



24th June 2019

AIG Asia Pacific Insurance Pte Ltd
Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SGZ 3217 C (Our Ref) and SLP 6935 L (Your Ref)
Dated 22nd June 2019, Time around 22:05
@ PIE TUAS EXIT 26A

We represent our client; NG CHOR JOO, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SGZ 3217 C and your insured's vehicle registration number: SLP 6935 L. Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against SLP 6935 L for damages, costs and disbursements as a result of the aforesaid road traffic accident.

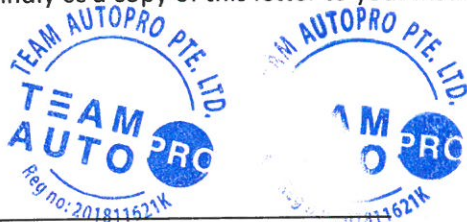
Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

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Contact Person	Alan Koh	9092 7279
	Frederick Lim	9674 6635
Email Address	teamautopl@gmail.com	
Survey Address	160 Sin Ming Dr, #01-14 Singapore 575722	

Kindly cc a copy of this letter to your insured for his/her acknowledgement.



Authorized Signatory

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22/06/19 (dd/mm/yy) Time of Accident: 22 : 05 (24-HR-FORMAT)
Vehicle No.: SAZ 3217C Vehicle Make & Model: HONDA JAZZ
Exact location of Accident: PIE TUNAS EXIT 26A
Policyholder's Name / IC No.: NG CHOR JOO / S1776372E
Driver's Name / IC No.: AARON SEE ZHEN JIE / S9139241J (As Above) ☐
Driver's Contact No.: 9685 6566 Company Contact No.: _____
Driver's Address: APT BLK 402 ANG MO KIO AVE 10 #25-615 (S560402)
Insurance Company: Direct Asia Email address (if any): _____

Relationship between Owner & Driver:

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 03

Passenger Name: NG CHOR JOO

Gender: F

Passenger Name: ALOYSIOUS LOW MUN TUCK

Gender: M

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: 57320546H S9139241J S1776372E
Aloysious Low Mun Tuck / Aaron See Zhen Jie / Ng Chor Joo

Injuries Sustain: Body Injured Person in Which Vehicle: SAZ 3217C

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Online.

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLP 6935L

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

SKETCH PLAN

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. 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.



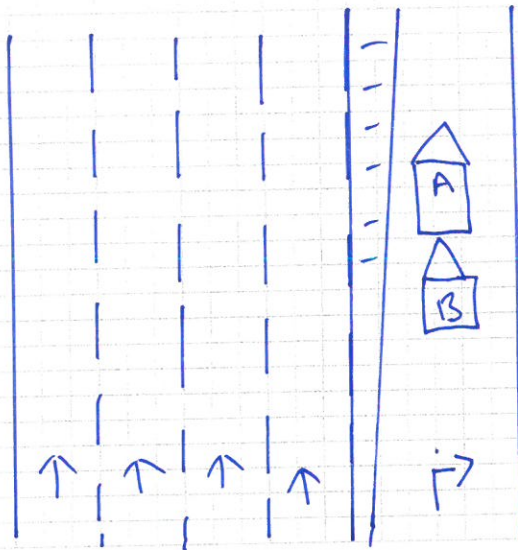
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



A - SGZ 3217C

B - SLP 6935L


PIE TUAS EXIT 26A
SLIP ROAD

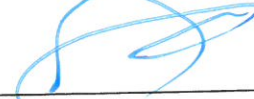
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time 1 vehicle 'A'
was travelling at my designated lane on SLIP Road of PIE
TUAS Exit 26, as the car in front of me slowed down
and I followed, after awhile I felt a huge impact from
the rear of my vehicle that push my vehicle forward,
I then stopped my car and realised that vehicle 'B'
collided onto the rear of my vehicle. That all.

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.:

[> Back to OneMotoring](#)

Land Transport Authority
 10 Sin Ming Drive
 Singapore 575701
 GST Registration No. : M4-0006529-2

Print Date/Time : 24 Jun 2019 / 10:22:24

Receipt Date/Time : 24 Jun 2019 / 10:22:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190624-000756

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLP6935L				
As at 22 Jun 2019/22:05:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLP6935L Enquiry Fee 20190624102141264135	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45

Paid By

xxxxxxxxxxxx6527	Credit Card: Visa/MasterCard	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.