



KERTAR

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No service of court documents by fax or email

Directors Kertar Singh | Anil Sandhu
Consultant James Sebastian

Your ref: TBA
Our ref: KS/JS/PDP10111/18 (mck)

Writer: Mr. James Sebastian
Email: james@kertarlaw.com.sg

27 December 2018

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

Attn: Motor Claims Department

URGENT

BY POST & BY FAX
6835 7417

REMINDER

Dear Sir / Madam

PRE-REPAIR INSPECTION

YOUR INSURED VEHICLE REGISTRATION NO. SKX 6026E

ACCIDENT ON 16th DECEMBER 2018 INVOLVING SLD 7171E AND SKX 6026E AT 1840 HOURS ALONG JUNCTION OF QUEENS ROAD AND PRINCE ROAD

1. We are instructed by RYAN ANG JIA-HAO to notify you of a road traffic accident on 16th December 2018 at approximately 1840 hours along the junction of Queens Road and Prince Road involving our client's vehicle registration no. SLD 7171E and vehicle registration no. SKX 6026E driven by your insured at the material time. A copy of the Singapore Accident Statement filed is enclosed herein.
2. As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within **TWO (2) working days** of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the said vehicle without further reference to you.

Yours faithfully

Kertar & Sandhu LLC

Enc

Cc Client

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	17/12/2018 18:53
Date Of Accident	16/12/2018 18:40
Exact Location Of Accident	JUNC QUEEN'S RD & PRINCE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7171E
Insured/Policyholder	
Name Of Registered Owner	RYAN ANG JIA-HAO
NRIC No	S8990058A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88580802
Alternative Phone No	OFFICE-88580802

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6A
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100648632
Cover Note Number	

Driver

Name of Driver	RYAN ANG JIA-HAO
NRIC No	S8990058A
Date Of Birth	08/02/1989
Occupation	INDOOR
Date Of Driving Pass	24/11/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88580802
Fax Number	
Contact Number	OFFICE-88580802
EMail Address	NOEMAIL

Address BLK 352 ANG MO KIO STREET 32
#18-129
Postcode 560352
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 - CROSS JUNCTION
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? YES
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) 5
Passenger 1 NAME: : SENG SWEE HENG
GENDER: : MALE
Passenger 2 NAME: : PHUA LAY GUAT
GENDER: : FEMALE
Passenger 3 NAME: : PHUA LAY KHIM
GENDER: : FEMALE
Passenger 4 NAME: : DEBBIE SENG MEI LIN
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181216/2099.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded? NO

Vehicle Registration Number SKX6026E
Vehicle Make/Model/Colour MAZDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RYAN ANG JIA-HAO
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLD7171E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SENG SWEE HENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLD7171E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name PHUA LAY GUAT
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLD7171E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name PHUA LAY KHIM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLD7171E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address

Postcode

DETAILS OF INJURED PERSON 5

Name DEBBIE SENG MEI LIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLD7171E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any initial misrepresentation or withholding of material facts may allow insurance companies to revoke policy benefits.
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 the report will for a fee be made available upon application by interested parties.
7. By the lodging 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 afterwards.
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 sending 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 located 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 (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulation, 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 Person's Signature
Name:
NRIC/IN No.:

Accident Sketch Plan

SKETCH PLAN Along Junction of Road 1 and Road 2, Queen's Road, Prince Road

Vehicle A: SL27 DHE
Vehicle B: SKX 6025E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FOLLOW POLICE REPORT

DECLARATION

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

Personnel or a Signature
Date & Time:

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

Reporting Person's Signature
Name:
NRCP No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/2018/216/2099

Police Station Of Origin
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 1

Report No: T/2018/216/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2018 19:23		Vide Report No	Station Diary No: 106
Informant's Particulars			
Name of Informant: RYAN ANG JIA-HAO		Address: APT BLK 352 ANG MO KIO STREET 32 #18-129 SINGAPORE 560352	
IQ Type / ID No: NRIC NO / S8990058A		Contact No.: Home/Office: Mobile: 88580802	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 08/02/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name
Occupation: IT MANAGER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drnk Drive: No	Date/Time of Accident: 16/12/2018 18:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 QUEEN'S ROAD PRINCE ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX6026E	Car					1
SLD7171E	Car	KIA	FORTE K3 1.6A	Black		4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD7171E	NTUC Income Insurance Co-Operative Limited	5100648632	19/05/2018	21/07/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/201812162099

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No: T/201812162099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAI YONG MING	ID No	S9133161F
Related Vehicle	SKX6026E (Car)	Contact No.	96441211
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RYAN ANG JIA-HAO	ID No	S8990058A
Related Vehicle	SLD7171E (Car)	Contact No.	88580802
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/12/2018 at about 1840hrs, I was driving along Queen's Rd towards Empress Rd. As I was driving past the junction of Queen's Rd and Prince Rd when suddenly a black Mazda (SKX6026E) had collided onto the driver side of my vehicle. I made a check on my 4 passengers before exiting the vehicle. The driver and I exchanged particulars and agreed to settle with our insurance. No one was injured. The driver side of my vehicle (SLD7171E) sustained dents and scratches from the impact. The other vehicle sustained damages on the front bumper.

I wish to state that there was a stop line on Prince Rd and I had the right of way. No government property damaged. I am lodging this report for record purposes.

Police Report



SINGAPORE
POLICE FORCE



T/201812162099

Police Station Of Origin
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No. 1800-4529999

3 of 3

Report No. T/201812162099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 QARISSA BINTE ZAINI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/12/2018 19:23

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

19992

5-10-18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



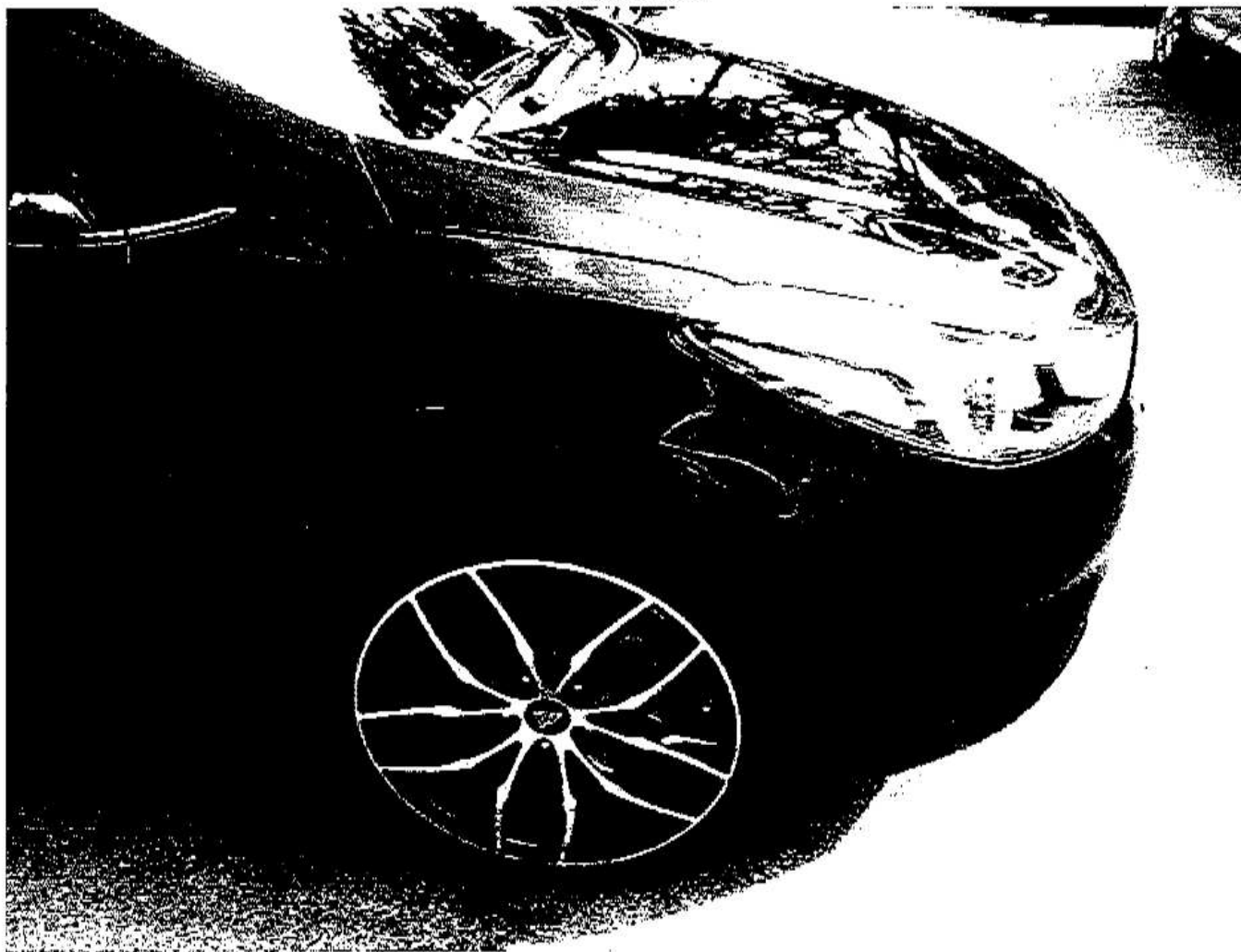
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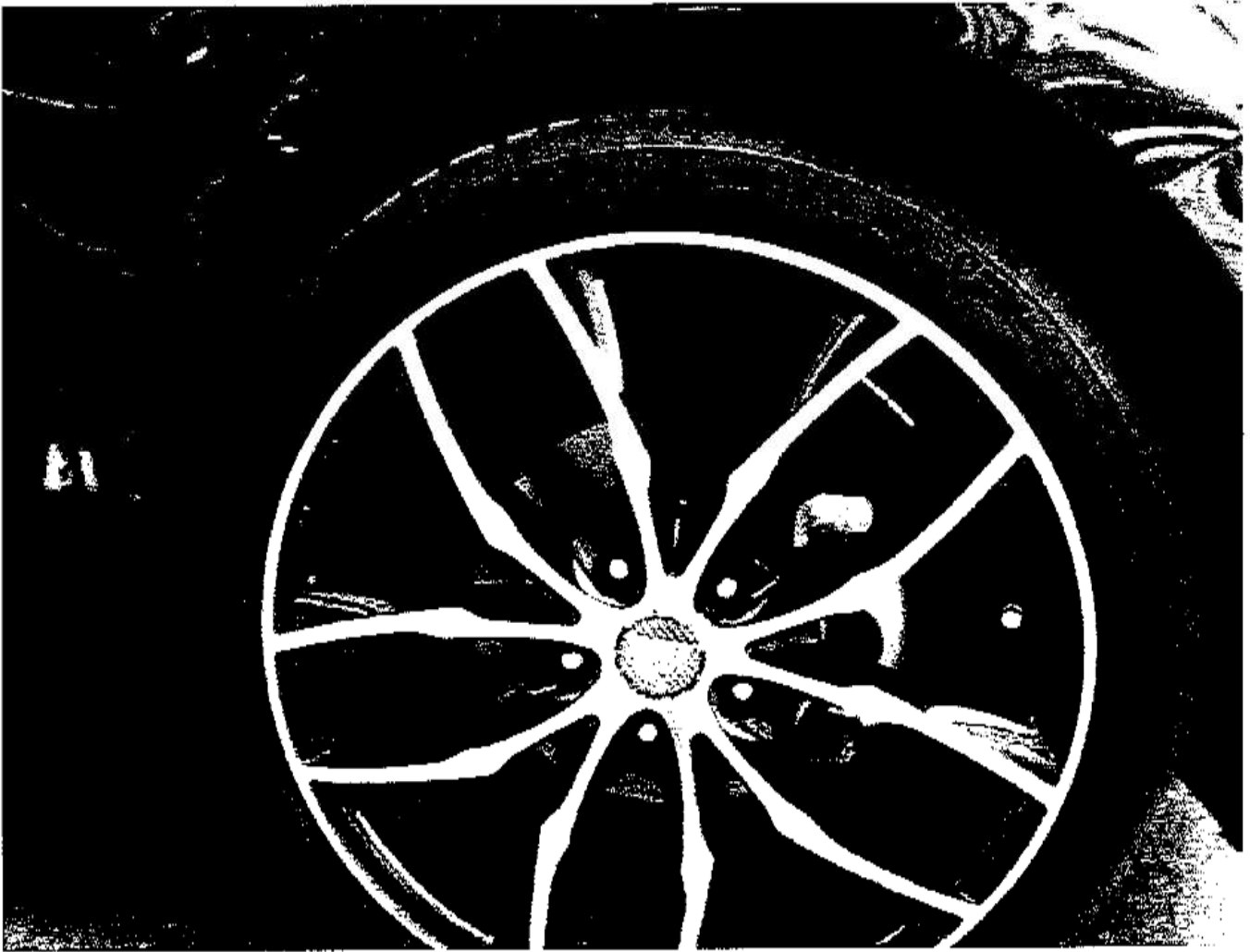
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Accident Photo



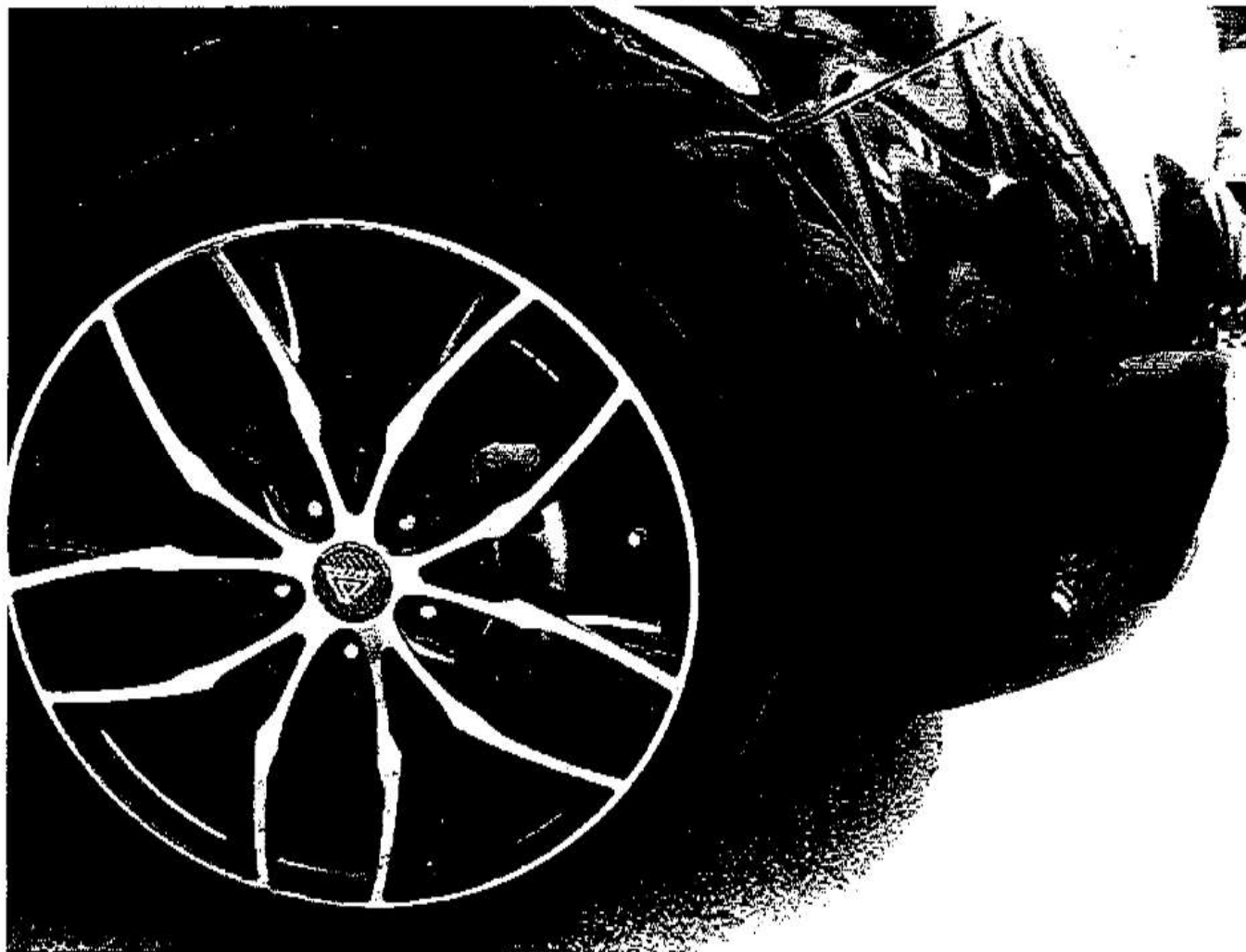
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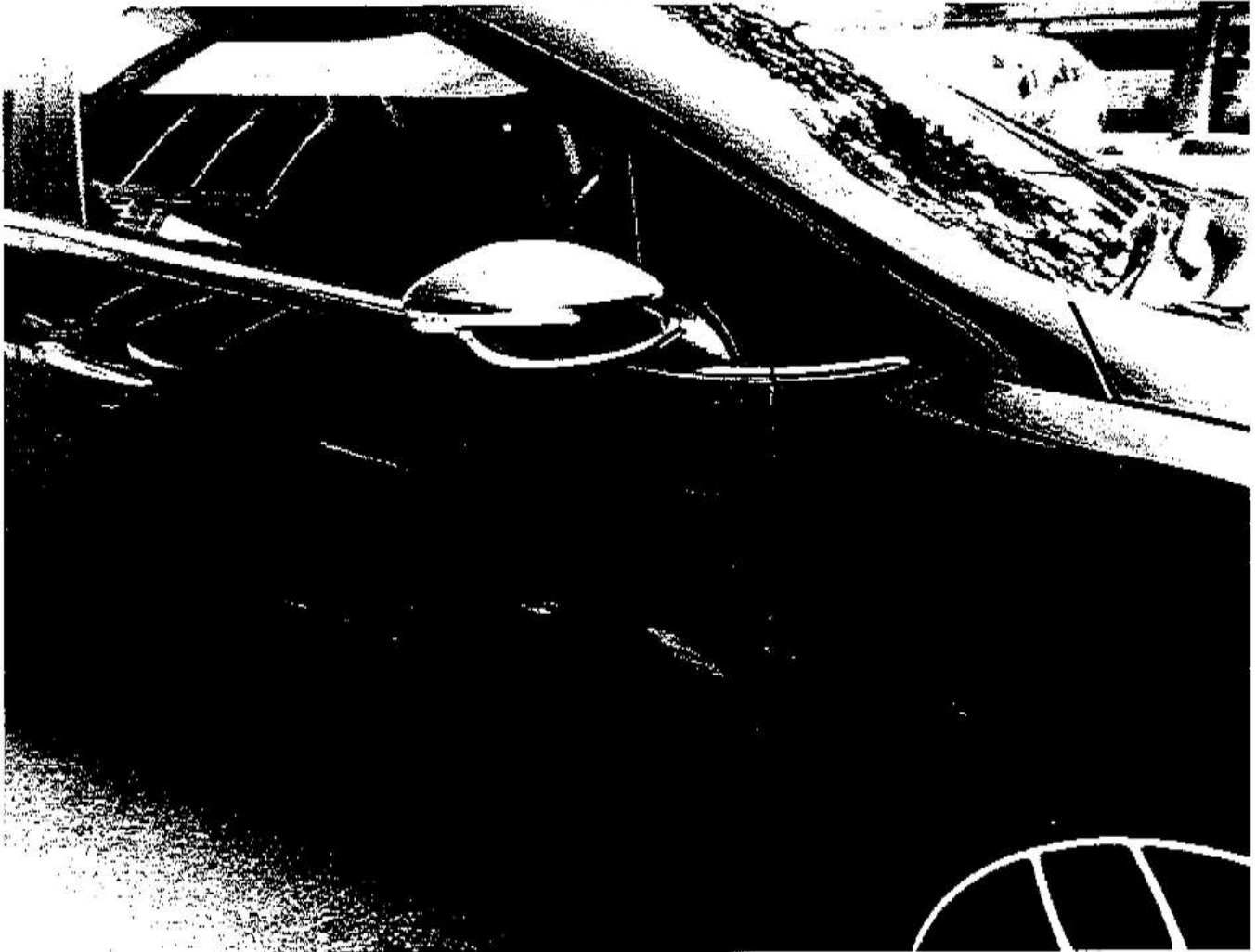
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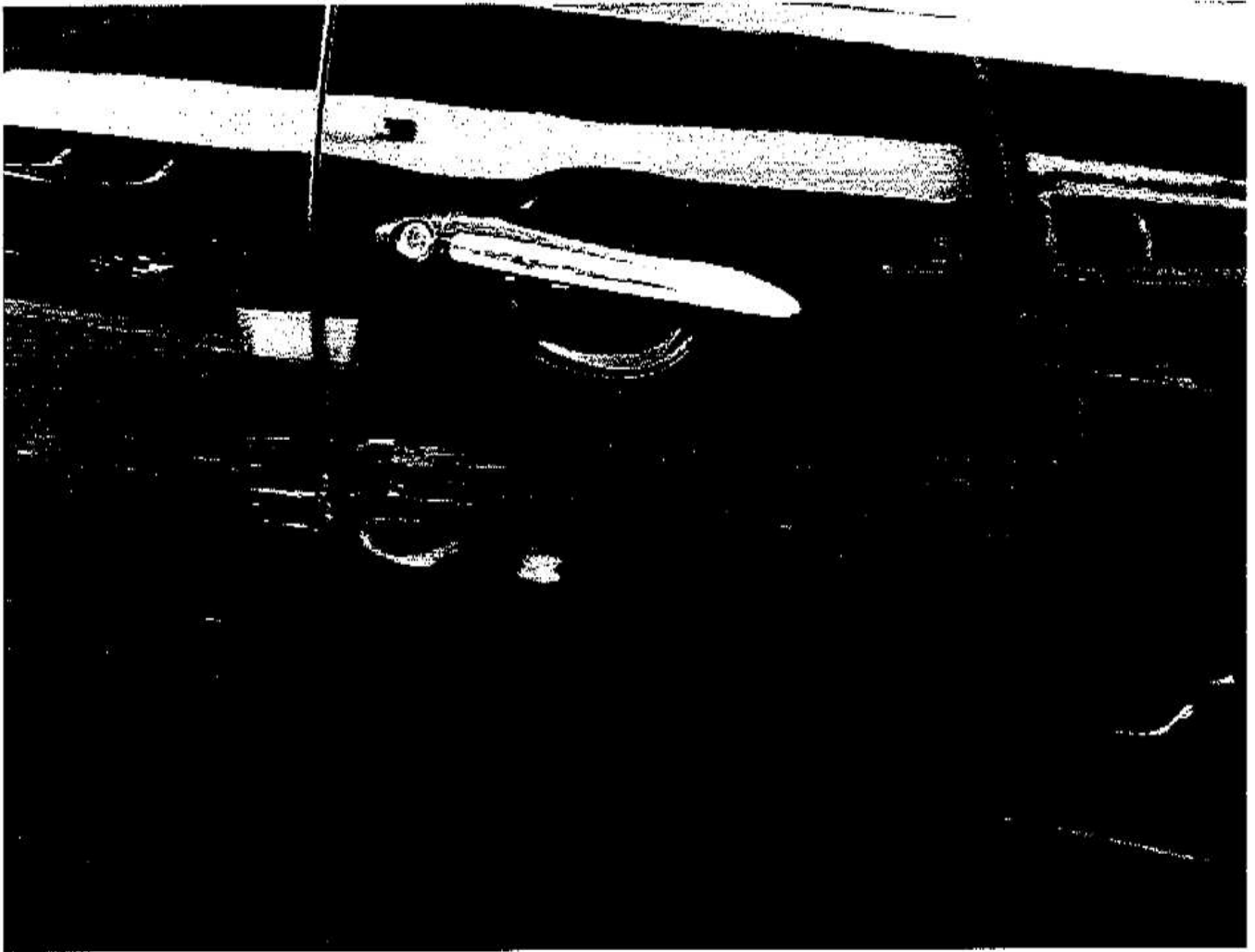
