



JusEquity Law Corporation

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS

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Telephone (65) 6536 9339,

Fax : (65) 6536 5368 (Litigation & Conveyancing)

Email : claims@juseq.com.sg

website : www.juseq.com.sg

Our Ref: JEQ/SKX8756T/IMP (zl)

Your Ref: SMJ8319Y

3 July 2019

ONG TIOW YOONG KENNETH
(WANG ZHURONG KENNETH)
138C Lorong 1A Toa Payoh #10 – 36
Singapore 313138

By Post Only

AIG ASIA PACIFIC INSURANCE PTE LTD
Singapore

By Fax: 6835 7416 Only

Dear Sir

ACCIDENT INVOLVING SKX8756T & SMJ8319Y ON 03.07.2019

We act for the owner of vehicle no. SKX8756T.

We hereby notify you of a road traffic accident on **3 July 2019** at about **0800 hrs**, along Adam Road involving our client's vehicle and vehicle registration no. **SMJ8319Y** 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.

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 aforeaid.

ACCIDENT STATEMENT

Date Of Report 03/07/2019 12:06
Date Of Accident 03/07/2019 08:00
Exact Location Of Accident ALONG ADAM RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX8756T
Insured/Policyholder
Name Of Registered Owner WONG CHEE BENG
NRIC No S1524257D
Email Address ALVIN.WONG@EMERSON.COM
Mobile Phone No (LOCAL) +65-91791009
Alternative Phone No OTHERS-91791009

Vehicle Particulars

Manufacturer HONDA
Model VEZEL
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 INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number D18MPC0003377
Cover Note Number

Driver

Name of Driver WONG CHEE BENG
NRIC No S1524257D
Date Of Birth 29/08/1962
Occupation INDOOR
Date Of Driving Pass 03/06/1986
Driving Experience 33 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-91791009
Fax Number
Contact Number OTHERS-91791009
Email Address ALVIN.WONG@EMERSON.COM

Address BLK 254 BISHAN ST 22
#14-448
Postcode 570254
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 CHAIN COLLISION
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 4
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) 1

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 TRAVELLING ALONG ADAM RD TWDS FARRER RD ON THE EXTREME RIGHT LANE OF A4-LANES RD. INFRONT OF MY VEH STOP AND I FOLLOWED SUIT WITHOUT ANY CONTACT TO THE FRT VEH, SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH. DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO THE REAR PORTION OF VEH C. WHEN I CAME OUT, I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEH.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: WITH WORKSHOP
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ8319Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS4632H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category , PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJL1927M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

IMPORTANT NOTICE

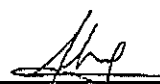
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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/mall 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:

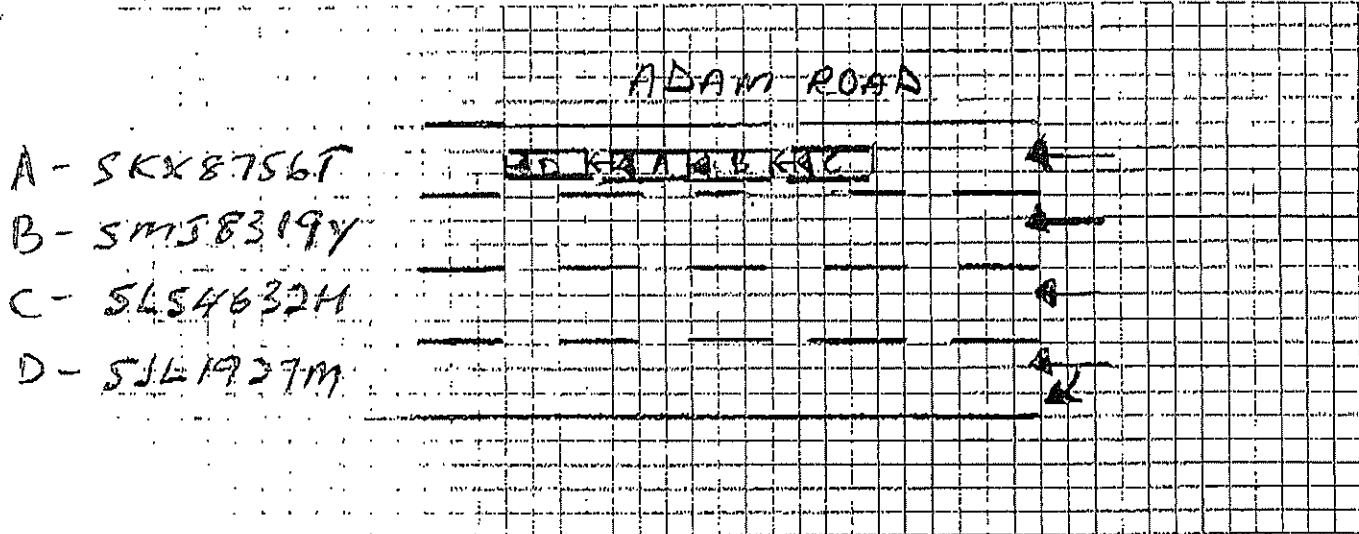


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 03/07/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the statement.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 03/07/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: