

Mr. Ang Kay Hong  
c/o Blk. 1009, #01-90,  
Bukit Merah Lane 3,  
Singapore 159273.

12<sup>th</sup> November 2018

without prejudice

QBE Insurance (Singapore) Pte. Ltd.,  
1 Raffles Quay, #29-10,  
South Tower,  
Singapore 048583.

AXA Insurance Singapore Pte. Ltd.,  
No. 8 Shenton Way, #B1-01,  
AXA Tower,  
Singapore 068811.

Dear Sirs,

ACCIDENT INVOLVING SLK 3265 H AND XD 8118 L ON 2/11/2018

I refer to the above matter.

I am the owner/driver of SLK 3265 H who was involved in the abovementioned accident as a result of the gross negligence caused by your insured driver of XD 8118 L.

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).

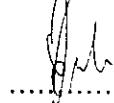
I will appoint my own adjuster and claim survey costs in addition to my other disbursements if:=

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.**

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 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	02/11/2018 16:14
Date Of Accident	02/11/2018 11:45
Exact Location Of Accident	KEPPEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3265H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG KAY HONG
NRIC No	S1747754D
Email Address	KAYHONG@AIRMARKET.COM.SG
Mobile Phone No	(LOCAL) +65-96795456
Alternative Phone No	OTHERS-96795456

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E300

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M497565
Cover Note Number	

### Driver

Name of Driver	ANG KAY HONG
NRIC No	S1747754D
Date Of Birth	04/01/1966
Occupation	INDOOR
Date Of Driving Pass	01/03/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96795456
Fax Number	
Contact Number	OTHERS-96795456
Email Address	KAYHONG@AIRMARKET.COM.SG

Address	BLK 63A LENGKOK BAHRU, #18-372
Postcode	151063
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	SIDE SWIPE
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.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8118L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TANKER
Name of Driver	MUHAMMAD IZWA BIN AHMAD
NRIC/Passport Number	S8712458D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### 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. 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:

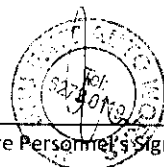
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

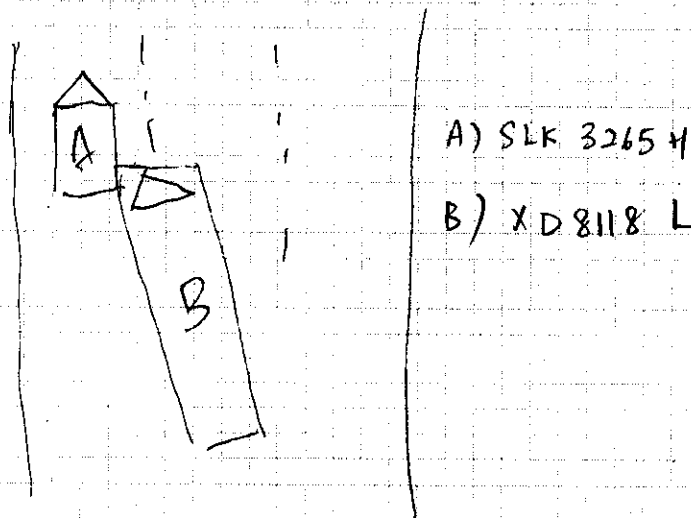
26/11/18 13:20 hrs.

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THIS MORNING AROUND 11.45 AM ALONG KAPPALE ROAD ON
THE LEFT LANE. SUDDENLY, A CONTAINER TRAILER PLATE
NUMBER XD 8118 L DRIVEN BY MR MUHAMMAD IZWA BIN
YUSMAN WITHOUT NOTICE MY CAR, AND TURN LEFT INTO
MY LANE.
UPON THIS CIRCUMSTANCE, I FELT THE IMPACT FROM BEHIND
THAT MY CAR WAS HITTED.
UPON REALISING THE ACCIDENT, I STOPPED MY CAR AND
THE TRAILER ALSO FOLLOW BEHIND MY CAR ON THE LEFT
LANE OF THE ROAD.
AFTER GETTING OUT OF MY CAR, I REALISED THAT MY
RIGHT HAND SIDE ON THE PASSENGER SEAT WAS DENTED AND
SEA SCRATCH.
THE TRAILER DRIVER NEVER ADMITTED THAT HE WAS AT FAULT.

## DECLARATION

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

Policyholder's Signature  
 Date & Time: 21/1/18 1330 hrs

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

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

## TP Insurer Enquiry

### ENQUIRY DETAILS

Accident Date	02/11/2018
NRIC/FIN or Co. Reg. No.	
Vehicle No.	XD8118L

### Policy Details

Req. By	Req. Date	Search	Enq. Accident Date	TP Insurer	Tel No.	Period of Insurance	Status	Action
JULIA WONG POH CHOO [Shu Fatt Auto Works]	02/11/2018 17:00	XD8118L	02/11/2018	QBE Insurance (Singapore) Pte Ltd	62246633	07/01/2018-06/01/2019		<a href="#">Receipt</a>
JULIA WONG POH CHOO [Shu Fatt Auto Works]	02/11/2018 17:00	XD8118L	02/11/2018	AXA Insurance Pte Ltd	6338 7288	23/01/2018-31/12/2018		<a href="#">Receipt</a>

#### Note:

- All submitted enquiry will be recorded and you can refer back from the History.

1 Raffles Quay #29-10  
South Tower SE (048583)