

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: 27/11/2018

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 **APEX LEASING PTE LTD** to repair his motor vehicle no. **SLO5983Z**.

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

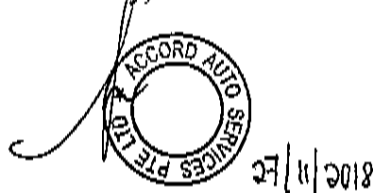
10 Ang Mo Kio Industrial Park 2A

#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

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.

MAAP18153503 / AMK Autopoint Pte Ltd - HQ
ENTRY DATE & TIME: 27/11/2018 10:39
SUBMITTED BY: Joelle Tan Siew Hoon

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 27/11/2018 10:39
Date Of Accident 26/11/2018 08:20
Exact Location Of Accident PIE (CHANGI) NEARBY TOH GUAN EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ5983Z
Insured/Policyholder
Name Of Registered Owner APEX LEASING PTE LTD
Co Reg No 201616961Z
Email Address LILY@APEXTRADING.COM.SG
Mobile Phone No (LOCAL) +65-82221288
Alternative Phone No OFFICE-64633655

Vehicle Particulars

Manufacturer TOYOTA
Model PRIUS HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident SENDING WIFE TO WORK

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number 5082827526-02

Cover Note Number

Driver

Name of Driver KWOK WENG YEW CHRISTOPHER
NRIC No S1404590B
Date Of Birth 23/11/1960
Occupation OUTDOOR
Date Of Driving Pass 25/11/1982
Driving Experience 36 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91090821
Fax Number
Contact Number
Email Address CHRISK426@GMAIL.COM

Address BLK 426 BUKIT BATOK WEST AVENUE 2 #04-113
 Postcode 650426
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER & LEASEE
 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 AFTER RAIN
 Road Surface WET

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) 2
 Passenger 1
 NAME: : TAN WAN LI
 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

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WILL BE SEND VIA EMAIL
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU7943E
 Vehicle Make/Model/Colour KIA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SUHOD BIN MOHAMAD
 NRIC/Passport Number S1125324E
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJA4199K
Vehicle Make/Model/Colour HYUNDAI / AVANTE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver PANG WEI SIONG
NRIC/Passport Number S7981138F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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:

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

Reporting Centre Personnel's Signature
Name: Jodelle Tan
NRIC/FIN No.: AMK AUTOPOINT PTE LTD
27.11.2018

Sketch Plan #2

SKETCH PLAN Vehicle A: 8LG 5983Z Vehicle B: SLW 7943E Vehicle C: SJA 4199K

PIE (Changji)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident: 26/11/2018 Time of Accident: 8:20am

On 26/11/2018 around 8:20am, I was travelling along PIE towards Changi. Vehicle C drove in front of me slow down and stopped so I follow suit. Suddenly I felt an impact from rear portion, vehicle B behind of me hit onto rear portion of my vehicle and the impact too strong cause my vehicle forward and hit onto vehicle C.

DECLARATION

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



Policyholder's Signature _____
Date & Time: _____

[Handwritten signature]

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

20

Reporting Centre Personnel's Signature
Name: Jodelle Tan
NRIC/FIN No.: AMK AUTOPPOINT PTE LTD
27.11.2018