



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/AIG18004026/Kjb3

9th May 2018

WOON SEOW LIAN

224 Loyang Avenue,
#02-01,
Singapore 509069.

Attn: Mr John Roger I'Anson-Holton

Dear Sir/Madam,

**ROAD TRAFFIC ACCIDENT INVOLVING SKW 6011C AND SHB 9710U
ALONG PIE AFTER BEDOK EXIT ON 27.02.2018**

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 7 days from the date of this letter.

Please note that your No-Claim Discount (NCD)(if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Poh Kin, Chong
Case Handler

DID: 6841 2132

FAX: 6741 4108

Email: vicalpeh@lkkauto.com

c.c. *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 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 | 27/02/2018 20:00 |
| Date Of Accident | 27/02/2018 07:15 ✓ |
| Exact Location Of Accident | TPE AFTER BEDOK EXIT TWDS CITY PTE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | SKW6011C |
| Insured/Policyholder | |
| Name Of Registered Owner | WOON SEOW LIAN MRS. JOAN ROGER I' ANSON - HOLTON |
| NRIC No | S1423673B |
| Email Address | SEOWLIAN@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-96675679 |
| Alternative Phone No | Office-NOPHONE |
| Vehicle Particulars | |
| Manufacturer | MAZDA |
| Model | 6-2.0 4-DOOR SEDAN 2.0L SP.6EAT (A) |
| Exact Purpose for which vehicle was being used at time of accident | PERSONAL USE |
| 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 |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | |
| Cover Note Number | |
| Driver | |
| Name of Driver | JOHN ROGER I'ANSON-HOLTON |
| NRIC No | S7076007Z |
| Date Of Birth | 08/05/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 09/11/1993 |
| Driving Experience | 24 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91816595 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SKW 6011C
 Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 27/02/2018 Time of Accident : 0715 Hours
 Place of Accident : _____
 Insurance Company: MIS AIG ASIA PACIFIC INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The exact location of accident should be PIE after Bedok exit.

Kindly sign it and pass back
 to me by
 - Fax : 6256 4315
 - By Post : address in letter
 - or by Email : e-mail in letter
 Thank you
 Poh Kin

 Policyholder / Driver's Signature
 Date:

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