NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 1/10/2019

Time :

By Fax :

TO

AIG ASIA PACIFIC INSURANCE PTE LTD

Accident involving Your insured vehicle No. SKQ1779C with My vehicle No SKW5336Y on 27/9/19 along BKE

1. I, the owner of Vehicle No. SKW 5336 Y 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

CK TEO & CO
Advocates & Solicitors
101A Upper Cross Street #08-17
People's Park Centre Singapore 058358
Tel : 6535 4768 Fax : 6535 4245
wtuang@gmail.com

Enquire Vehicle & Owner Information (Vehicle No. SKQ1379G As At 27 Sep 2019 / 22:20:00)

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:	Company
Owner ID:	199203725C
Owner Name:	PRIMEVEST HOLDINGS PTE LTD
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	45
Registered Street Name:	SCOTTS ROAD
Registered Unit No.:	# 17 - 04
Registered Building Name:	SCOTTS HIGHPARK
Registered Postal Code:	228232

Current Vehicle Details

Vehicle No.:	SKQ1379G
Make Description/Model:	TOYOTA / VELLFIRE 2.4Z G EDITION 2WD
Insurance Company Name:	AIG ASIA PACIFIC INSURANCE PTE. LTD.

MALM19129364 / Ah Lim Motor Company - AMK
ENTRY DATE & TIME: 30/09/2019 16:02
SUBMITTED BY: Melil Tan

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	30/09/2019 16:02
Date Of Accident	27/09/2019 10:20
Exact Location Of Accident	BKE TO JB
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW5336Y
Insured/Policyholder	
Name Of Registered Owner	YEOH KOK CHYE
NRIC No	S1397050E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96355211
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-000322
Cover Note Number	21/01/2019 TO 20/01/2020
Driver	
Name of Driver	YEOH KOK CHYE
NRIC No	S1397050E
Date Of Birth	14/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1979
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96355211
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	NOEMAIL

Address	APT BLK 531 BUKIT BATOK ST 51 #02-128
Postcode	650531
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	COLLISION - HEAD TO REAR
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)	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

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	SKQ1379G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	90388225
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

EQ

Vehicle : SKW 5336Y

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This report must be **completed by the Policyholder and/or the Authorised Driver**
3. All information provided here must be **truthful and accurate as possible.** Any omission, misrepresentation or misleading information is an offence and 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 to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving. Insurers' copies of the report will be given or made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the accessing of this report in the centre and to copies of the report being made available thereafter.
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:

([illegible]) 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

([illegible]) for complying with requirements under any regulations, laws or court orders.

AH LIM MOTOR CO

Policyholder's Signature
Date & Time

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

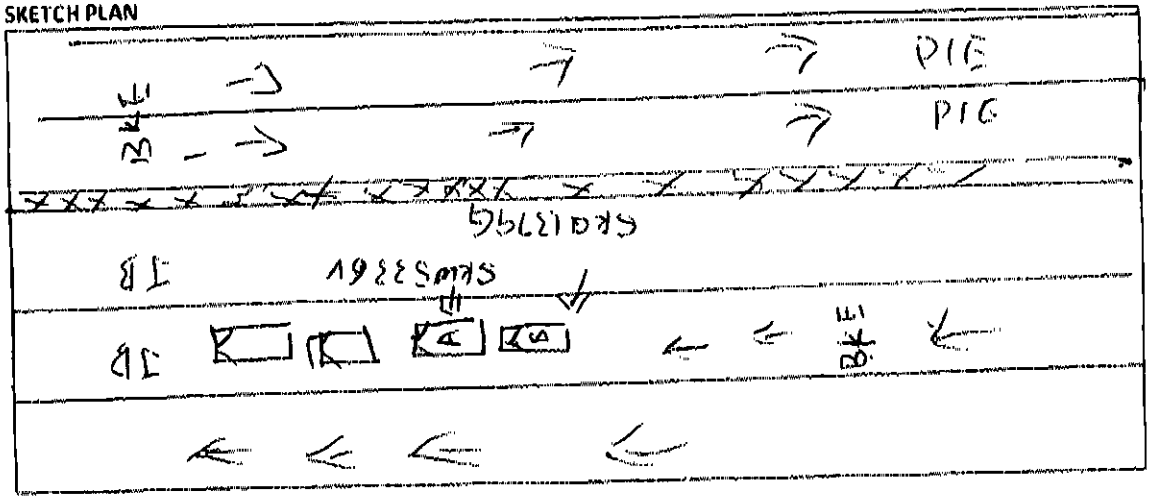
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
30/09/19

Sketch Plan Pg. 2

Date of accident: 27/9/2019 Time: 10.20 pm Location: BKE To TB

My Vehicle A: SKW 5336Y Vehicle B: SKQ 1379G Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along BKE towards Johor.
Traffic ahead of me starts to slow down.
ASH follow to slow to a stop.
Suddenly felt a knock from behind
I came down and realised vehicle (B) SKQ1379G
had hit into the rear of my vehicle.

☐ Claim OD/TP at Ah Lim Motor ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :
My workshop : GUAN MOTOR WORKS
Email address : guanmotorworks@gmail.com
& myself :
Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Vehicle: SKW 5336Y

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.: 30/09/19

AH LIM MOTOR CO SKN