



05th August 2019

AIG Asia Pacific Insurance Pte Ltd
Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SLW 4193 L (Our Ref) and SMM 3160 D (Your Ref)
Dated 03th August 2019, Time around 07:45
@ CTE > SLE AFTER JLN BAHAGIA

We represent our client; LIU ZHI YANG JODY, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SLW 4193 L and your insured's vehicle registration number: SMM 3160 D. Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against SMM 3160 D for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

Contact Person	Alan Koh	9092 7279
	Frederick Lim	9674 6635
Email Address	teamautopl@gmail.com	
Survey Address	160 Sin Ming Dr, #01-14 Singapore 575722	

Kindly cc a copy of this letter to your insured for his/her acknowledgement.

Authorized Signatory



Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #01-14 Sin Ming Autocity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautoffice@gmail.com / teamautopl@gmail.com

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03/08/2019 (dd/mm/yy) Time of Accident: 07:45 (24-HR-FORMAT)
Vehicle No.: SLW 4193L Vehicle Make & Model: VW Sharan
Exact location of Accident: CTE 7 SLE After Jin Schegic
Policyholder's Name / IC No.: Liu Zhiyang Jody. S81281870
Driver's Name / IC No.: Liu Zhiyang Jody. S81281870 (As Above) ☐
Driver's Contact No.: 98510451 Company Contact No.: _____
Driver's Address: 343 Upper Pass Labor no #04-01 S534954
Insurance Company: FWD Email address (if any): _____

Relationship between Owner & Driver:

or Others specify: Owner

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 1

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No → But not captured, unable to read

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Liu Zhi Yang Jody S81281870

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: Smm 3160D HONDA GRACE

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.


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:

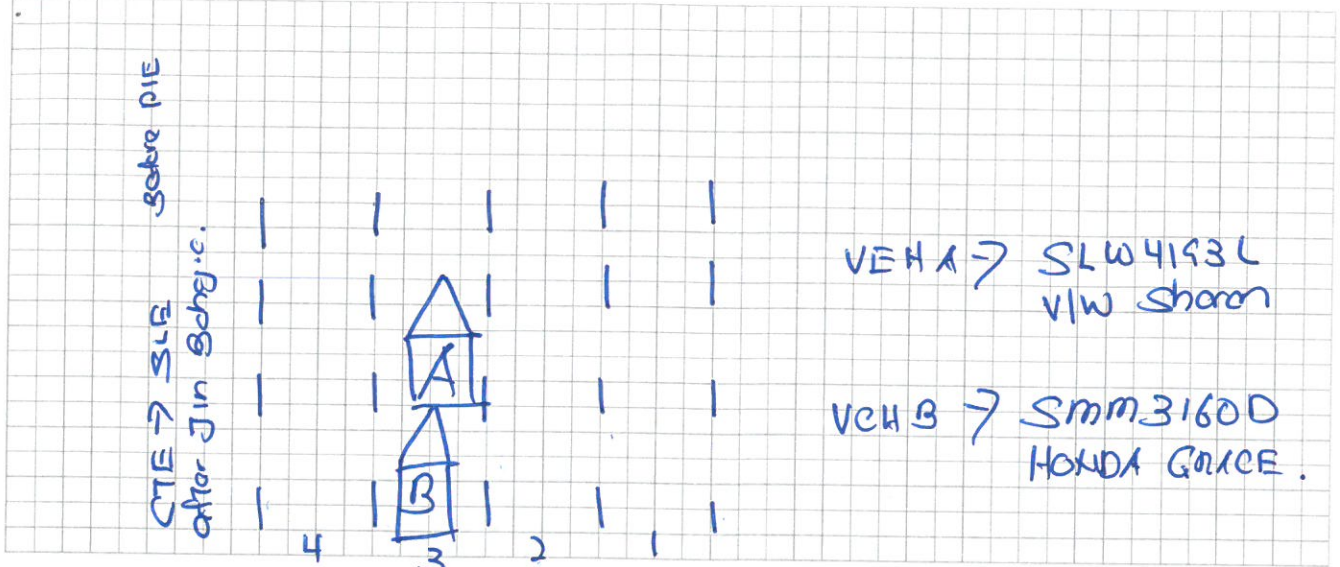
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report no 7/20190803/2057.

DECLARATION

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

x

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.:



**SINGAPORE
POLICE FORCE**



T/20190803/2057

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20190803/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2019 12:07		Vide Report No.: F/20190803/0072		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: LIU ZHIYANG JODY			Address: 343 UPPER PAYA LEBAR ROAD #04-01 SINGAPORE 534954		
ID Type / ID No.: NRIC NO / S8128187D			Contact No.: Home/Office: Mobile: 98510451		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 28/09/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/08/2019 07:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Between Jalan Bahagia and PIE exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW4193L	Car	VOLKSWAGO N	SHARAN 2.0 TSI AT 7N14H3	Brown	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW4193L	FWD Singapore Pte. Ltd	PNPV2019- 00008701	18/06/2019	17/06/2020



**SINGAPORE
POLICE FORCE**



2 of 3

Report No. T/20190803/2057

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIU ZHIYANG JODY	ID No.	S8128187D
Related Vehicle	SLW4193L (Car)	Contact No.	98510451
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/08/2019	Date Discharge	03/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 03/08/2019 at around 0745hrs, I was driving at the middle lane along CTE between Jalan Bahagia and PIE Exit. My vehicle(SLW4193L) suddenly broke down and gradually came to a stop. Hence, I tried to restart my vehicle. As I was restarting my vehicle, a black honda city hit onto the back of my vehicle. The back of my vehicle suffered from serious damages.

Ambulance and traffic police was at scene. The other driver, his passenger and I was conveyed are conveyed to Tan Tock Seng Hospital as all of us suffered injuries from the accident. I was granted 3 days of medical leave by the hospital.

I like to state that I have in-car camera in my vehicle and it was on.

As such, I am lodging this report for insurance and record purposes.



**SINGAPORE
POLICE FORCE**



T/20190803/2057

3 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999



Report No. T/20190803/2057

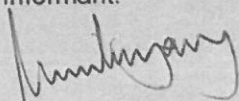
CONTINUATION OF REPORT

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: F / Sgt 2 NEO CHANG WEI 	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No: 65476216 SN 154	
Authentication Stamp NP100  Singapore Police Force	

Signature Of Informant: 
Date/Time: 03/08/2019 12:07
Classification Of Case:

DYLAN

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

SLW4193L (P)

Print Date/Time : 05 Aug 2019 / 20:29:40

Receipt Date/Time : 05 Aug 2019 / 20:29:40

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190805-002964

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SMM3160D As at 03 Aug 2019/07:45:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SMM3160D Enquiry Fee 20190805202850761343	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx6527 Credit Card: Visa/MasterCard			7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.