

**NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION**

Date : 1-8 MAY 2018

Time : 9.20A


By Fax : 6835 7416

TO :

ALG ASIA PACIFIC INSURANCE PTE LTD

Accident involving Your insured vehicle No. SLT4338C with  
 My vehicle No. STL7399Y on 6/5/2018 along UPPER THOMSON ROAD

1. I, the owner of Vehicle No. STL7399Y intend to make a 3<sup>rd</sup> party claim against your insured.
2. My Vehicle is now at the workshop **Guan Motor Works Tel : 6453 6111** and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to **6453 8292** and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

  
 Signature  
 Name : Chue Yee Ming  
 NRIC : S76346472

**CK TEO & CO**  
 Advocates & Solicitors  
 101A Upper Cross Street #08-17  
 People's Park Centre Singapore 058352  
 Tel : 6535 4782 Fax : 6535 4245  
wtuang@gmail.com

**Enquire Vehicle & Owner Information ( Vehicle No. SLT4338C As At 06 May 2018 / 15:00:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCKWIT.LTA.2018 GM

**Current Owner Details**

Owner ID Type: Company

Owner ID: 199608195Z

Owner Name: POPULAR RENT A CAR PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 501

Registered Street Name: GUILLEMARD ROAD

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 399840

**Current Vehicle Details**

Vehicle No.: SLT4338C

Make Description/Model: HYUNDAI / ELANTRA AD 1.6 GLS AT

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

MSMA18059150 / Sin Ming Autocare BFG Pte Ltd - HQ  
 ENTRY DATE & TIME: 07/05/2018 12:30  
 SUBMITTED BY: Angela Tan Chin Chin

## 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	07/05/2018 12:30
Date Of Accident	06/05/2018 15:00
Exact Location Of Accident	UPPER THOMSON RD INFRONT TAGORE LANE : 2ND LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7399Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA YWEE MING
NRIC No	S7634647Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97485553
Alternative Phone No	OFFICE-97485553
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	LATIO-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE DURING ACCIDENT TIME
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096882757
Cover Note Number	DRIVO CLASSIC
<b>Driver</b>	
Name of Driver	CHUA YWEE MING
NRIC No	S7634647Z
Date Of Birth	27/10/1976
Occupation	INDOOR
Date Of Driving Pass	15/08/2002
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97485553
Fax Number	(LOCAL) +65-97485553
Contact Number	OFFICE-97485553
Email Address	NOEMAIL

Address 26 CANBERRA DRIVE  
#02-16  
Postcode 768428  
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? YES  
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: : CHUNG LAI MUN CHRISTINA  
GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BISHAN NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 196 BISHAN STREET 13 , POSTCODE: 570196 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2589999 - FAX NO: 63536659  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

REFER TO ATTACHED FILE

**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 SLT4338C  
Vehicle Make/Model/Colour HYUNDAI  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ONG CHOON HUAT  
NRIC/Passport Number S8623499H  
Contact Number 93388442  
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

CHUNG LAI MUN CHRISTINA

Approximate Age

Injuries Sustain

3 DAYS MEDICAL LEAVE

Injured person in which vehicle?

SJL7399Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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 this 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:

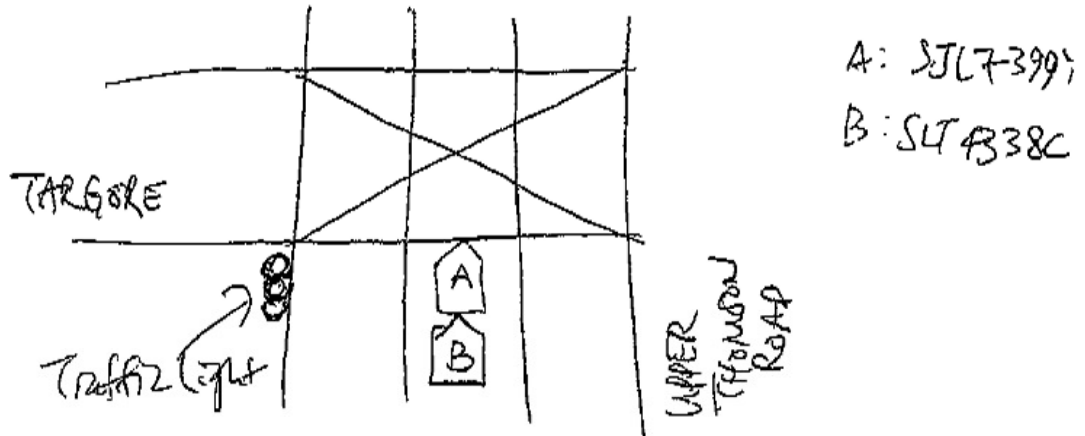
Driver's Signature  
(If Driver is not the policyholder)  
Date & Time:

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



## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT No: T/20180507/2023  
dated 07 MAY 2018

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre/Agent's Signature

Name:

NRIC/FIN No.:

