



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

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Our Ref: DP.sl.isk.11053.19.LCH
Your Ref: -----
Please quote our reference number when replying

Date: 16 SEPTEMBER 2019

M/S MSFIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01
CITY HOUSE
SINGAPORE 068877
ATTN: MOTOR CLAIMS DEPARTMENT

E-MAIL ONLY

DEAR SIRs,

PRE-REPAIR INSPECTION

**YOUR INSURED VEHICLE REGISTRATION NO: SHA 8464S
ACCIDENT ON 11 SEPTEMBER 2019 INVOLVING FBP 1373J AND SHA 8464S
ALONG BRADDELL ROAD TOWARDS TOA PAYOH LORONG 6**

We are instructed by Lim Yong Kwee to notify you of a road traffic accident on 11th September 2019 at about 08:40 along Braddell Road towards Toa Payoh Lorong 6 involving our client's vehicle registration number FBP 1373J and vehicle registration number SHA 8464S driven by your insured at the material time. A copy of the Singapore accident statement /traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed 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 inspection of the vehicle, by the attached list of nine (09) surveyor which our client deemed suitable to be appointed.

If the aforesaid is not agreeable, kindly therefore instruct your appointed surveyor for a pre-repair inspection of our client's vehicle at by making a prior appointment with the repairer stated below:-

M/S LIAN CHIN HENG MOTOR & CARRIAGE
BLK 22 WOODLANDS LINK
#01-35
SINGAPORE 738734
ATTN: JASON LIAN (8200-8888)

... 2/-

Date: 16th September 2019

If we do not receive any agreement from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,



c.c. M/S LIAN CHIN HENG MOTOR & CARRIAGE

FAX (6755-6985) ONLY

LIST OF INDEPENDENT SURVEYORS

No.	Name	Contact	Remarks
1	Patrick Ng Kong Beng	9794 3298	
2	Jayson Liaw Leong San	9061 0543	
3	Loi Biin Juan	9488 2266	
4	Ang Guea Kiang	9639 9762	
5	Matthew Ng Yong Chin	9339 7780	
6	Ong Poh Meng	9768 7958	
7	Tan Chin Suan	9631 7008	
8	Lee	8188 2833	
9	Phillip Foo	9685 2057	

ACCIDENT STATEMENT DETAILS

Date of Accident : 11-09-2019 Time of Accident 08.40am
 Location of Accident : Braddell Road Turning into Toa Payoh Ave 6
 Vehicle Registration No : FBZ 1373J

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Insured / Owner : Lim Yong Kue
 NRIC No : S69074066 ROC No. if Company :
 Telephone No : 90022928 Email Address :

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Manufacturer : Yamaha Model : ADR 155A (Aerox)
 Type of Vehicle : Saloon / MPV / CRV / Van / Lorry / Bus / M/Cycle / Others
 Purpose of Use during accident : Private / Commercial / Hire & Reward / Others
 Claiming under yr Insurance : YES / NO Or (pls select) : Third Party / Reporting Only
 Vehicle Category : Private / Commercial / Taxi / Private Hire / Bus / Motor Cycle
 Goods Vehicle / Motor Trade / Tanker / Government / Mobile Equipment
 Time of Acci

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company : Sompo Insurance Singapore Pte Ltd
 Policy Number : D19MTMC 01001028 Fleet Policy : YES / NO
 Type of Policy : Comprehensive / Third Party Fire & Theft / Third Party Only

DRIVER'S DETAILS

Name of Driver if not Owner : NRIC Number :
 Date of Birth : Driving Date Pass :
 Occupation : Indoor / Outdoor Gender : M / F Mobile Number :
 Address of Driver :
 Email Address :
 Was driver an employee of the Company YES / NO If No : Relationship :

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision : e.g. Chain Collision / Head-On / Side Swipe / Head to Rear / Others
 Weather : Clear / Raining / Others - Drizzlings Road Surface : Dry / Wet / Others

OTHER INFORMATION & DETAILS OF POLICE ACTION

Any Foreign Vehicle Involved : YES / NO Number of Vehicles involved in Accident :
 Anybody injured : YES / NO Conveyed to Hospital by Ambulance : YES / NO
 Was any Vehicle / Property damaged : YES / NO Any Witness : YES / NO
 Name of Witness : Contact Number :

Nos of Passenger in Own Car :

