

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

DATE: 28 May 2019

Invoice No: SG98-PD-19-053

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16
SINGAPORE 079120

PD - Direct Settlement

Your Insured: SLC 2957T
Date of Accident: 24-Dec-18

Location: Admore Park towards Anderson Road

FINAL REPAIR COSTS

VEHICLE NO. FBH 2285R (SYM GTS200)

Cost of Repair for Vehicle No.: FBH 2285R (lump sum) \$3,000.00

Total: \$3,000.00

SINGAPORE DOLLARS: THREE THOUSAND ONLY

Notes:

1. All cheque payment should be "Crossed" and made payable to SG 98 MOTOR PTE LTD
2. All cheque should have our "Invoice No" written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



SG 98 Motor Pte Ltd

:LG

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LETTER OF DEMAND

Your Insured: SLC 2957T

Date of Accident: 24-Dec-18

Location: Admore Park towards Anderson Road

FINAL REPAIR COSTS

VEHICLE NO. FBH 2285R (SYM GTS200)

Cost of Repair for Vehicle No.:	FBH 2285R (lump sum)	\$3,000.00
Loss of Use:	4 days x \$30	\$120.00
	Total:	\$3,120.00

SINGAPORE DOLLARS: THREE THOUSAND ONE HUNDRED TWENTY ONLY

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:LG

Address	BLK 221A SUMANG LANE #02-11
Postcode	821221
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 (including own vehicle) involved in the accident	2
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

PLEASE REFER TO 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	SLC2957T
Vehicle Make/Model/Colour	TOYOTA / SIENTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S0096391G
Contact Number	96795541
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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	26/12/2018 08:11
Date Of Accident	24/12/2018 08:55
Exact Location Of Accident	ADMORE PARK TOWARDS ANDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2285R
Insured/Policyholder	
Name Of Registered Owner	MAZLAN BIN ABDULLAH
NRIC No	S7355204D
Email Address	MAZLAN_ABDULLAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90615897
Alternative Phone No	OTHERS-90615897

Vehicle Particulars

Manufacturer	SYM
Model	GTS200
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AN3169394
Cover Note Number	AN3169394

Driver

Name of Driver	MAZLAN BIN ABDULLAH
NRIC No	S7355204D
Date Of Birth	26/07/1973
Occupation	INDOOR
Date Of Driving Pass	26/02/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90615897
Fax Number	
Contact Number	OTHERS-90615897
Email Address	MAZLAN_ABDULLAH@HOTMAIL.COM

Sketch Plan Pg. 2

SKETCH PLAN

ALMORE PARK TOWARDS
ANDERSON ROAD

A: FBH 2285 R

B: SLG 2957 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24.12.2018 AT 08.55

I WAS RIDING MY MOTORCYCLE ON ADMORE PARK TOWARDS ANDERSON ROAD, AS IT IS A ONE LANE STREET, THERE WAS A CAR BESIDE ME ON MY RIGHT HAND SIDE GOING SIDE BY SIDE BUT, SUDDENLY IT MAKES A LEFT TURN INTO MY SIDE AND THAT WAS WHEN THE COLLISIONS HAPPEN.

I CAME ON 24.12.2018 AT 14:15 BUT THE REPORTING CENTRE WAS CLOSED.

DECLARATION

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

Policyholder's Signature

Date & Time: 26-12-2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 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:

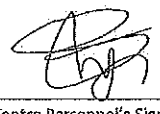
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 26.12.2018
08:00am

Driver's Signature

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


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: