

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: 12:00 PM **Date:** February 10, 2018

Re: Accident between SKS8384J and SKL8169B along Finlayson Green on 02/02/2018.

Hi,

- Please help to arrange the surveyor to come down and survey the vehicle SKS8384J on **next TUESDAY (13/02/2018) 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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02/02/2018

Owner: HYMS CAR LEASING PTE LTD

ESTIMATE TO REPAIR BMW 523I - SKS8384J

1pc	rear bumper		\$ 1,270.00
1pc	rear bumper RH side retainer		\$ 55.00
1pc	rear RH top arm		\$ 330.00
1pc	rear RH lower arm		\$ 280.00
1pc	rear RH lower front arm		\$ 155.00
1pc	rear RH lower rear arm		\$ 160.00
1pc	rear RH absorber		\$ 295.00
1pc	rear RH knuckle arm		\$ 1,080.00
1pc	rear RH knuckle bearing		\$ 170.00
1pc	rear RH sport rim		\$ 1,065.00
			<hr/>
			\$ 4,860.00
	less 5%		\$ 243.00
			<hr/>
			\$ 4,617.00
			<hr/>
1pc	rear RH sport rim	s.nett	\$ 850.00
	remove & refit undercarriage		\$ 380.00
	remove & refit tyre		\$ 40.00
	alignment		\$ 80.00
	spray painting		\$ 500.00
	labour charges		\$ 550.00
	Total		<hr/>
			\$ 7,017.00
			<hr/>



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 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	06/02/2018 12:55
Date Of Accident	02/02/2018 19:30
Exact Location Of Accident	ALONG FINLAYSON GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8384J
Insured/Policyholder	
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	201320561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-83336725
Alternative Phone No	OFFICE-64515752

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
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	SOO KONG HWEE
NRIC No	S7027214H
Date Of Birth	30/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1990
Driving Experience	27 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88223245
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 1 BEACH ROAD #04-4759
Postcode	S0719
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL8169B
Vehicle Make/Model/Colour	MERCEDES BENZ C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FENG (LADY)
NRIC/Passport Number	
Contact Number	97288403
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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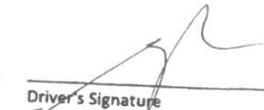
8. Consent under the Personal Data Protection Act (PDPA)

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.

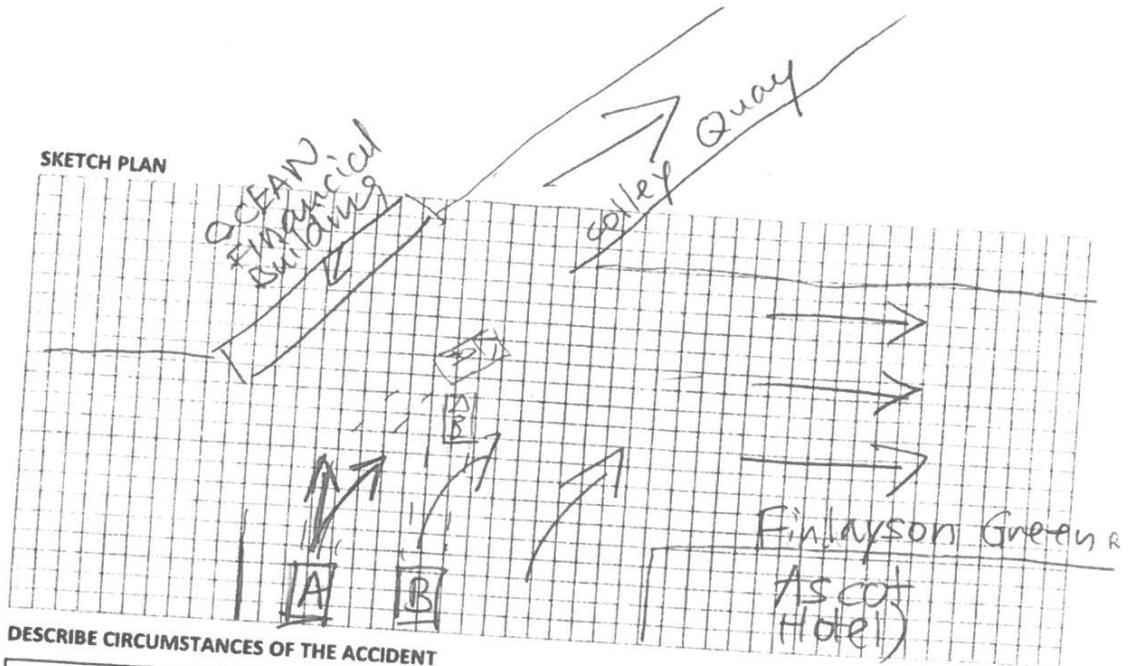


Policyholder's Signature
Date & Time:


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



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

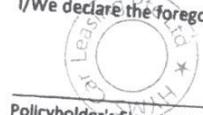


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2nd Feb 2018, at 7:30 pm. My vehicle (A) (SKS 83845) was travelling along ceal street while i intending to make a right turn at a slow speed, suddenly the mentioned vehicle (B) SKL 8169 B nitted onto my right hand rear potion of my vehicle (A) During the conversation with the lady driver of vehicle (B) than i realised that her intention is to go straight towards colley Quay instead of turning right following her path.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name: