



友尼摩哆公司 UNIMOTOR COMPANY

一號加基武吉六道一樓門牌九十四號 新加坡郵區四一七八八三

AUTOBAY @ KAKI BUKIT

No. 1 KAKI BUKIT AVE 6 #01-94 SINGAPORE 417883

TELEPHONE: 6748 2795 FAX: 6747 2373

Registration No.: 203165/00D

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY #07-16
AIG BUILDING
SINGAPORE 079120

DATE:18/10/2019 OUR REF:UAPL1278 INVOICE:UAPL1380

REPAIRED TO THE ABOVE VEHICLE TOYOTA MARK X NO:SJJ6192T

BEING LUMP SUM REPAIRED AND PARTS SUPPLIED
TO THE ABOVE TOYOTA MARK AS ADJUSTED
BY APPOINTED SURVEYOR

\$ 1,450.00

LOSS OF USE 3 DAY.....

\$ 240.00

THANK YOU

\$ 1,690.00

YOUR FAITHFULLY

ALVIN LEE

Ref:

Name :

Address :

Contact No. :

LETTER OF AUTHORITY TO UNIMOTOR COMPANY

CLAIMANT: _____

ACCIDENT INVOLVING SSJ 6192T **AND** SLA9570P

ON 07/07/19 **ALONG** CHOA CHY KAMP AVE 3 TOWARDS BKE.

1. I hereby irrevocably appoint **UNIMOTOR COMPANY** to be my agent in respect of my claim.
2. My agent is authorised to conduct the following:
 - (a) To receive and keep records of all correspondences including Letter of Demand between my lawyers and 3rd party insurers pertaining to the conduct of my claim until my claim is settled. I will liaise with my agent and/or contact my lawyers directly if I require to have sight and/or record of any of the correspondences.
 - (b) To give instructions to commence legal proceedings in court in my name against the third party driver and/or his employers, if applicable.
 - (c) My said agent also has my authority to decide on my behalf whether to accept any offer of settlement from the third party and/or his insurers.
3. I understand and accept that until I revoke my said agent's authority in writing to you, I am bound by all instructions given by my said agent to you.



SIGNATURE
NAME OF AUTHORISED SIGNATORY

12/07/19

DATE

COMPANY STAMP: _____

MSME19082205 / SME Motor Pte Ltd - Kaid Bukit
ENTRY DATE & TIME: 09/07/2019 10:00
SUBMITTED BY: Wen Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 09/07/2019 10:09

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 09/07/2019 10:00
Date Of Accident 07/07/2019 19:45
Exact Location Of Accident CHOA CHU KANG AVE 3 TOWARDS BKE.
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ6192T
~~Insurance Policyholder~~
Name Of Registered Owner CHONG HON MIN
NRIC No S1779044G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98188596
Alternative Phone No OFFICE-98188596

~~Vehicle Information~~
Manufacturer TOYOTA
Model MARK X
Exact Purpose for which vehicle was being used at time of accident
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 SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number D18MTPV01015728
Cover Note Number

~~Driver~~
Name of Driver CHONG HON MIN
NRIC No S1779044G
Date Of Birth 03/02/1966
Occupation INDOOR
Date Of Driving Pass 15/02/1984
Driving Experience 35 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98188598
Fax Number
Contact Number OFFICE-98188598
Email Address NOEMAIL

Address BLK 941 JURONG WEST ST 91 #10-475
 Postcode 2264
 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 -
 -
 -
 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?
 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?

Statement of Accident

I WAS DRIVING ALONG CHOA CHU KANG AVE 3 TURNING RIGHT TOWARDS BKE STOPPING AT THE TRAFFIC LIGHT TO TURN GREEN. OUT OF SUDDEN, VEHICLE B SLA9570P HIT ONTO MY CAR SJJ6192T REAR PORTION

Attachment

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 SLA9570P
 Vehicle Make/Model/Colour
 Details Of Properties VEH B
 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)

Accident Sketch Plan Pg. 1

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 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:

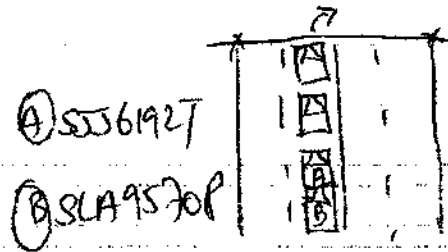


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Leong Jia Jia

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG CHA CHY KANG AVE 3 TURNING
RIGHT TOWARDS BKE STOPPED AT THE TRAFFIC LIGHT TO TURN
GREEN. OUT OF SUDDEEN VEHICLE (B) SLA9570P HIT OF 6 MY
CAR SJJ6192T REAR PORTION

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:
NAIC/FIN No.: