

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 1/7/2019
Time : @ 5:00 PM
By Fax : 6835 7416

TO

MIG ASIA PACIFIC INSURANCE PTE LTD

Accident involving Your insured vehicle No. YN5526 Y with
My vehicle No. GX7603E on 21/06/19 along WEST COAST RD

1. I, the owner of Vehicle No. GX7603E intend to make a 3rd 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 050035
Tel : 6535 4788 Fax : 6535 4245

wteang@gmail.com

Enquire Vehicle & Owner Information (Vehicle No. YN5526Y As At 21 Jun 2019 / 09:15:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCK.WIT.LTA.2019 GM

Current Owner Details

Owner ID Type: Company

Owner ID: 198304039K

Owner Name: CHIANG KANG ENTERPRISES COMPANY PTE. LTD.

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 4

Registered Street Name: PETAIN ROAD

Registered Unit No.: -

Registered Building Name: PETAIN COURT

Registered Postal Code: 208086

Current Vehicle Details

Vehicle No.: YN5526Y

Make Description/Model: MITSUBISHI / CANTER FEB21ER4SDEB (CBU)

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

MSH19080963-01 / STA INSPECTION PTE LTD - Sin Ming
 ENTRY DATE & TIME: 21/06/2019 15:21
 SUBMITTED BY: Wong Lio Yong

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 21/06/2019 15:21
 Date Of Accident 21/06/2019 09:15
 Exact Location Of Accident JUNCTION OF WEST COAST ROAD AND PANDAN LOOP
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX7603E
Insured/Policyholder
 Name Of Registered Owner LONG PANG LEASING
 Co Reg No NA
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-91594608
Vehicle Particulars
 Manufacturer NISSAN
 Model URVAN
 Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
 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 COMMERCIAL VEHICLE
Insurance Company
 Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number D19MFL0001879
 Cover Note Number
Driver
 Name of Driver MOHAMAT HANIPAH BIN ALI AKBAR
 NRIC No S1065793J
 Date Of Birth 21/02/1948
 Occupation INDOOR
 Date Of Driving Pass 17/07/1979
 Driving Experience 39 YEARS AND 11 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-91594608
 Fax Number
 Contact Number OFFICE-91594608
 EMail Address NOEMAIL

Address APT BLK 621B EDGEFIELD WALK
#16-47 SINGAPORE

Postcode 822621

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 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? 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

REFER TO ATTACHED

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 YN5526Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver DONG KANHONG

NRIC/Passport Number G2732046K

Contact Number 88238709

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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:

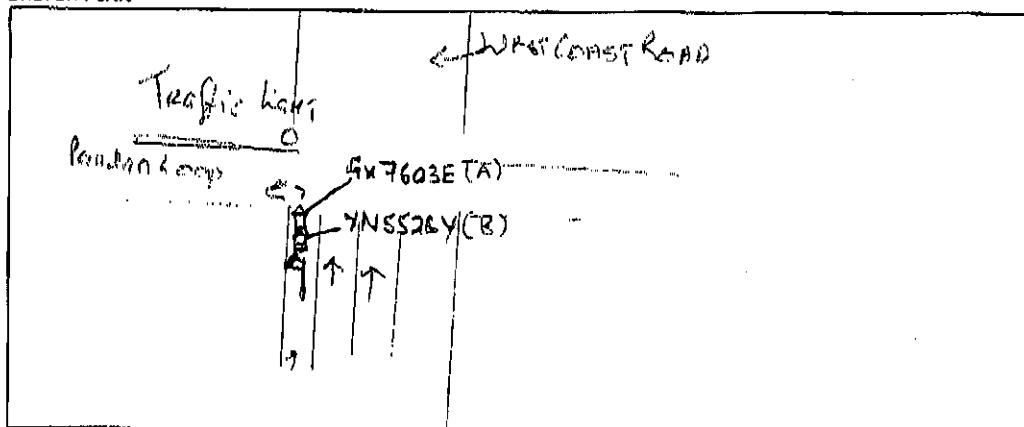
Driver's Signature
(If driver is NOT the policyholder)
Date & Time:

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

Sketch Plan #2 Pg. 1

Date of accident: 24-7-2019 Time: 10:45 AM Location: Junction of West Coast Road / Pandan Loop
 My Vehicle A: GX 7603E Vehicle B: VN5526Y Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pandan Loop

Whilst travelling along West Coast Road towards Pandan Loop, I stopped at the traffic light as the light was red. When the light turned green I started to move slowly. The van VN5526Y collided into my rear. My speed was less than 5 km/h.

I am the driver of GX 7603E.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

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:

AH LIM MOTOR COMPANY