

CUSTOM SPRAY PAINTING PTE LTD

BLK 3019A, UBI ROAD 1, #01-32, SINGAPORE 408713

TEL: 6742 0982 FAX: 6748 8318

Email: csp.ubi@gmail.com

M/s:AIG Asia Pacific Insurance Pte Ltd.**78 Shenton Way,****#07-16.****Singapore 079120.****Date:13-02-2019****Attn:Motor Claim Department****Dear Sir / Madam.****Re:Request for Third Party Claim Survey****Regn No: SLD 1231 E C 200 Mercedes Benz 4 Door Saloon.****The accident vehicle is in our workshop as we are claiming Third Party Direct Settlement against your insured SMC 3923 Y accident on 26 January 2019.****Please contact Mr Francis Neo at Hp no:9673 3893 to arrange for survey.****We hope to hear from you soon.****Yours faithfully****Custom Spray Painting Pte Ltd.**

MSM119012881 / Specialists Motor Pte Ltd - HQ
 ENTRY DATE & TIME: 28/01/2019 08:55
 SUBMITTED BY: Irene Ting Yen Hui

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 Authorized 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 09:55
Date Of Accident	28/01/2019 11:30
Exact Location Of Accident	PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1231E
Insured/Policyholder	
Name Of Registered Owner	CHAN AH KOW
NRIC No	S1549998B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96478869
Alternative Phone No	OTHERS-96478869

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0007031
Cover Note Number	

Driver

Name of Driver	CHAN AH KOW
NRIC No	S1549998B
Date Of Birth	05/03/1956
Occupation	INDOOR
Date Of Driving Pass	15/07/1983
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96478869
Fax Number	
Contact Number	OTHERS-96478869
EEmail Address	NOEMAIL

Address 110 GERALD DRIVE #03-46
 Postcode 799036
 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 -
 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? 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: : TAY AI CHOO
 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 DRIVING ALONG PAYA LEBAR ROAD TOWARDS NICOL HIGHWAY. IT WAS A SUNNY HOT DAY AND THE TRAFFIC WAS HEAVY MOVING. SUDDENLY I HEARD A JERKING BANG INTO MY LEFT SIDE OF THE CAR. MY LEFT SIDE PASSENGER INFORM ME, A CAR B (SMC3923Y) HAS KNOCK INTO MY LEFT SIDE, THE SAID CAR B (SMC3923Y) DROVE OFF FROM A MINOR ROAD "ARUMUGAM ROAD" INTO A MAJOR ROAD. CAR B (SMC3923Y) DROVE OUT FROM "ARUMUGAM ROAD" AND CUT ACROSS THE 3 LANE ROAD OF PAYA LEBAR ROAD. HE DID NOT "SIGNAL" LIGHT HIS INTENTION TO CHANGE LANE FROM 1ST LEFT LANE TO 3RD RIGHT LANE.

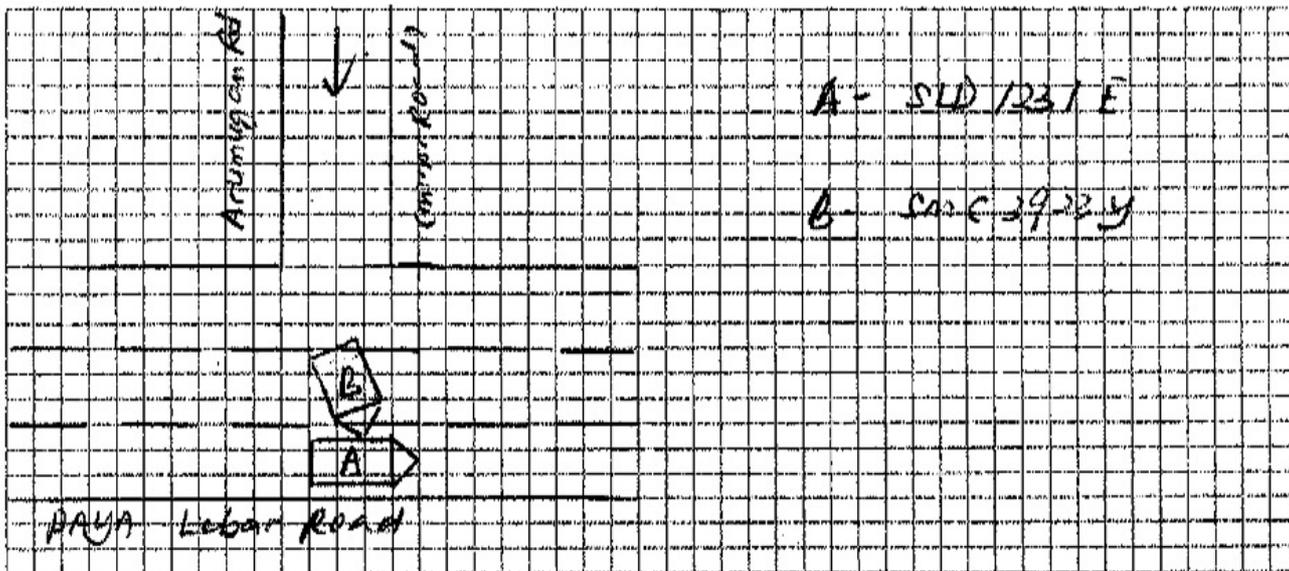
Attachment(s)

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 SMC3923Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Empty lined area for additional notes or details.

DECLARATION

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


 Policyholder's Signature
 Date & Time:

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


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

SKETCH PLAN**IMPORTANT NOTICE**

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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:
 NRIC/FIN No.: