

KURUP & BOO

UEN 53130914B

ADVOCATE & SOLICITOR
COMMISSIONER FOR OATHS
NOTARY PUBLIC

111 North Bridge Road
#15-03 Peninsula Plaza
Singapore 179098
Tel. No. 6223 3343
6221 8623
Fax. No. 6225 7248
Writer's e-mail :
boo@kurupnboo.com.sg
kurup@singnet.com.sg

Our Ref : BMC.2623.14.wh
Your Ref : Insured vehicle no. SLE 2593Z

6 August 2019

U R G E N T

FWD Singapore Pte Ltd
6 Temasek Boulevard
#18-01 Suntec Tower 4
Singapore 038986

Email: motorclaims.sg.@fwd.com/
BY HAND

Dear Sirs

**ACCIDENT INVOLVING VEHICLES NO. SLV 7928U AND SLE 2593Z AT THONG
SOON GREEN ON 31 JULY 2019**

We act for Mr Quah Kim Geok, the owner of the vehicle no. SLV 7928U which was involved in the above accident.

We attach a copy of our client's Singapore Accident Statement for your immediate attention.

By way of notice, we hereby inform you that our client has appointed the following workshop to do the repairs:

Heng Yap Seng Auto Services
Block 160, Sin Ming Drive
#08-13 Sin Ming AutoCity
Singapore 575722
Contact : Mr Chong Han Meng
HP No. : 9183 3008 Fax : 6873 2017

We hereby give you two days' notice for your representative to go the above workshop to inspect our client's damaged vehicle. Kindly contact Mr Chong prior to going to the workshop for the survey.

Yours faithfully



BOO MOH CHEH

Enc
cc client

FROM : Heng Yap Seng Auto Services

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	31/07/2019 16:25
Date Of Accident	31/07/2019 12:35
Exact Location Of Accident	THONG SOON GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7928U
Insured/Policyholder	
Name Of Registered Owner	QUAH KIM GEOK
NRIC No	S1480437D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93829198
Alternative Phone No	OTHERS-93829198

Vehicle Particulars

Manufacturer	MAZDA
Model	2 1.5 SKYACTIV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18900009246
Cover Note Number	

Driver

Name of Driver	ANG JIAN WEI, NICHOLAS
NRIC No	S8711033H
Date Of Birth	09/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2006
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87198787
Fax Number	
Contact Number	
Email Address	BST1060@GMAIL.COM

Address	87 THONG SOON GREEN
Postcode	787393
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
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?	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?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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	SLE2593Z
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

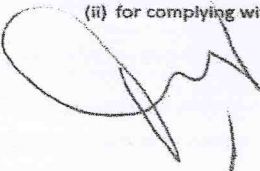
SKETCH PLAN

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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:



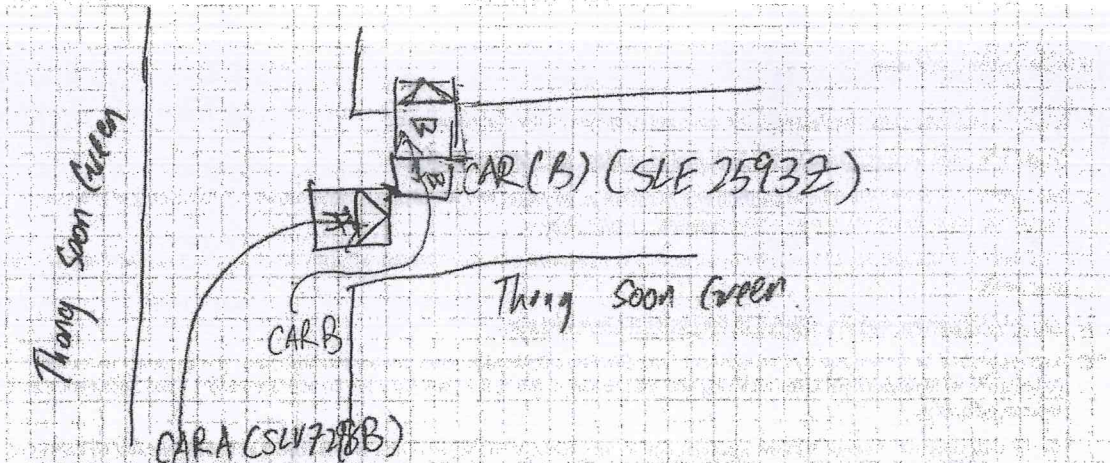
Driver's Signature
(If driver is not the policyholder)
Date & Time:

31 JUL 2019
16:25 hrs



Reporting Centre Personnel's Signature
Name: P. Kwee Choo
NRIC/FIN No.: S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 12.36pm 31st July 2019, I, S8711033H
 Ang Sian Wei Nicholas driver of car A (SLV7298B)
 was returning home to my estate at the junction of Thong
 Soon Green. Car B was in front of me. He tried to
 do a three point turn ~~for~~ ~~but~~ but failed to look
 out for oncoming traffic and reversed into me. I ^{my car} sustained
 damages to the front left fender, and his car B was damaged at
 Car B details = (SLE2593Z) ^{hump.}
 Driver: Lim Joon Yong, Eddie, S7934146J
 I have attached 8 digital photos sent to info@lqihuat.
 com.sg.

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: 31 JUL 2019

 Reporting Centre Personnel's Signature
 Name: Poh Kwee Choo
 NRIC/FIN No.: S6840583A

STANDARD SKETCH PLAN 01/19 V.2