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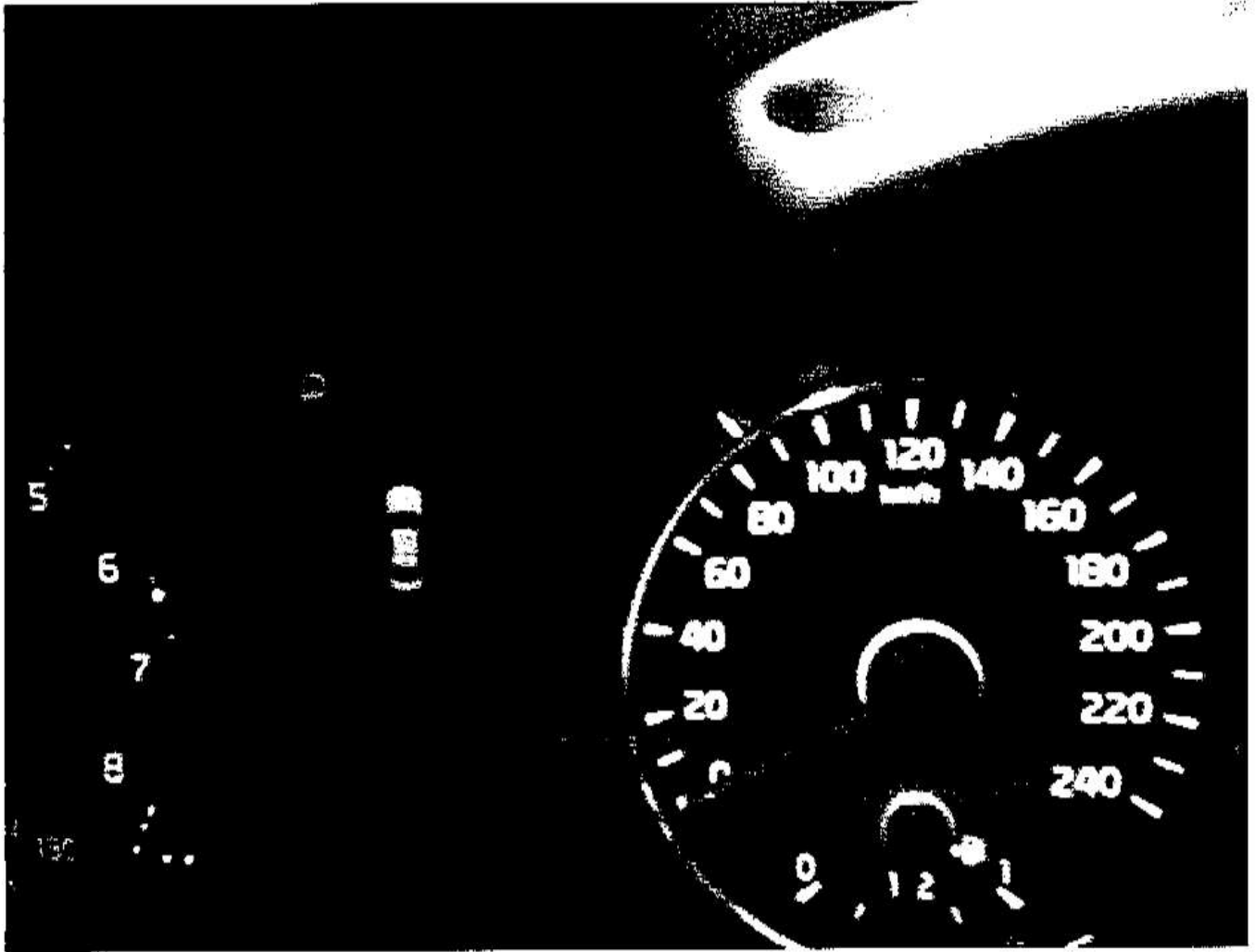


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Accident Photo







Accident Photo



Accident Photo

