Your Ref & SGU 8260U

Our Ref SJK 5180D/RCA/jp/ca

Date 23 May 2018

AIG Asia Pacific Insurance Pte. Ltd.

Email: accident@kscgp.com

**By Email** 

# DATE OF ACCIDENT: 22 MAY 2018 NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of SJK 5180D to notify you of a road traffic accident on 22 May 2018 at about 7.25am along Farrer Road and Woollerton Park, involving our client's vehicle bearing registration number SJK 5180D and the vehicle bearing registration number SGU 8260U which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you 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 client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

f JP

(Main Office) Cc client

### 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 witholding 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

|                            | ACCIDENT STATEMENT           |  |
|----------------------------|------------------------------|--|
| Date Of Report             | 23/05/2018 08:20             |  |
| Date Of Accident           | 22/05/2018 07:25             |  |
| Exact Location Of Accident | FARRER ROAD & WOLLERTON PARK |  |
| Country/State of Loss      | SINGAPORE                    |  |
|                            | DETAILS OF OWN VEHICLE       |  |

|                             | DETAILS OF OWN VEHICLE |  |
|-----------------------------|------------------------|--|
| Vehicle Registration Number | SJK5180D               |  |

Insured/Policyholder

Name Of Registered Owner SANJAY KUMAR

NRIC No S2626805B **Email Address** 

SAM 53SG@YAHOO.COM Mobile Phone No (LOCAL) +65-98777551 Alternative Phone No OTHERS-98777551

Vehicle Particulars

Manufacturer **HONDA** Model FIT-1.3 (A)

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?

If No, Please state action to be taken Vehicle Category

THIRD PARTY PRIVATE CAR

22/09/2008

**Insurance Company** 

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 5084380777-01

Cover Note Number

Driver

Name of Driver SANJAY KUMAR NRIC No S2626805B Date Of Birth 24/11/1964 Occupation INDOOR Date Of Driving Pass

**Driving Experience** 9 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98777551

Fax Number

Contact Number OTHERS-98777551

EMail Address SAM\_53SG@YAHOO.COM Address

**60 DAISY AVE** SINGAPORE

Postcode

359536

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

**OWNER** 

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 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)

1

**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 ATTACHED

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

SGU8260U

Vehicle Make/Model/Colour **Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

HE YINGXIN

NRIC/Passport Number

G5943210P

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

### SKETCH PLAN

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- 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 ST, IC 5120D B - Sau 3266y

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT   |  |  |
|--|--|--|
| I was travelling along the farrer load, which is my usual path to my work place everyday.  While appraching toward wooder tan Parlo, I have moved forward, while another car from the side road moved out and hit was the back |  |  |
| usual path to my work place everyday.  |  |  |
| while appraching toward wooter tan Parlo, I have   |  |  |
| moved forward, while another car from the  |  |  |
| side road moved out and hit mas the back   |  |  |
| side of my car.  |  |  |
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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.: