

ACCORD AUTO SERVICES PTE LTD

10 ANG MO KIO INDUSTRIAL PARK 2A

#03-11 AMK AUTOPOINT

SINGAPORE 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516

Email: claims@mycarworkshop.com.sg

Date: 17/08/2018

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

AIG Building #09-16

Singapore 079120

Att: Accident Claims Department

Fax: 6415 3727

Dear Sir/Mdm,

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2
WORKING DAYS PURSUANT TO PARAGRAPH 6.2 OF PRE-ACTION
PROTOCOL FOR NIMA CASES**

We have been appointed by GOH LEE KHENG PHILIP to repair his motor vehicle no. SMC4545Z.

Please provide us the 10 surveyor name list and advise liability.

Please be informed that the said vehicle can be inspected at:

Accord Auto Services Pte Ltd

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint

Singapore 568047

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, we will commence repairs thereafter without further reference to you.

Yours faithfully,

A circular stamp with the text "ACCORD AUTO SERVICES PTE LTD" around the perimeter and a small star in the center. A handwritten signature, "Jessy Soe", is written across the stamp.

Jessy Soe

17 AUG 2018

NB: Any settlement of 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 our client from claiming injury-related damages arising from this accident.

MLHM10106401 / Lai Hunt (Meng Kee) Motor Pte Ltd - Sin Ming
 ENTRY DATE & TIME: 17/08/2018 10:55
 SUBMITTED BY: Poh Kwee Choo

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	17/08/2018 10:55
Date Of Accident	16/08/2018 17:40
Exact Location Of Accident	ALONG MACPHERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4545Z
Insured/Policyholder	
Name Of Registered Owner	GOH LEE KHENG PHILIP
NRIC No	S0150350B
Email Address	PHILIP_GOH@PRPG-TC.ORG.SG
Mobile Phone No	(LOCAL) +65-92338032
Alternative Phone No	OTHERS-92338032
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800077955
Cover Note Number	
Driver	
Name of Driver	GOH LEE KHENG PHILIP
NRIC No	S0150350B
Date Of Birth	27/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92338032
Fax Number	
Contact Number	OTHERS-92338032
E Mail Address	PHILIP_GOH@PRPG-TC.ORG.SG

Address	61 JALAN TARI SERIMPI
Postcode	799136
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?	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)	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

PLEASE 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	GBD9277P
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMAD ASRI BIN ZAINOL
NRIC/Passport Number	S7918680E
Contact Number	
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.
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 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 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: 17 AUG 2018

10:55 AM

Driver's Signature

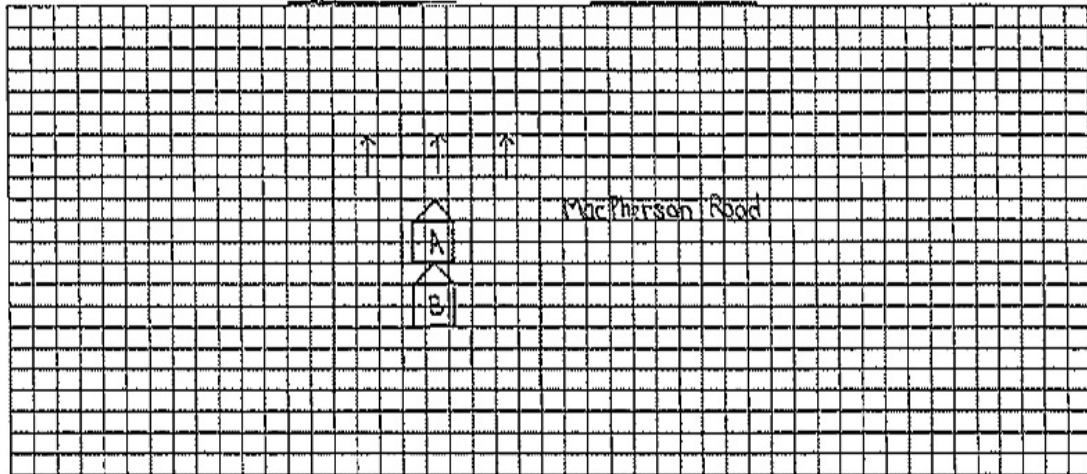
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A

Sketch Plan Pg. 2

SKETCH PLAN Vehicle A: SMC4545Z Vehicle B: G8D9277P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident: 16/08/2018

Time of Accident: 5:40pm

On the date and time above, I was travelling along MacPherson Road. Upon the traffic light turn green, I proceed to moving. Suddenly I felt an impact from rear portion, vehicle B hit onto rear portion of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time: 16 AUG 2018

G:\RMC SketchPlanForm V3

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

Reporting Centre Name: S6840583A
NRIC/FIN No.: