

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@mvcworkshop.com.sg

Date: 17/10/2018

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 S KAMALASWARI to repair his motor vehicle no. SJU2468S.

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,



Jessy Soe

17 OCT 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.

MALM16134877 / Ah Lim Motor Company - AMK
ENTRY DATE & TIME: 17/10/2018 14:16
SUBMITTED BY: Eileen Chua

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 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. 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	17/10/2018 14:18
Date Of Accident	16/10/2018 16:10
Exact Location Of Accident	JUNCTION OF MCNAIR RD & TOWNER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2468S
Insured/Policyholder	
Name Of Registered Owner	S KAMALASWARI
NRIC No	S7718248I
Email Address	KAMALES17@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96706590
Alternative Phone No	OTHERS-96706590
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5M SKYROOF 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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00216524/03
Cover Note Number	25/11/2017 - 24/11/2018
Driver	
Name of Driver	S KAMALASWARI
NRIC No	S7718248I
Date Of Birth	17/06/1977
Occupation	INDOOR
Date Of Driving Pass	16/04/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96706590
Fax Number	
Contact Number	OTHERS-96706590
Email Address	KAMALES17@GMAIL.COM

Address 17 BRIDPORT AVENUE
 Postcode 559307
 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 - MAJOR/MINOR RD
 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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

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

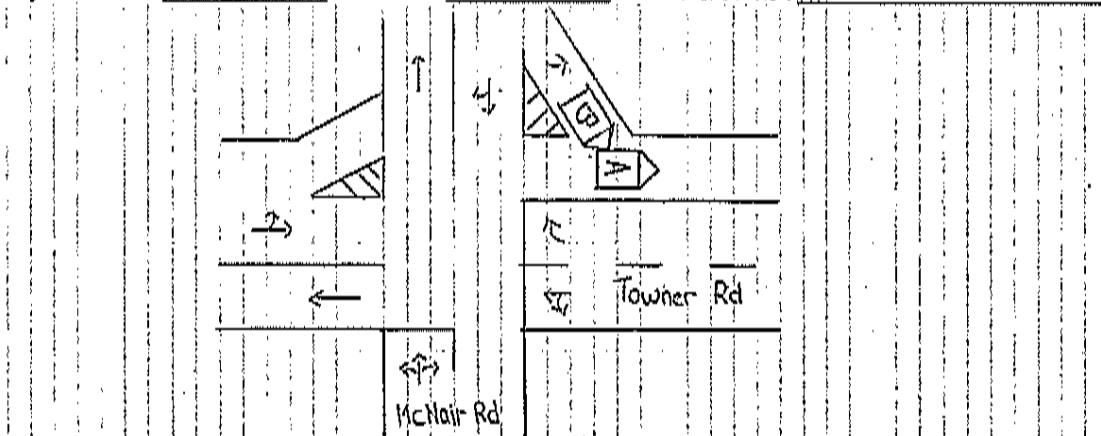
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFV7770C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MR LOH
 NRIC/Passport Number
 Contact Number 96433221
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

Date of Accident: 16/10/2018 Time: 4:10pm Location: Junction of McNair Rd & Towner Rd
 My Vehicle A: SJU2468S Vehicle B: SVA770C Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/10/2018 around 4:10pm, I was travelling along McNair Road toward Towner Road. Traffic light was green, I proceed turn right into Towner Road. After enter Towner Road, vehicle B dash out from the slip road and hit onto right side of my vehicle.

Veh B: Mr Loh / 9643 2221

() Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop () Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Accord Auto Services Pte Ltd
 email address: claims@mycarworkshop.com.sg
 & myself: S Kamalaswari
 email address: kamales19@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

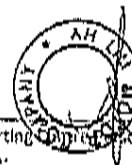
DECLARATION

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 Officer's Signature
 Name:
 NRIC/FIN No.:



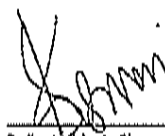
Sketch Plan Pg. 2

SKETCH PLANIMPORTANT NOTICE

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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:

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



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

10/17/2018

Invoice

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-160908
Date of Request: 17/10/2018

Your Ref No: Online Purchase

Accord Auto Services Pte Ltd
10 Ang Mo Kio Ind Park 2A #03-11
AMK Auto Point
Singapore 568047

Dear Sir/Madam,

Enquiry Date 17/10/2018
Enquiry By See Jie Yi
TP Vehicle No. SFV7770C
Accident Date 16/10/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SFV7770C	AIG Asia Pacific Insurance Pte. Ltd.	31/08/2018-30/08/2020	65-6419-3000

Thank You.

The Images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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10/17/2018

Invoice

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-160908
Date of Request: 17/10/2018

Your Ref No: Online Purchase

Accord Auto Services Pte Ltd
10 Ang Mo Kio Ind Park 2A #03-11
AMK Auto Point
Singapore 568047

Dear Sir/Madam,

Enquiry Date 17/10/2018
Enquiry By See Jie Yi
TP Vehicle No. SFV7770C
Accident Date 16/10/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque