

**SYSTEM MOTOR TRADING**  
**Block 1002 Bukit Merah Lane 3 #01-73 Singapore 159719**  
**Tel: 6274 2861**

Date: 31 January 2019

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

Email: aigsgp\_claimssurvey@aig.com

Dear Sir,

**RE: PRE- REPAIR ESTIMATE COST OF VEH. NO. SCR384L – (TOYOTA VIOS) -**  
**ACCIDENT BETWEEN SCR384L & SLL2576L DATED 26/01/2019**

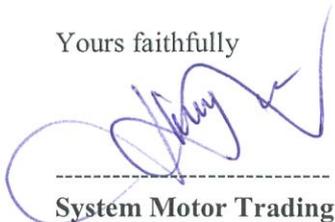
	<u>Parts</u>	<u>Unit Price</u>	<u>Total</u>
1pc	tail lamp RH	189.40	189.40
1pc	rear bumper	318.15	318.15
1pc	rear bumper retainer	32.00	32.00
1pc	rear fender RH	598.40	598.40
1set	rear windscreen gum	80.00	80.00
1pc	windscreen inner seal	28.00	28.00
			-----
		Total:	\$ 1,245.95
			-----

Labour Charges

1.	To remove and re-fixing rear windscreen to facilitate repair etc.	150.00
2.	To repair rear accident area. To cut and replace rear RH fender and rear bumper and to repair rear panel and realign body parts and to change above necessary parts etc.	1,200.00
3.	To putty and re-spray rear accident repair effected necessary areas.	850.00
4.	To re-spray antirust under coating to repair and necessary parts.	80.00
		-----
		<u>\$ 3,525.95</u>

**NOTE: KINDLY CONTACT US AT 6274 2861 (JIMMY YEO) ARRANGE FOR YOUR SURVEYOR TO CONDUCT A PRE-REPAIR VEHICLE TO ENABLE FOR US TO PROCEED THE REPAIR**

Yours faithfully

  
-----  
**System Motor Trading**

SINGAPORE 2965  
#12-328

Apt. BLK 101 BUKIT BATOK WEST AVENUE 6  
Address

A\*  
Date of Issue 07-08-1993  
Blood Group

NRIC No. S0939238F

1-171030




**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S0939238F

Name  
**BOEY TIN CHEE**

Race  
**CHINESE**

Date of Birth  
**02-05-1942** Sex **M**

Country of Birth  
**SINGAPORE**





## 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	28/01/2019 09:06
Date Of Accident	26/01/2019 13:45
Exact Location Of Accident	COMMONWEALTH AVE WEST TOWARDS GHIM MOH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR384L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP YOON CHIANG
NRIC No	S7587692J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90283929
Alternative Phone No	OFFICE-90283929

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)

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 PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V07384/VPE/R02
Cover Note Number	

### Driver

Name of Driver	BOEY TIN CHEE
NRIC No	S0939238F
Date Of Birth	02/05/1942
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1961
Driving Experience	57 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90283929
Fax Number	
Contact Number	OFFICE-90283929
EMail Address	NOEMAIL

Address 131 BUKIT BATOK WEST AVE 6  
 #12-328  
 Postcode S650131  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - FRIEND  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR  
 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?  
 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) 3  
 Passenger 1 NAME: : -  
 GENDER: : MALE  
 Passenger 2 NAME: : -  
 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**

I WAS TRAVELLING ALONG C'WEALTH AVE WEST ON THE LEFT LANE, THE VEHICLE INFRONT OF ME BRAKE AND I FOLLOWED TO BRAKE, ALL OF A SUDDEN, A VEHICLE CAME FROM BEHIND AND HIT ONTO THE REAR RIGHT PORTION OF MY VEHICLE.

**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 SLL2576L  
 Vehicle Make/Model/Colour TOYOTA  
 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)

**SKETCH PLAN**

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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)**

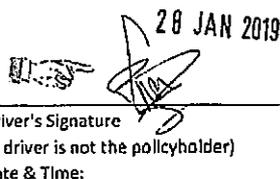
I understand, acknowledge, agree and consent that:

- (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.

IDAC BUKIT BATOK (VAC)  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6569 0722  
Email: vacbb@singnet.com.sg



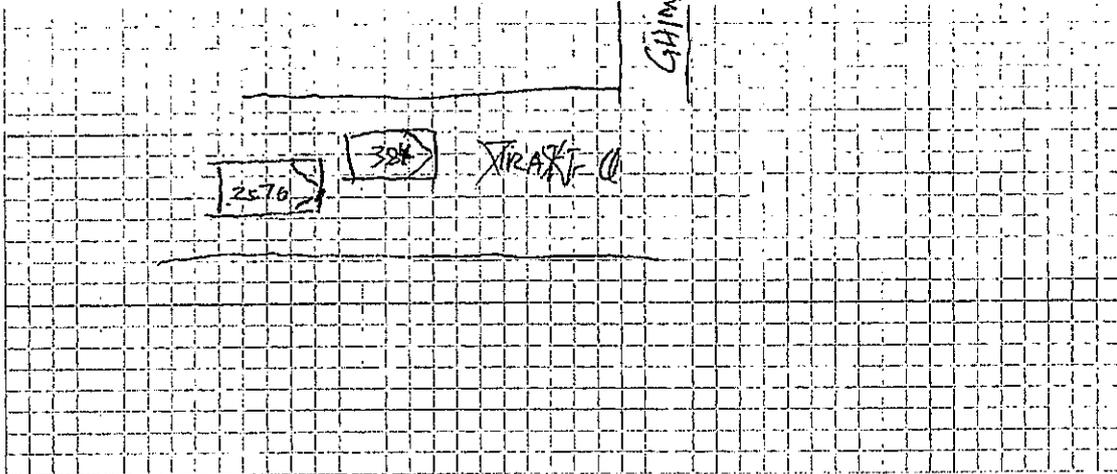
Policyholder's Signature  
Date & Time:

  
28 JAN 2019  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines, intended for describing the accident circumstances. A diagonal line is drawn across this area from the bottom-left to the top-right.

DECLARATION

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

28 JAN 2019

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

IDAC BUKIT BATOK (VAC)  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6569 0722  
Email: vacbb@singnet.com.sg

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

**Enquire Vehicle & Owner Information ( Vehicle No. SLL2576L As At 26 Jan 2019 / 13:45:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: BOEY TIN CHEE

**Current Owner Details**

Owner ID Type: Singapore NRIC  
Owner ID: S7414232Z  
Owner Name: CHRISTINE ANGELINA LAU  
Registered Address Type: HDB / HUDC  
Registered Block/House No.:164  
Registered Street Name: GANGSA ROAD  
Registered Unit No.: # 23 - 82  
Registered Building Name: -  
Registered Postal Code: 670164

**Current Vehicle Details**

Vehicle No.: SLL2576L  
Make Description/Model: TOYOTA / COROLLA ALTIS 1.6 CVT  
Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.