Name of Passenger :	1		Male / Female
	2		Male / Female
	3		Male / Female
	4		Male / Female
	5		Male / Female
	6		Male / Female
	7		Male / Female
	8		Male / Female
	9		Male / Female

Cont'd

10

11

12

Male / Female

Male / Female

Male / Female

DETAILS OF POLICE ACTION

Was the accident reported to the police :

YES / NO

* If Yes, state Police Station : 10 Ubi Avenue 3

Are accident photos available for attachment :

YES / NO

Was there any video captured by Car Camera :

YES / NO

Was there any audio recorded

YES / NO

DETAILS OF OTHER VEHICLES INVOLVED IN THE ACCIDENT

TP's Vehicle No (B) SHA 8464S

TP's Driver Name

TP's NRIC Number :

TP's Contact Number :

Vehicle Make / Model / Colour Hyundai, Yellow

Detail of Property

Vehicle Category :

Nos. of Passenger in TP's Car

TP's Insurance Company :

Injured Person Name :

Injured NRIC's Number :

Injured Contact No :

TP's Vehicle No (C)

TP's Driver Name

TP's NRIC Number :

TP's Contact Number :

Vehicle Make / Model / Colour

Detail of Property

Vehicle Category :

Nos. of Passenger in TP's Car

TP's Insurance Company :

Injured Person Name :

Injured NRIC's Number :

Injured Contact No :

TP's Vehicle No (D)

TP's Driver Name

TP's NRIC Number :

TP's Contact Number :

Vehicle Make / Model / Colour

Detail of Property

Vehicle Category :

Nos. of Passenger in TP's Car

TP's Insurance Company :

Injured Person Name :

Injured NRIC's Number :

Injured Contact No :

TP's Vehicle No (E)

TP's Driver Name

TP's NRIC Number :

TP's Contact Number :

Vehicle Make / Model / Colour

Detail of Property

Vehicle Category :

Nos. of Passenger in TP's Car

TP's Insurance Company :

Injured Person Name :

Injured NRIC's Number :

Injured Contact No :

DECLARATION

I / We declare the foregoing particulars and informations as given are true in every respect.

Lim Yong Kwee

Name of Person making this Report

[Signature]

Signature

13/9/19 @ 5:50pm

Date / Time of Reporting

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:

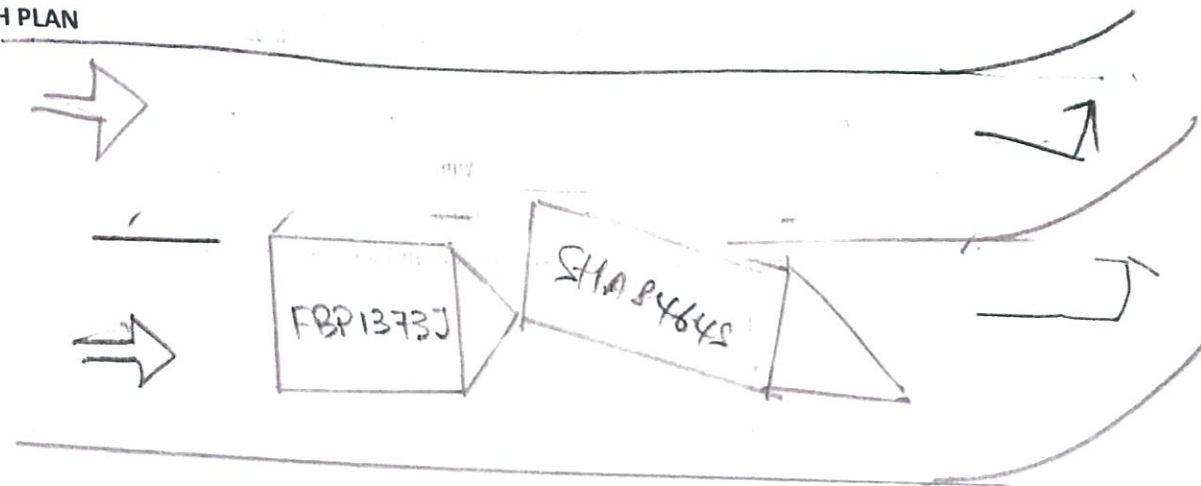
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

I was travelling on Bradell Road towards Toa Payoh when the vehicle in front of me made a sudden change of lane. The speed was not fast but the distance between our vehicle is too near. I jam brake and hit the rear of the other vehicle. I was then conveyed to hospital.

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:

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