



JusEquity Law Corporation

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS

171 Chin Swee Road #02-06, CES Centre, Singapore 169877

Telephone (65) 6536 9339,

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

Email : claims@juseq.com.sg

website : www.juseq.com.sg

Our Ref: JEQ/190679/0719/ACE (zl)

Your Ref: **SKX2696Y**

10 July 2019

TAN LAY LIAN
6 Stratton Place
Singapore 806819

By Post Only

AIG ASIA PACIFIC INSURANCE PTE LTD
Singapore

By Fax: 6835 7416 Only

Dear Sir

ACCIDENT INVOLVING SLV1136C & SKX2696Y ON 07.07.2019

We act for the owner of vehicle no. SLV1136C.

We hereby notify you of a road traffic accident on **7 July 2019** at about **1150 hrs**, at Havelock Road involving our client's vehicle and vehicle registration no. **SKX2696Y** 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	08/07/2019 17:21
Date Of Accident	07/07/2019 11:50
Exact Location Of Accident	HAVELOCK ROAD INFRONT OF FOUR POINTS BY SHERATON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1136C
Insured/Policyholder	
Name Of Registered Owner	IEGOLPY
Co Reg No	53373023J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98890509

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR-1.8 (A)

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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCTHQ18-000075
Cover Note Number	

Driver

Name of Driver	SAM UTTAMA
NRIC No	S8026093H
Date Of Birth	16/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98890509
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 118 LORONG 1 TOA PAYOH #08-423
Postcode	310118
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	SIDE SWIPE
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?	YES
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)	2
Passenger 1	NAME: : GOJEK PASSENGER
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX2696Y
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM XIANG YANG GREGORY
NRIC/Passport Number	S9217474C
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SAM UTTAMA
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLV1136C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

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:

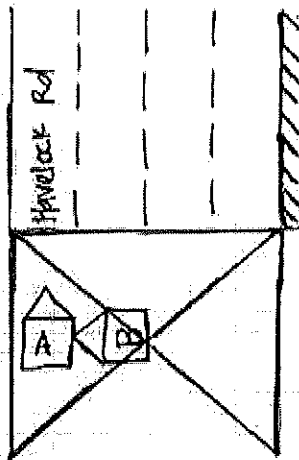
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



Vehicle A: SLV11360
Vehicle B: SFX2696Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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



Policyholder's Signature

Date & Time:

Loe

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SP-ACC/1 (Rev 10/2008)

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180707/2125

1 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20180707/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2019 22:49		Vide Report No.:		Station Diary No.: 26
Informant's Particulars				
Name of Informant: SAM UTTAMA		Address: APT BLK 118 LORONG 1 TOA PAYOH #08-423 SINGAPORE 310118		
ID Type / ID No.: NRIC NO / S8026093H		Contact No.: Home/Office: Mobile: 98890509		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 38	Date of Birth: 16/08/1980	Type of Informant: Driver	
Race: Sinhalese		Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED		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: 07/07/2019 11:00	Type of Location: Straight Road
Location: Along Road 1 HAVELOCK ROAD Along Havelock Road right outside the entrance to Four Points by Sheraton Hotel				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKX2696Y	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Silver	Seriously Damaged	0
SLV1136C	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Silver	Seriously Damaged	1

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20190707/2125

2 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20190707/2125

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM XIANG YANG, GREGORY	ID No.	S9217474C
Related Vehicle	SKX2696Y (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	SAM UTTAMA	ID No.	S8026093H
Related Vehicle	SLV1136C (Car)	Contact No.	98890509
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	07/07/2019	Date Discharge	07/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 07/07/19 at around 1100hrs, I was driving my personal vehicle bearing SLV1136C with one Go-Jek passenger on-board along Havelock Road. There were 4 lanes in total, and I was travelling on the most left lane. At the point in time, I observed that there were vehicles queuing and waiting for the traffic light to turn green on the other 3 lanes. Shortly after, vehicles began to move, which I believed was because the traffic light had already turned green.

It was then as I was nearing the entrance of Four Points by Sheraton Hotel (before the yellow box), a vehicle bearing registration no. SKX2696Y suddenly collided against the right side of my vehicle, causing me to jam brake. It was then I realised that the said vehicle that was travelling on the opposite side of Havelock road had made an attempt to turn right into Four Points by Sheraton Hotel.

Subsequently, the other driver and I alighted from our vehicles to see if anyone requires immediate medical attention and to inspect our vehicles' damages. My friend had then called for ambulance, and the traffic police and ambulance came down to scene. The traffic police advised me that as of now, it is not a police case, as such I did not receive any case number. I noted no visible injuries on the other driver, my passenger, and myself. No one was conveyed to hospital.

After exchanging particulars with the other driver, we called our respective tow trucks to tow our vehicles away before we left the scene. I felt giddiness and nauseous, and pains on both sides of my shoulders, neck, back, and my right hand after the accident, as such I went to visit a doctor and I was then given 5

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20190707/2125

3 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20190707/2125

CONTINUATION OF REPORT

days of medical leave.

I wish to state that I have since retrieved the footage of the accident from my in-car camera that was pointing towards the front of my vehicle.

Common Statement



**SINGAPORE
POLICE FORCE**



T/20190707/2125

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

4 of 4

Report No. T/20190707/2125

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: E / Sgt 2 MARCUS TEO		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 07/07/2019 22:49	
Officer In Charge Of Case: TP / GIT / Staff Sgt QHAIRIL BIN ZULKEFLEE Contact No.: 65476187		Classification Of Case:	
Authentication Stamp NP168		SN 062	
 SIGNATURE			