT AU WAN HO
NRIC No	S0047392H
Date Of Birth	29/09/1939
Occupation	INDOOR
Date Of Driving Pass	14/08/1958
Driving Experience	59 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84506622
Fax Number	
Contact Number	HOME-62358097
E-Mail Address	ALBERTAU28@HOTMAIL.COM

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

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

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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.



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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached

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.: