

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 8-AUG-2019

Time : 9:38AM

By Fax :

TO :

ALG ASIA PACIFIC INSURANCE PTE LTDAccident involving Your insured vehicle No. SFM2020P with
My vehicle No. QU5466M on 6/8/19 along GEYLANG ROAD

1. I, the owner of Vehicle No. QU5466M intend to make a 3rd party claim against your insured.
2. My Vehicle is now at the workshop **Guan Motor Works** Tel : 6453 6111 and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Signature

Name :

NRIC :

Lin Cheng Kai
S1324062J**CK TEO & CO**

Advocates & Solicitors

101A Upper Cross Street #08-17

People's Park Centre Singapore 0583301

Tel : 6535 4738 Fax : 6535 4245

wtchang@gmail.com

Enquire Vehicle & Owner Information (Vehicle No. SFM2020P As At 06 Aug 2019 / 08:20:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCK.WIT.LTA.2019 GM

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S1465531Z

Owner Name: TAN BOON CHYE

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 20

Registered Street Name: TAI HWAN TERRACE

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 555252

Current Vehicle Details

Vehicle No.: SFM2020P

Make Description/Model: MERCEDES BENZ / S350L

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

MS119103681-01 / STA INSPECTION PTE LTD - Sin Ming
ENTRY DATE & TIME: 07/08/2019 13:56
SUBMITTED BY: Wong Lip Yong

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 07/08/2019 13:56
Date Of Accident 06/08/2019 08:25
Exact Location Of Accident SIMS WAY TURNING RIGHT INTO GEYLANG RD X-JUNCTION
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GU5466M
Insured/Policyholder
Name Of Registered Owner LIM CHENG KAI
NRIC No S1324062J
Email Address LIM.PHOTOVIDEO@GMAIL.COM
Mobile Phone No (LOCAL) +65-96315993
Alternative Phone No OTHERS-96315993
Vehicle Particulars
Manufacturer NISSAN
Model NAVARA (TWIN AB)
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 COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number 0086260220-15
Cover Note Number
Driver
Name of Driver LIM CHENG KAI
NRIC No S1324062J
Date Of Birth 08/12/1953
Occupation INDOOR
Date Of Driving Pass 16/07/1975
Driving Experience 44 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96315993
Fax Number
Contact Number OTHERS-96315993
Email Address LIM.PHOTOVIDEO@GMAIL.COM

Address BLK 449 BUKIT PANJANG RING ROAD
#09-571
Postcode 670449
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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name MOULMEIN NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2508999 - FAX NO: 63554312
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER ATTACHED POLICE REPORT

Attachment(s)

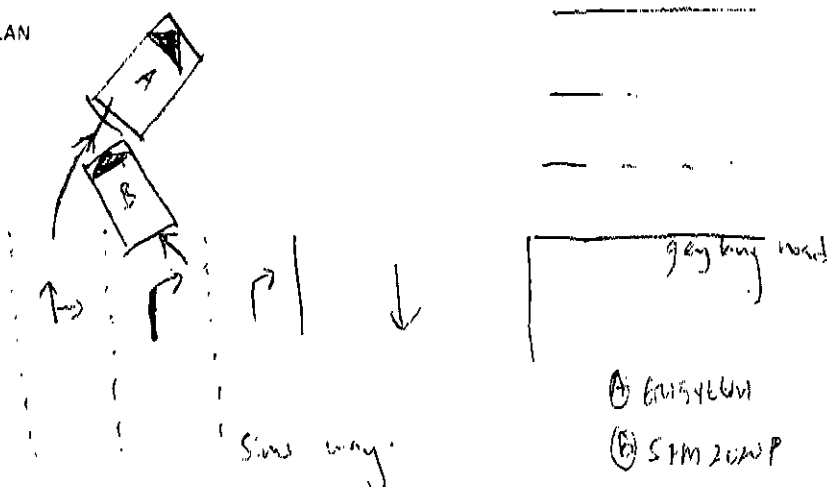
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFM2020P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A: ~~6~~ GUS466M VEHICLE B: SFM2020P X - accident

VEHICLE A GUS466M was travelling on lane 3 ^{slow way} turning right onto ~~geelong~~ road, when vehicle B SFM2020P from lane 2 ^{turn} right only lane, tried to filter left, failed to check for safety and hit onto vehicle A at the rear.

Vehicle B SFM2020P did not slow down or move to the side ^{and} police report of hit and run case is filed. Driver of vehicle A has injury and given 5 days medical certificate.

DECLARATION

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

Page 8 of 10.

Driver Signature _____
 (It never is not the policyholder's
 Date & Time _____)

Reporting Office Personnel's Signature:
Name:
MURKIN No.

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:
NAIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190806/2153

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

1 of 3

Report No. T/20190806/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2019 21:00		Vide Report No.:		Station Diary No.: 36
Name of Informant: LIM CHENG KAI		Address: APT BLK 449 BUKIT PANJANG RING ROAD #09-571 SINGAPORE 670449		
ID Type / ID No.: NRIC NO / S1324062J		Contact No.: Home/Office: Mobile: 96315993		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 65	Date of Birth: 08/12/1953	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: ICA OFFICER		Driving Licence Information: Class: 3		Date of Expiry:

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/08/2019 08:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SIMS WAY GEYLANG ROAD Junction of Sims Way and Geylang Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Vehicle No.	Vehicle Type	Make	Model	Color	Damage	Value
GU5466M	Double Cabin Pick Up	NISSAN	P/UP D/CAB	Blue	Slightly Damaged	0
SFM2020P	Car	MERCEDES BENZ	S350L	Grey		0

Vehicle No.	Insurance Company	Policy No.	Start Date	End Date
GU5466M	NTUC Income Insurance Co-Operative Limited	0086260220-15	01/11/2018	31/10/2019



**SINGAPORE
POLICE FORCE**



T/20190806/2153

2 of 3

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20190806/2153

CONTINUATION OF REPORT

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Name	LIM CHENG KAI	ID No.	S1324082J
Related Vehicle	GU5466M (Double Cabin Pick Up)	Contact No.	98315993
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/08/2019	Date Discharge	06/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 06/08/2019 at about 0825hrs, I was driving my vehicle, bearing registration plate number GU5466M, on the third lane from the left along Sims Way towards Geylang Road. There were 5 lanes along Sims Way, the first two lanes from the left could only go straight, the third lane from the left which I was travelling on is able to turn right on to Geylang Road or to go straight, the last two lanes from the left were only able to turn right onto Geylang Road.

While turning right at the junction between Sims Way and Geylang Road, a vehicle, a grey Mercedes Benz bearing registration plate number SFM2020P, which was travelling on the fourth lane from the left, went straight instead of turning right onto Geylang Road, which was against the traffic direction of the lane which he was on. I suddenly felt an impact on the left rear side of my vehicle and stopped in the middle of the junction. However the vehicle drove off without stopping. I had managed to take down the vehicle registration number as well as the brand and color of the vehicle that hit me.

I then continued to drive to my work place at ICA Building in Lavender. I made a check on my vehicle and there were dents and scratches on the rear left bumper and the bumper was dislodged. As I felt pain in my shoulders, I decided to go to Mt. Alvernia Hospital for a check up at 1830hrs and was given 5 days Medical Certificate from 06/08/2019 to 10/08/2019 and decided to make a traffic accident report on the matter.

**SINGAPORE
POLICE FORCE**

T/20190806/2153

3 of 3

Report No. T/20190806/2153

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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 TEO CHENG PENG KYLE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No: 05478368

SN 000

Authentication Stamp

NP108

Signature Of Informant:

Date/Time:

08/08/2019 21:00

Classification Of Case: