



JusEquity Law Corporation

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS

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Our Ref: JEQ/190685/0719/ACE (zl)

Your Ref: **EL555T**

12 July 2019

TAN EE LONG

33E Chancery Lane #01 – 04
Singapore 309555

By Post Only

AIG ASIA PACIFIC INSURANCE PTE LTD
Singapore

By Fax: 6835 7416 Only

Dear Sir

ACCIDENT INVOLVING SGV1154J & EL555T ON 11.07.2019

We act for the owner of vehicle no. SGV1154J.

We hereby notify you of a road traffic accident on **11 July 2019** at about **0015 hrs**, at Textile Centre carpark involving our client's vehicle and vehicle registration no. **EL555T** 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.

MSME19080842 / SME Motor Pte Ltd - Keld Bukit
 ENTRY DATE & TIME: 11/07/2019 17:58
 SUBMITTED BY: Chia Pei Ying

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	11/07/2019 17:58
Date Of Accident	11/07/2019 00:15
Exact Location Of Accident	TEXTILE CENTRE CARPARK LVL 4 LOT 84
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV1154J
Insured/Policyholder	
Name Of Registered Owner	CHAN MING HUI TONY
NRIC No	S9010781Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82884139
Alternative Phone No	OFFICE-82884139
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10112795R00
Cover Note Number	
Driver	
Name of Driver	CHAN MING HUI TONY
NRIC No	S9010781Z
Date Of Birth	29/03/1990
Occupation	INDOOR
Date Of Driving Pass	24/03/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82884139
Fax Number	
Contact Number	OFFICE-82884139
Email Address	NOEMAIL

Address BLK 624 HOUGANG AVE 8 #03-196
 Postcode 530624
 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 - CHANGE/CROSS LANE
 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? YES
 If Yes, Please state which Police Station
 Police Station Name ROCHER N.P.C
 Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2949999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190711/2013.

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 EL555T
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE 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)

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 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:

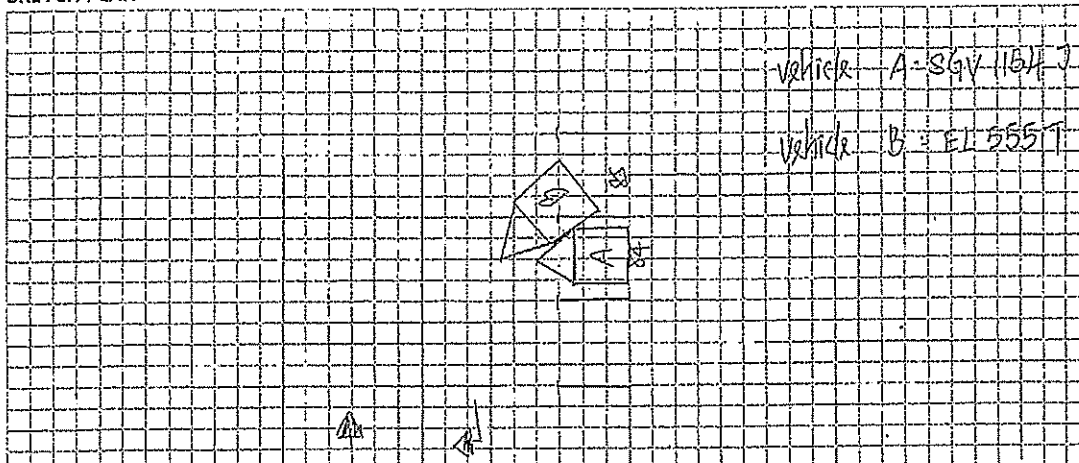
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

ACE AUTO

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refx Police Report

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]

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

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190711/2013

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No T/20190711/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2019 02:59	Video Report No : A/20190711/0005	Station Diary No.: 14
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Informant's Particulars

Name of Informant: CHAN MING HUI, TONY			Address: APT BLK 624 HOUGANG AVENUE 8 #03-198 SINGAPORE 530624		
ID Type / ID No.: NRIC NO / S9010781Z			Contact No : Home/Office: Mobile 82884139		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 29/03/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name
Occupation: PROPERTY AGENT			Driving Licence Information Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident: 11/07/2019 00:15	Type of Location: Car Park
Location: Along Road 1 JALAN SULTAN TEXTILE CENTRE CARPARK LVL 4, LOT 84			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Registration No.	Type	Make	Model	Color	Condition	No of Passenger
SGV1154J	Car	MITSUBISHI	LANCER 1.6 M	White	Slightly Damaged	0

Registration No.	Insurance Co.	Policy No.	Effective Date	Expiry Date
SGV1154J	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10112795R00	06/12/2018	05/12/2019

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190711/2013

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Report No T/20190711/2013

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	CHAN MING HUI, TONY	ID No	S9010781Z
Related Vehicle	SGV1154J (Car)	Contact No	82884139
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

Brief Details.

On 10/07/2019, at about 2000hrs, I parked my vehicle at Textile Centre Multi Story Carpark Lvl 4 Lot No 84, and subsequently went off to run my errands.

On 11/07/2019, at about 0045hrs, I returned to my vehicle, and discovered that my bumper on the right side of my car is dislodged, with dents and scratches. I make a check on the interior engine housing, and discover that the right side housing has dented inwards into the belt. I later make a check on my In-Car camera, and discovered that on 11/07/2019, at about 0015hrs, the footage shows one Blue Color vehicle collided with the right side of my car. The driver of the car alighted the vehicle, and take a look at the damages and subsequently left. The subject looks like a Chinese, in his 30s or 40s

I then subsequently called the Police for assistance. Traffic Police came down, and informed me to lodge a Traffic Accident Report, that is all.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20190711/2013

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20190711/2013

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:

A /
Sgt 2 TAN ZHI KAI, BRANDAN

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
11/07/2019 02:59

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Classification Of Case:

Authentication Stamp
NP188SINGAPORE
POLICE FORCE

SIGNATURE