23-05-19;10:13 ; # 1/ 6

ACCORD AUTO SERVICES PTE LTD

10 ANG MO KIO INDUSTRIAL PARK 2A #03-11 AMK AUTOPOINT SINGAPORE 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 Email: claims@mycarworkshop.com.sg

Fax: 6415 3727

Date: 23/05/2019

AIG Asia Pacific Insurance Pte Ltd 78 Shenton Way AIG Building #09-16 Singapore 079120 Att: Accident Claims Department

Dear Sir/Mdm,

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2
WORKING DAYS PURSUANT TO PARAGRAPH 6.2 OF PRE-ACTION
PROTOCOL FOR NIMA CASES

We have been appointed by **LIM KAY KIAT** to repair his motor vehicle no. **SKA4546E**.

Please provide us the 10 surveyor name list and advise liability.

Please be informed that the said vehicle can be inspected at:

ACCORD AUTO SERVICES PTE. LTD.
10 Who Kio Industriat Park 2A
203-11 AMK Autopoint
210380000 588047

Accord Auto Services Pte Ltd 10 Ang Mo Kio Industrial Park 2A #03-11 AMK Autopoint Singapore 568047

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, we will commence repairs thereafter without further reference to you.

Yours faithfully,

Jessy Soe

NB: Any settlement of offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude our client from claiming injury-related damages arising from this accident.

MBHH19058189 / Ajax Mars Pto Ltd - Bukit Merah ENTRY DATE & TIME: 06/05/2019 14:48 SUBMITTED BY: Joanne, Tham Pel Yan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 06/05/2019 14:48 06/05/2019 07:15 OLD HOLLAND RD TOWARDS BLACKMORE DR SINGAPORE ETAILS OF OWN VEHICLE SKA4546E LIM KAY KIAT S7244704B NOEMAIL		
06/05/2019 07:15 OLD HOLLAND RD TOWARDS BLACKMORE DR SINGAPORE ETAILS OF OWN VEHICLE SKA4546E LIM KAY KIAT S7244704B NOEMAIL		
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LIM KAY KIAT S7244704B NOEMAIL		
NOEMAIL		
// OCAL \ +05 00797475		
(LOCAL) +65-98737175		
OFFICE-98737175		
The state of the s		
VOLVO		
XC90 2.5T A/T ABS D/AB 4WD 5DR TC		
PRIVATE		
NO		
THIRD PARTY		
PRIVATE CAR		
AVIVA LTD		
COMPREHENSIVE		
NO		
10381929		
NGIAM SIEW PEI, NICOLA		
S7299049H		
19/09/1972		
INDOOR		
14/11/1991		
27 YEARS AND 5 MONTHS		
FEMALE		
(LOCAL) +65-98737175		

NICOLANGIAM@GMAIL.COM

23-05-19;10:13 ; 3/

NIL Address

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured SPOUSE

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? NÖ

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:

: P1

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 OLD HOLLAND RD TOWARDS BLACKMORE DR. WHEN THE TRAFFIC HEAVY, I STATIONARY MY VEHICLE FOR WAITING . SUDDENLY VEHICLE B KNOCKED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED.

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

SKP7747T

Vehicle Make/Model/Colour

TOYOTA / ALPHARD 2,4 MOONROOF CVT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MINHAT BIN SUDIN

NRIC/Passport Number

S1581123D

Contact Number

97813349

Address

Postcode

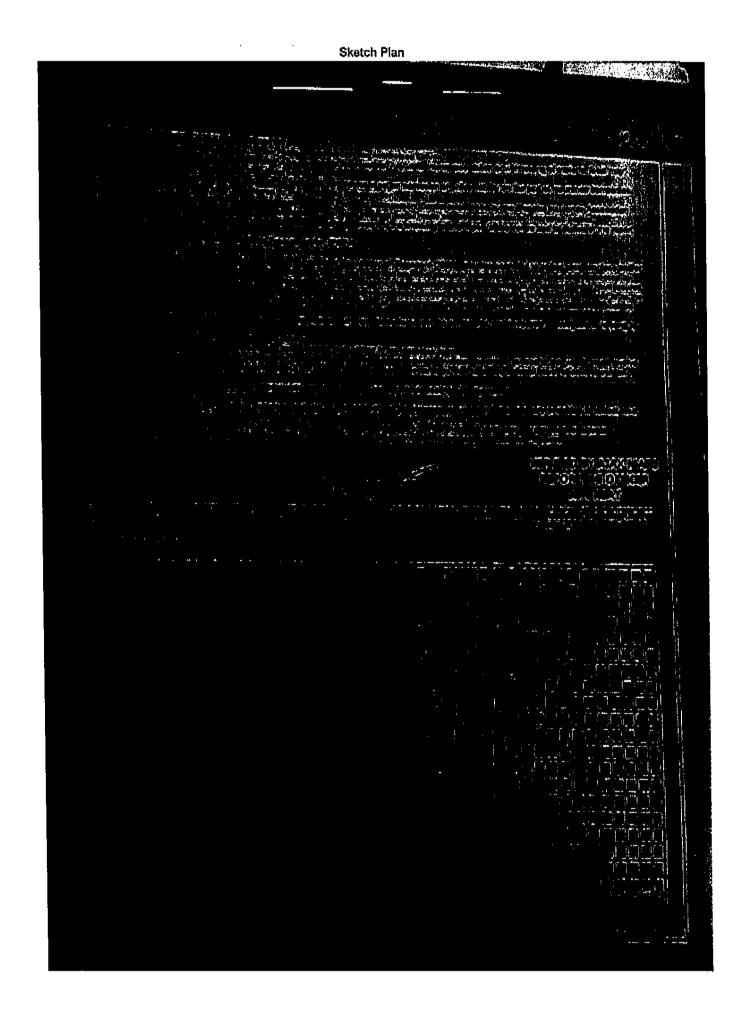
Insurance Company Name

Nature Of Damage

23-05-19;10:13 ; ; # 4/ 6

No. Of Passenger (Including Driver)

1



Common Statement Pg. 1

ACCIDENT	STATEMENT	(2000)	characters)

THE TRAFFIC HEAVY , I STATIONARY M	RD TOWARDS BLACKMORE DR . WHEN MY VEHICLE FOR WAITING . SUDDENLY MY VEHICLE . NO INJURIES INVOLVED.
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provide	ed above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - WONG JUN KEAT	
	W William
MARS Officer	
	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
6 May 2019 at 12:12 PM	6 May 2019 at 12:12 PM