

**NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION**

Date : 6th June 2019  
Time : 9:15AM  
By Fax : 64357416

TO

AIG ASIA PACIFIC INSURANCE PTE LTD

Accident involving Your insured vehicle No. SLB89414 with  
My vehicle No. SJR1954 on 6/6/19 along REDHILL CLOSE

1. I, the owner of Vehicle No. SJR 1954 intend to make a 3<sup>rd</sup> party claim against your insured.
2. My Vehicle is now at the workshop **Guan Motor Works** Tel : 6453 6111 and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.


Signature  
Name :  
NRIC :

**CK TEO & CO**

Advocates & Solicitors

101A Upper Cross Street #08-17

People's Park Centre Singapore 058251

Tel : 6535 4788 Fax : 6535 4245

wtuang@gmail.com

**Enquire Vehicle & Owner Information ( Vehicle No. SLB3941L As At 06 Jun 2019 / 18:20:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: TCKWITLTA2019 GM

**Current Owner Details**

Owner ID Type: Singapore NRIC  
Owner ID: S0187675I  
Owner Name: YONG MENG  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 10  
Registered Street Name: FARRER ROAD  
Registered Unit No.: #08-06  
Registered Building Name:-  
Registered Postal Code: 268822

**Current Vehicle Details**

Vehicle No.: SLB3941L  
Make Description/Model: MERCEDES BENZ / E200 SEDAN EDITION E (R18 LED SR)  
Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

MSMA19074268-01 / Sin Ming Autocare PFG Pte Ltd - HQ  
ENTRY DATE & TIME: 07/06/2019 14:44  
SUBMITTED BY: Angela Tan Chin Chin

## 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	07/06/2019 14:44
Date Of Accident	06/06/2019 18:20
Exact Location Of Accident	REDHILL CLOSE INFRONT OF BLK 16
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR195H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	H Y MOTOR TRADER
Co Reg No	53295089E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98453117
Alternative Phone No	OFFICE-98453117
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CROSSROAD-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100366411-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	BASRI BIN BAKRI
NRIC No	S1639488B
Date Of Birth	23/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86579168
Fax Number	
Contact Number	OFFICE-86579168
Email Address	NOEMAIL

Address 78 REDHILL LANE  
#08-27  
Postcode 150078  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - HIRER  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
Weather Conditions CLEAR  
Road Surface WET

#### 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? 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) 6

Passenger 1 NAME: : JASA AKBAR  
GENDER: : MALE

Passenger 2 NAME: : JAFAR SIDIQ  
GENDER: : MALE

Passenger 3 NAME: : JATI HIDAYAT  
GENDER: : MALE

Passenger 4 NAME: : MOHD FURQAN  
GENDER: : MALE

Passenger 5 NAME: : ISTIJANA  
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

REFER TO SKETCH PLAN

#### 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 SLB3941L

Vehicle Make/Model/Colour	MERCEDES E CLASS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YONG MENG
NRIC/Passport Number	S01876751
Contact Number	90880830
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD FURQAN BIN BASRI
Approximate Age	
Injuries Sustain	2 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SJR195H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

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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 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 this 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 Ministry of Transport 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:

*[Signature]*

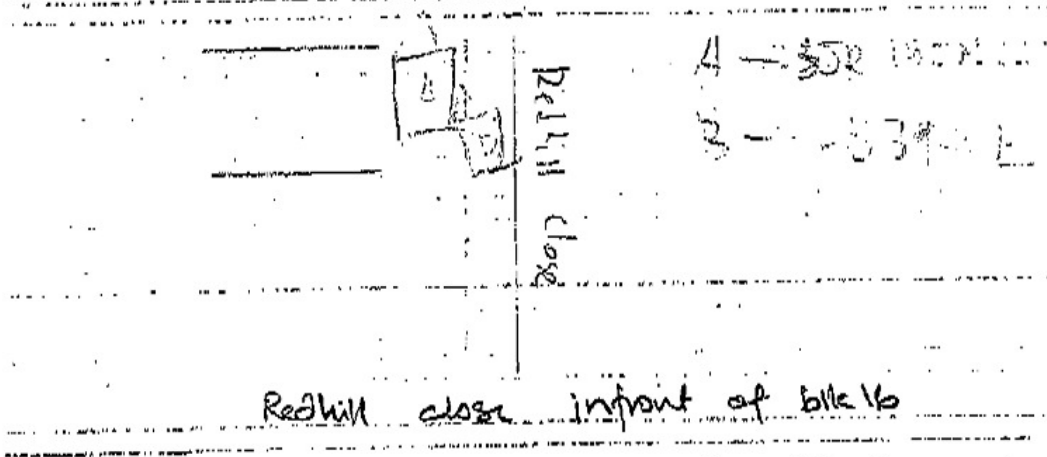
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NIC/ID No.:

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/6/19, at around 1820hrs, my car, SJR 195H is going straight on the left lane at Redhill Close, then suddenly the Mercedes on my right come into my lane and hit my right side & then the back wheel. It is a one way road. There is injury.

## 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/PIV No.: