



AMY LIM LAW PRACTICE

High Street Centre  
1 North Bridge Road  
#08-08  
Singapore 179094  
T: 9625 8742 / 9639 3110  
F: 6491 5638  
UEN: 53361230J  
We do not accept service by fax

Our Ref: 2018.1144.PD.SY (GJ87P)  
Your Ref: GBE4157E

26 March 2018

**Lonpac Insurance Bhd - Singapore Office**  
(Motor Claims Dept)  
100 Beach Road  
#19-00 Shaw Tower  
Singapore 189702  
**Attn: Motor Claims Department**

**BY FAX: 6296 2706 ONLY**

Dear Sirs

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION**  
**CLAIMANT: AMCOWELD INC PTE LTD**  
**TRAFFIC ACCIDENT ON 24 MARCH 2018 AT 08:30 HRS ALONG EUNOS**  
**AVENUE 8 INVOLVING VEHICLES NO. GJ87P & GBE4157E**

We are instructed by Amcoweld Inc Pte Ltd to notify you of a road accident on 24 March 2018 at about 08:30 hrs along Eunost Avenue 8 involving our clients' vehicle registration number GJ87P and vehicle registration number GBE4157E driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our clients' vehicle has been damaged. Before our clients proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our clients shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Venue: **Serve You Motor Service**  
Address: Blk 5033 Ang Mo Kio Industrial Park 2  
#01-265  
Singapore 569536  
Contact: Elaine @ 9239 3188 / 6481 0555

Please liaise with the above workshop directly.

Yours faithfully

  
Esther Moey

Email: [claims@esthermoey.com](mailto:claims@esthermoey.com)  
encs

**PLEASE LET US KNOW THE DATE  
OF THE PRE-REPAIR INSPECTION**

.....

## 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	26/03/2018 14:44
Date Of Accident	24/03/2018 08:30
Exact Location Of Accident	EUNOS AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GJ87P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMCOWELD INC PTE LTD
Co Reg No	200407547G
Email Address	AMCOWELD@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67429595

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)

Exact Purpose for which vehicle was being used at time of accident	WORK USE
--	----------

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	COMMERCIAL VEHICLE
------------------	--------------------

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3045091700
Cover Note Number	22/06/2017 - 21/06/2018

### Driver

Name of Driver	SELVARAJ KARTHIKEYAN
NRIC No	G3113670P
Date Of Birth	05/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97409595
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	C/O BLK 1005 EUNOS AVE 7 #01-06/08
Postcode	409576
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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)	2
Passenger 1	NAME: : MARIMUTHU ARIVAZHAGAN
	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 STATEMENT

#### 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	GBE4157E
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: GJ 87P  
INSURER: China  
DATE & TIME: 24/03/18 @ 0830

### 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 liability.
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.



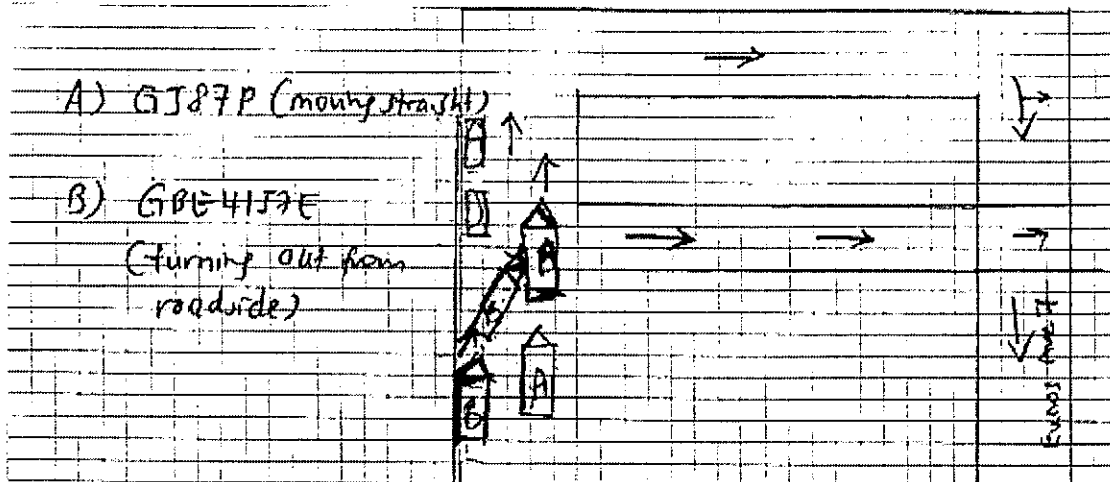
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Danijah (AMEK)  
NRIC/FIN No.: 26/03/18

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/03/2018 at 08.30AM I was driving GJ87P along Eunice Industrial Park Ave moving straight.

On the time I saw few vehicles parked on my left. Suddenly I felt great impact on my left.

I Realise a lorry GBE4157E turn out from my left & Banged on to my left portion.

No one was injured.

I'm lodging this report to claim from third party insurance.

Vehicle No: GJ87P (China)

## 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: (AMK)  
NRIC/FIN No.:

I hereby declare that I am not a claimant of any other insurance policy.

( ) Claim Own Policy  
( ) Reporting Only

( ) Claim Third Party  
( ) Claim OD/TP at other workshop