



JusEquity Law Corporation

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS

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Telephone (65) 6536 9339,

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Email : claims@juseq.com.sg

website : www.juseq.com.sg

Our Ref: JEQ/SJZ8261E/IMP (zl)

Your Ref: SDS7117D

25 June 2019

CHEW KIAT ROWENA
10J Braddell Hill #05 – 35
Singapore 579728

By Post Only

AIG ASIA PACIFIC INSURANCE PTE LTD
Singapore

By Fax: 6835 7416 Only

Dear Sir

ACCIDENT INVOLVING SJZ8261E & SDS7117D ON 25.06.2019

We act for the owner of vehicle no. SJZ8261E.

We hereby notify you of a road traffic accident on **25 June 2019** at about **1010 hrs**, along KPE towards city involving our client's vehicle and vehicle registration no. **SDS7117D** driven by you / your insured at the material time. A copy of our client's accident report is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know **within 2 working days of your receipt of this notice** whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully

Encl.

CONFIDENTIALITY CAUTION

This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address at our expense. Thank you.

VEHICLE NO:	SJ28261R		VEHICLE MODEL:	Benz B180	
DATE OF ACCIDENT	25 / 06 / 19		TIME OF ACCIDENT	10.10 AM/PM	
LOCATION OF ACCIDENT	BAILANG PAJA LEBAN EXPRESSWAY TOWARDS CITY SUBANG DR. Exit				
Contact Purpose use during accident	Going send wife to work				
NAME OF OWNER	GLENZ CAR Rental				
TEL NO	9272 5924				
R C	53337774				
CLAIM TYPE	OD/THIRD PARTY / REPORTING ONLY				
INSURANCE CO	NTUC				
TYPE OF COVERAGE	Comprehensive (Third party) / third Party Fire & Theft				
POLICY NO	5109687046				
NAME OF DRIVER	As above (if no) FAIZAL BIN SYED AHMAD				
R C	S8225894B				
DATE OF BIRTH	25 / 08 / 1983				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	04 / 08 / 2003				
ENDER	Male / Female				
CONTACT NO	90013428 Office: Home:				
ADDRESS	816 188B BEDOK NORTH STREET 4 #07-88 S462188				
DRIVER HAVE ANY OWN Vehicle	(No) / If yes: Reg No:				
RELATIONSHIP	Employee / if No: Retail				
WEATHER CONDITION	(Clear) / Raining / Other:				
ROAD SURFACE	(Dry) / Wet / Others:				
ANY INJURIES	No (If yes: Who?)				
CONTACT NO	92725924				
POLICE REPORT	No (If yes) Where?				
VEHICLE B NO	SDS 717D				
NAME					
CONTACT NO					
VEHICLE C NO	SME 7133T 91708240 AMAN Any passengers: Nil				
VEHICLE D NO	Any passengers:				
VEHICLE E NO	Any passengers:				
VEHICLE F NO	Any passengers:				
ANY WITNESS					
WITNESS CONTACT NO					
PARTICULAR WORKSHOP	IMPERIUM AUTOMOTIVE				
TEL NO	26 KAKI BUKIT ROAD 4				
CONTACT PERSON	#01-49 SYNERGY @ KB				
FAX NO	SINGAPORE 417800				
	TEL: 9748 9940 FAX: 63467213				
	Reg. No. 53293624L				

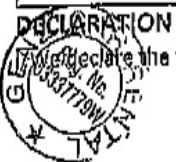


SKETCH PLAN

Handwritten sketch plan on a grid background. The sketch shows a vertical line with three small rectangular boxes labeled 'A', 'B', and 'C' stacked vertically. To the left of this line, there is a handwritten 'KDE' and a diagonal line. To the right, there are three handwritten labels: (A) STER 261E, (B) SDS 711FD, and (C) SMF 733T.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Large section for describing the circumstances of the accident, containing horizontal lines for writing. The text "Police report" is handwritten diagonally across the section.



I declare the foregoing particulars are true in every respect.

LM

25.6.19

Declaration Center International's Signature

SKETCH PLANIMPORTANT 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. 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.:



**SINGAPORE
POLICE FORCE**



T/20190625/2036

1 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190625/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2019 12:42		Vide Report No.: G/20190625/0073		Station Diary No.: 59
Informants Particulars				
Name of Informant: FAIZAL BIN SYED AHMAD		Address: APT BLK 188B BEDOK NORTH STREET 4 #07-88 SINGAPORE 462188		
ID Type / ID No.: NRIC NO / S8325894B		Contact No.: Home/Office: Mobile: 90013428		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 35	Date of Birth: 25/08/1983	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/06/2019 10:10	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY TOWARDS CITY, BUANGKOK DR EXIT.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SDS7117D	Car					0
SJZ8261E	Car				Seriously Damaged	2
SMF7133T	Car					0



**SINGAPORE
POLICE FORCE**



T/20190826/2036

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Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190826/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW KIAT, ROWENA	ID No.	S7520191E
Related Vehicle	SDS7117D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	FAIZAL BIN SYED AHMAD	ID No.	S8325894B
Related Vehicle	SJZ8261E (Car)	Contact No.	90013428
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ENG TECK WEE	ID No.	S8620859H
Related Vehicle	SMF7133T (Car)	Contact No.	91708240
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/06/2019 at about 1010hrs, I was driving my car SJZ8261E along KPE towards city, Buangkok Dr exit on first lane. There was one car SMF7133T in front of me that did a emergency brake, I then did a emergency brake and managed to stop in time. But the car SDS7117D behind me was not able to stop in time and collided on to the rear of my car, which resulted in my car moving forwards and colliding on to the front car. After a few minutes I came out of the car to make a check, my car is seriously damaged. Traffic police came down and inform me to lodge a traffic police report. The driver of SDS7117D was conveyed by ambulance.



**SINGAPORE
POLICE FORCE**



T/20190625/2036

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Police Station Of Origin:

Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. T/20190625/2036

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20190625/2036

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Report No. T/20190625/2036

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt GOH SZE HAO, VALENTINE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Signature Of Informant:

Date/Time:

25/06/2019 12:42

Classification Of Case:

Authentication Stamp

NP168