

BW WORKSHOP SERVICES PTE. LTD.

30 UBI ROAD 4 SINGAPORE 408615
TEL: 6289 8800 FAX: 6858 2120
GST. REG NO: 201504834E

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16
SINGAPORE 079120

YOUR REF: SGX3434C
OUR REF: SFX97Z
DOA: 17/01/2019

BW WORKSHOP SERVICES PTE LTD
30 UBI ROAD 4
SINGAPORE 408615

Motor Claim Department

Dear Sir/Mdm,

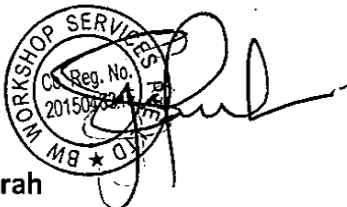
We're writing in to let you know that we're authorized by our client to proceed with the TP claim against your insured- **SGX3434C**

Attached is the GIA Report & Estimate for your reference.

Please arrange for a surveyor for the PRS at our workshop.

Address:
BW Workshop Services Pte Ltd
30 Ubi Road 4
Singapore 408615

Please do contact us at **66920125** or email at syafirah@bw.com.sg for any enquiries. Thank you.



Nur Syafirah
BW Workshop Services Pte Ltd
30 Ubi Road 4 Singapore 408615
Main: 6289 8800 Fax 6858 2120 Email syafirah@bw.com.sg

MCD319008833 / ComfortDelGro Engineering Pte Ltd - Ubi
 ENTRY DATE & TIME: 18/01/2019 19:12
 SUBMITTED BY: Chng King Lye Jasmine

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	18/01/2019 19:12
Date Of Accident	17/01/2019 17:45
Exact Location Of Accident	23 KALLANG AVE IND ESTATE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK97Z
Insured/Policyholder	
Name Of Registered Owner	CHUA CHER SIAN
NRIC No	S7521382D
Email Address	CHERSIAN@HAHOO.COM
Mobile Phone No	(LOCAL) +65-90483495
Alternative Phone No	OFFICE-90483495

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-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

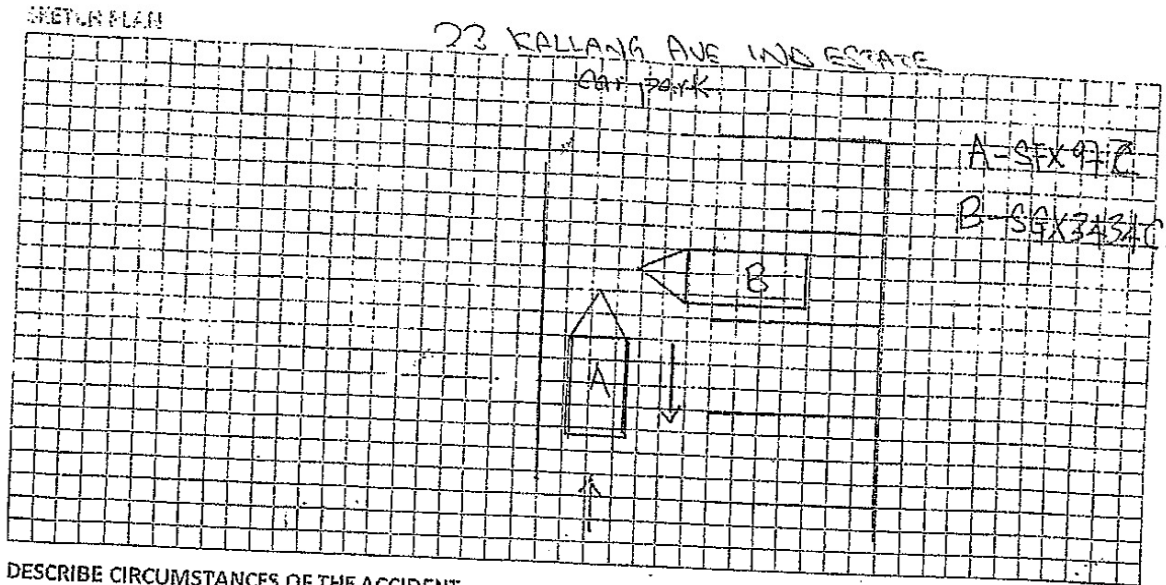
Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V12051/VPC/R01
Cover Note Number	

Driver

Name of Driver	CHUA CHER SIAN
NRIC No	S7521382D
Date Of Birth	24/07/1975
Occupation	INDOOR
Date Of Driving Pass	11/10/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90483495
Fax Number	
Contact Number	OFFICE-90483495

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the carpark and the other driver came out of her parking slot and barged into my car.

DECLARATION

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

Police Officer's Signature

Date & Time: 18/01/2019

12.15 PM

Driver's Signature

18/01/2019

Date & Time: 18/01/2019

12.15 PM

Reporting Centre Personnel's Signature

Date:

18/01/2019