

**KIAN TEONG AUTO CENTRE***Blk 176 Sin Ming Drive #01-08, Sin Ming AutoCare**Singapore 575721***Tel: 64556268 Fax: 64555166**

TO: AIG INSURANCE

DATE: 05/04/2018

FAX: 6415 3727


OUR REF: KT4943/10/018/TP

ATTN:MOTOR CLAIM DEPT

TEL:

RE: PRE-REPAIR SURVEY

Please find attached accident report for your kind reference and kindly arrange your surveyor to drop by our workshop at the above address as the mentioned vehicle SKT8796Z is at present in our workshop now. Your insured vehicle number SLE4943J please let me know the liability. Assuring you our best attention at all times.


Thank you & Best Regards

Wendy Siew 91786498 MOBILE

Kian Teong Auto Centre

MFA118045682 / Falcon-Air Auto Services Pte Ltd - Sin Ming
 ENTRY DATE & TIME: 05/04/2018 17:48
 SUBMITTED BY: Florence Loh Fui Fong

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 05/04/2018 18:09

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 05/04/2018 17:48
 Date Of Accident 30/03/2018 14:00
 Exact Location Of Accident ALONG SUNGEI ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT8796Z
Insured/Policyholder
 Name Of Registered Owner JONATHAN WIDJAJA LIANG
 NRIC No S7374280C
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-98187773
 Alternative Phone No OTHERS-NOPHONE
Vehicle Particulars
 Manufacturer TOYOTA
 Model HARRIER PREMIUM 2.0 CVT

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 CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number A 28986218 QMY

Cover Note Number

Driver

Name of Driver LIANG KENG TEIK KENNETH

NRIC No S0031960J

Date Of Birth 22/03/1947

Occupation INDOOR

Date Of Driving Pass 24/04/1965

Driving Experience 52 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98187773

Fax Number

Contact Number

EMail Address KENLIANG@SINGNET.COM.SG

Address 8 JALAN SERULING FABER GARDEN
 Postcode 576842
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured RELATIVE
 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?
 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: : AARON-JON LIANG
 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 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 SLE4943J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SUN MI CHOI
 NRIC/Passport Number
 Contact Number 91146582
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



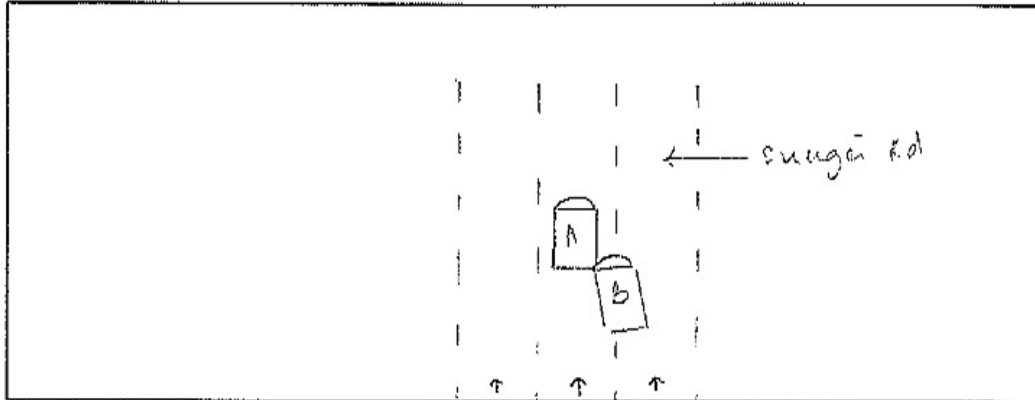
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

Date of accident: 30/03/18 Time: 2:00pm Location: Sungei Road
 Veh A: SKT 8796Z Veh B: SLE 4943 No of pax: 2 Weather: Clear/dry Rain/Wet
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on Sungei Rd approaching Ophir Rd. I was travelling in my lane when the car in the adjoining lane on the right tried to turn into my lane. The driver hit the right rear end of my car. The (Korean) lady driver kept saying sorry and said her insurance would take care of the repairs.

Other driver: SUN Mr Choi

Car: SLE 4943 J

Mobile: 9114-6582

Email: World6847@gmail.com

MSIG Policy No: A 28986218 QMY

Policy holder: Jonathan W. de Jaja Liang (NRIC: S7374280 C)

☐ Claim OD/TP at Falcon-Air ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Kian Teong Auto Center

Email address: kenliang@sigmat.com.sg (Mobile: 9818-7773)

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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.:

