

Ms Ng Soo Yin Rachel  
c/o Blk. 1009, #01-90,  
Bukit Merah Lane 3,  
Singapore 159273.

9. July 2018

without prejudice

AIG Asia Pacific Insurance Pte Ltd  
(Third Party)

Dear Sirs,

ACCIDENT INVOLVING SJY 3228 R B AND SKV 5444 Z ON 6 JULY 2018

I refer to the above matter.

I am the owner/driver of SJY 3228 B who was involved in the abovementioned accident as a result of the gross negligence caused by your insured driver of SKV 5444 Z.

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.**

**Please also let me have a copy of your insured's report as soon as possible otherwise the GIA report fee of \$29.00 if incurred will be included in the claim accordingly.**

Yours faithfully,

  
Encs

## 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	09/07/2018 10:39
Date Of Accident	06/07/2018 17:45
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3228R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SOO YIN RACHEL
NRIC No	S6936558B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96993228
Alternative Phone No	OTHERS-97643038

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI (A)

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	P40004773DMA
Cover Note Number	

### Driver

Name of Driver	TENG YONG SING
NRIC No	S7521588F
Date Of Birth	25/07/1975
Occupation	INDOOR
Date Of Driving Pass	06/09/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97643038
Fax Number	
Contact Number	
EEmail Address	YSTENG10@GMAIL.COM

Address	APT BLK 19 QUEEN'S CLOSE #17-109
Postcode	140019
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	CHAIN COLLISION
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)	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

SEE ATTACHED CIRCUMSTANCES OF ACCIDENT.

#### 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	SKV5444Z
Vehicle Make/Model/Colour	NISSAN XTRAIL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOSEPH CHAN
NRIC/Passport Number	S7427820E
Contact Number	96304237
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL9762T
Vehicle Make/Model/Colour	NISSAN LATIO

**Details Of Properties**

**Vehicle Category**

PRIVATE HIRE

**Name of Driver**

JONATHAN LAM

**NRIC/Passport Number**

S8036241B

**Contact Number**

98787330

**Address**

**Postcode**

**Insurance Company Name**

**Nature Of Damage**

**No. Of Passenger (Including Driver)**

2

**Passenger 1**

NAME: : PASSENGER

GENDER: : MALE

**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.

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Policyholder's Signature  
Date & Time:

9 July 18

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

9 July 18

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

## SKETCH PLAN

SJL9762T

SKV5444Z

SSY3228R



Ayer Rajah  
Expressway towards  
City

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6 July 2018, at approximately 5.45pm, as I was driving along Ayer Rajah Expressway (AYE) at the flyover over Jurong Town Hall Road, I was hit from behind by a black Nissan SKV 5444Z. He had earlier stopped but moved forward to hit me because he was himself hit by SJL 9762T from behind. I saw this in my rear-view mirror.

I had come to a complete stop on the downward slope of the AYE flyover when I saw behind me SKV5444Z also stopped. A few seconds later I saw a golden-brown car hitting SKV5444Z from behind him. SKV5444Z moved forward and hit me in turn. I later found out the golden-brown car is a Nissan Latio SJL 9762T.

On the night of 6 July 2018, I felt an ache on my upper back and neck. I went to see a doctor on 7 July 2018 at Silver Cross Medical Centre at Blk 27SA Holland Avenue. The doctor diagnosed that it was a whiplash and give me painkillers. As it was the weekend I did not ask for any Mr.

## DECLARATION

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

Policyholder's Signature

Date & Time: 9 July 18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 9 July 18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: