

Mr. Lew Kuok Hwee  
c/o Blk. 1009, #01-90,  
Bukit Merah Lane 3,  
Singapore 159273.

3<sup>rd</sup> April 2018

without prejudice

AIG Asia Pacific Insurance Pte. Ltd.,  
78 shenton Way, #07-16,  
Singapore 079120.

Dear Sirs,

ACCIDENT INVOLVING SJF 9595 R AND SLN 6907 D ON 31/3/2018

I refer to the above matter.

I am the owner/driver of SJF 9595 R who was involved in the abovementioned accident as a result of the gross negligence caused by your insured driver of SLN 6907 D.

Please be informed that I am now holding your insured driver responsible for all my outlays as a result of the accident. In line with the new implementation on 1<sup>st</sup> May 2011, kindly arrange for survey to my vehicle as soon as possible at Shu Fatt Auto Works, Block 1009, #01-90, Bukit Merah Lane 3, Singapore 159723 (Tel: 6273-0119/Fax : 62707065).

I will appoint my own adjuster and claim survey costs in addition to my other disbursements if: =

1. My vehicle is not surveyed within 2 working days
2. There is no confirmation on your part (within 5 working days from date of survey) regarding liability dispute

This confirmation is very important to me as I will have to revert to own damage claim with survey report from my insurer's panel should your insured or his/her driver breached policy condition/s or for reason/s unknown to me now.

**Please arrange for survey as soon as possible and confirm liability and I look forward to your early confirmation.**

Yours faithfully,

  
.....

Encs

DTP - 617

## 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	02/04/2018 17:13
Date Of Accident	31/03/2018 14:55
Exact Location Of Accident	UNITY STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF9595R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEW KUOK HWEE
NRIC No	S7711229D
Email Address	ALVINLEW_1@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97555867
Alternative Phone No	OTHERS-97555867

### Vehicle Particulars

Manufacturer	BMW
Model	325
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	10114641

### Driver

Name of Driver	LEW KUOK HWEE
NRIC No	S7711229D
Date Of Birth	27/04/1977
Occupation	INDOOR
Date Of Driving Pass	31/10/1995
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97555867
Fax Number	
Contact Number	OTHERS-97555867
EEmail Address	ALVINLEW_1@HOTMAIL.COM

Address 261 RIVER VALLEY ROAD, #02-13  
 Postcode 238307  
 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 CLEAR  
 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? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2  
 Passenger 1  
 NAME: : SON  
 GENDER: : MALE

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] ORCHARD NPC  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

see attached police report

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLN6907D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

## 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**.
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:

Report Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN: \_\_\_\_\_







Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2018 17:39		Vide Report No.:		Station Diary No.: 120
Name of Informant: LEW KUOK HWEE		Address: 261 RIVER VALLEY ROAD #02-13 SINGAPORE 238307		
ID Type / ID No.: NRIC NO / S7711229D		Contact No.: Home/Office:		Mobile: 97555867
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 40	Date of Birth: 27/04/1977	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: Auditor (accounting)		Driving Licence Information: Class: 3		Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/03/2018 14:55	Type of Location: Straight Road
Location: Along Road 1 UNITY STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Reversing vehicle against front bumper				Anyone conveyed by ambulance: No

SJF9595R	Car	BMW		White	Slightly Damaged	1
SLN6907D	Car	MERCEDES BENZ		Blue		0

SJF9595R	MSIG INSURANCE (SINGAPORE) PTE. LTD.				
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Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20180401/2061

**CONTINUATION OF REPORT**

<b>Any Pedestrian Involved: No</b>			
<b>No. of Pedestrians Injured: NIL</b>		<b>Use of Pedestrian Crossing: NA</b>	
<b>Name</b>	LEW KUOK HWEE	<b>ID No.</b>	S7711229D
<b>Related Vehicle</b>	SJF9595R (Car)	<b>Contact No.</b>	97555867
<b>Hospital/Clinic</b>	NIL	<b>Class of Driving Licence &amp; Expiry Date</b>	Class: 3 Date of Expiry: NIL
<b>Date Treatment</b>	NIL	<b>Date Discharge</b>	NIL
<b>No. of Days granted Medical Leave</b>	NIL	<b>Degree of Injury</b>	NIL
<b>Name</b>	Unknown Driver	<b>ID No.</b>	NIL
<b>Related Vehicle</b>	SLN6907D (Car)	<b>Contact No.</b>	NIL
<b>Hospital/Clinic</b>	NIL	<b>Class of Driving Licence &amp; Expiry Date</b>	Class: NIL Date of Expiry: NIL
<b>Date Treatment</b>	NIL	<b>Date Discharge</b>	NIL
<b>No. of Days granted Medical Leave</b>	NIL	<b>Degree of Injury</b>	NIL

**Brief Details.**

On 31/03/2018 at about 2.55pm, I was driving my vehicle registration no: SJF9595R (white/BMW) together with my 7 years old son along Unity St heading out to Clemenceau Ave. While I was at the said road, there was one vehicle registration no: SLN6907D (Blue/Mercedes) in front of me stopped. As such, I stopped my vehicle.

After I stopped my vehicle, the vehicle SLN6907D started to reverse as the vehicle in front wanting to parked in the lot on the left side. Upon knowing that, the vehicle SLN6907D reversing as such I engaged my reverse gear and reverse slowly. After reversing and stopped, the vehicle SLN6907D who was in front continue to reverse till the driver hit my front bumper.

After which, I saw another vehicle in front of the vehicle SLN6907D parked the vehicle in the lot on the left side. The driver to the vehicle SLN6907D decided to drove off without coming out to make a check on the situation.

I did try to stop the vehicle but I unable to as the driver turning left to Clemenceau Ave which is a major road and the traffic flows not on my side after the said vehicle making the turn. As such, I decided to lodge a police report. I wish to state that no one injured and I did make a check on my front bumper and I discovered there is a slight crack on the left side front bumper. However, I wasn't sure if it is due to the accident occur by the said vehicle or not. However, when the accident happened I do hear the bang sound and subsequently honk the said vehicle to notify the driver.



**SINGAPORE  
POLICE FORCE**



T/20180401/2061

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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**CONTINUATION OF REPORT**

At this point, I have yet informed my insurance company. However, I will let them know and access the damages. Lastly, I wish to state that I have in-built car camera which capture the act. That's all.



**SINGAPORE  
POLICE FORCE**



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Report No. T/20180401/2061

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**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sr Staff Sgt SITI AISYAH BINTI NAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2018 17:39
Officer In Charge Of Case: TP / HRT / SSI GOH GEOK LYE Contact No.: 65476148	Classification Of Case:  <div data-bbox="531 1955 1129 2049" style="border: 1px solid black; padding: 5px; display: inline-block;">  <span style="margin-left: 10px;">SINGAPORE POLICE FORCE</span> <span style="float: right; margin-left: 100px;">SN 172</span> </div>

Authentication Stamp  
NP168


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SIGNATURE: 