

Loh Kham Hwa
c/o Block 9 #01-46
Sin Ming Ind Est
Singapore 575644

24 Sept 2019

WITHOUT PREJUDICE
Your Ref: SMN 3318L

via fax: 6835 7416

Attention : The Motor Claims Department

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way #07-06
Singapore 079120

Dear Sir,

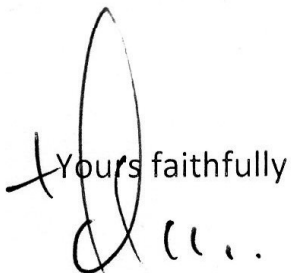
**ACCIDENT INVOLVING VEHICLES : SML 655T & SMN 3318L
AT BLK 215 ANG MO KIO AVE 1 CARPARK ON 21-09-2019**

I am the registered owner of vehicle – SML 655T which was involved in the above accident.

As the result of your insured driver's (SMN 3318L) negligence, thereby causing the said accident, my vehicle sustained damages on the right side portions and it's available for your assessor to inspect at **M/S KAY MOTOR of Blk 9 Sin Ming Ind Estate, #01-46**
Singapore 575644 Tel: 6458 2283 Fax: 64549 8863
Email : kayautosg@yahoo.com

Kindly arrange for your assessor to inspect my vehicle soonest possible.

Enclosed the Accident & Police Report, LTA search for your attention.

Yours faithfully


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	23/09/2019 18:42
Date Of Accident	21/09/2019 13:05
Exact Location Of Accident	BLK 215 ANG MO KIO AVENUE 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML655T
Insured/Policyholder	
Name Of Registered Owner	LOH KHAM HWA
NRIC No	S0090667J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97350579
Alternative Phone No	OFFICE-97350579
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 ELEGANCE (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2281409
Cover Note Number	

Driver

Name of Driver	LOH KHAM HWA
NRIC No	S0090667J
Date Of Birth	17/11/1954
Occupation	INDOOR
Date Of Driving Pass	03/03/1976
Driving Experience	43 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97350579
Fax Number	
Contact Number	OFFICE-97350579

Address	BLK 864 YISHUN AVENUE 4 #05-35
Postcode	760864
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	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?	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)	3
Passenger 1	NAME: : FOOK CHEONG LAM GENDER: : MALE
Passenger 2	NAME: : LEE SIEW WHUA GENDER: : FEMALE

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	SMN3318L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MDM LIM
NRIC/Passport Number	
Contact Number	96541018
Address	