

10/07/18, 12:10
17/0

10 July 2018

Tan Wei Lun
c/o Blk. 1 #01-131 Sin Ming Industrial Estate
Singapore 575636

M/S. AIG Asia Pacific Insurance Pte Ltd
Motor Claim Department
78 Shenton Way #07-16
AIG Building
Singapore 079120

Fax: 68357416

Dear Sir/Madam,

Accident on 07/07/2018 at Lower Delta Road involving
vehicles no: SLG 5337S & SLH 4137D

I, the owner of vehicle no: SLG 5337S had involved an accident with your insured
Vehicle no: SLH 4137D.

The accident was caused solely by your Insured's negligence and I am proceeding
A THIRD PARTY claim against you whatever cost incurred by me.

Meanwhile kindly arrange your assessor to pre-survey my damaged vehicle at M/S
Seng Kin Motor Works of Blk. 1 Sin Ming Industrial Estate #01-131 Singapore 575636
Contact no: 64536238 or email: sengkin@ymail.com within two days hereof this letter.

Enclose herewith the copy of IDAC accident report for your perusal.

Yours faithfully


.....

c.c. Seng kin motor works

Encl:

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 18:36
Date Of Accident	07/07/2018 12:15
Exact Location Of Accident	LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5337S
Insured/Policyholder	
Name Of Registered Owner	TAN WEI LUN
NRIC No	S8616962B
Email Address	DARIUS.TAN1883@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94579462
Alternative Phone No	OFFICE-94579462
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180-1.6 (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Floot Policy	NO
Policy Number	GA133921
Cover Note Number	
Driver	
Name of Driver	TAN WEI LUN
NRIC No	S8616962B
Date Of Birth	20/06/1986
Occupation	INDOOR
Date Of Driving Pass	07/12/2007
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94579462
Fax Number	
Contact Number	OFFICE-94579462
Email Address	DARIUS.TAN1883@GMAIL.COM

Address BLK 760 CHOA CHU KANG NORTH
 Postcode
 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 - CROSS JUNCTION
 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: : SAW MEI LING
 GENDER: : FEMALE

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 REPORT ATTACHED

Attachment(s)

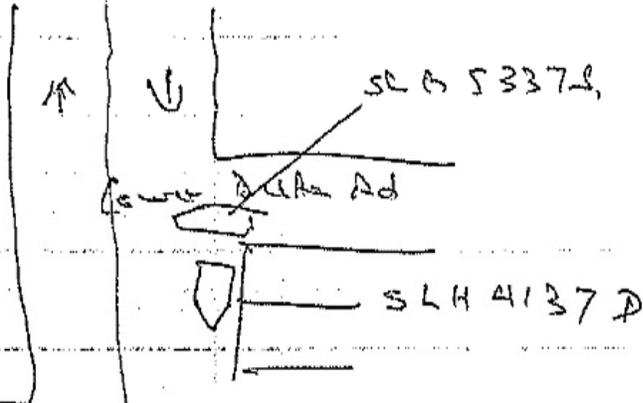
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH4137D
 Vehicle Make/Model/Colour HONDA SHUTTLE
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LIM KWANG JIN
 NRIC/Passport Number S0195028B
 Contact Number 91781181
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 7/7/2018 at 12:15am, SLH 4137 D reverse and knock into SLG 5337 S travel left.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 9/7/2018 4:30pm

[Signature]
 Driver's signature
 (if driver is not the policyholder)
 Date & Time: 9/7/2018 4:30pm

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 IANIS/CIH No.

Sketch Plan Pg. 2

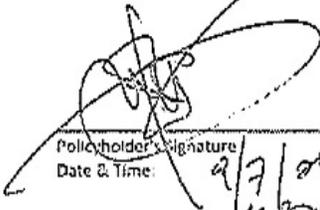
SKETCH PLAN

IMPORTANT NOTICE

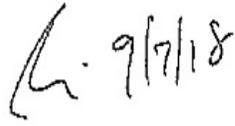
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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: 9/7/18 4.30pm

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


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

Sketch Plan Pg. 3

Date:

9/7/18

To: Owner of Vehicle Number:

SLG 53375

The following has been advised to you via your workshop, _____ through their staff, _____

Please tick the appropriate box if you had been advised on the content as seen below:

- You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- You had been advised by the workshop on the liability and merits of the claim accordingly.
- You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- The estimated waiting time for the spare parts to arrive is _____
The estimated arrival time does not include the repair period.
- You will be driving the vehicle out despite being advised by the workshop mechanic personnel that the vehicle may not be road worthy.
- For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.
For vehicles above Three (3) years old, your insurance company will be carrying out using any combination of genuine original parts and/or original equipment manufacture (OEM) parts.
- You had been advised by the workshop of the Twelve (12) months warranty for Quality repair on workmanship related to the accident.
- For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.
- Other _____

Signature of policyholder by:

Name and signature of policyholder/ authorized driver

Name and signature of workshop personnel including company stamp