

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 1/10/2019

Time :

By Fax :

TO :

ALG ASIA-PACIFIC INSURANCE PTE LTD

Accident involving Your insured vehicle No. 7P832K with
My vehicle No. SLR9673L on 1/10/19 along PEARL'S HILL ROAD

1. I, the owner of Vehicle No. SLR9673L 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 : PANG YAXUAN SHARON

NRIC : S8817604I

OK TEO & CO
Advocates & Solicitors
101A Upper Cross Street #06-17
People's Park Centre Singapore 050011
Tel : 6535 4768 Fax : 6535 4245

wtuang@gmail.com

Enquire Vehicle & Owner Information (Vehicle No. YP832K As At 30 Sep 2019 / 09:47:00)

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: 201840763R

Owner Name: AURENTAL PTE. LTD.

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

Registered Block/House
No.: 7

Registered Street Name: MANDAI LINK

Registered Unit No.: # 03 - 38

Registered Building Name: MANDAI CONNECTION

Registered Postal Code: 728653

Current Vehicle Details

Vehicle No.: YP832K

Make Description/Model: MITSUBISHI / CANTER FEB21ER4SDEB

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

MS119123777 / STA INSPECTION PTE LTD - Sin Ming
ENTRY DATE & TIME: 01/10/2019 10:47
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 01/10/2019 10:47
Date Of Accident 30/09/2019 09:45
Exact Location Of Accident PEARL'S HILL ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR9873L
Insured/Policyholder
Name Of Registered Owner PANG YA XUAN, SHARON
NRIC No S8817604I
Email Address DANIELPANG92@GMAIL.COM
Mobile Phone No (LOCAL) +65-91544661
Alternative Phone No OFFICE-91544661

Vehicle Particulars

Manufacturer TOYOTA
Model SIENTA-1.5 HYBRID (A)

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5112493969
Cover Note Number

Driver

Name of Driver PANG GUO XUAN DANIEL
NRIC No S9200490B
Date Of Birth 02/01/1992
Occupation OUTDOOR
Date Of Driving Pass 12/04/2012
Driving Experience 7 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91544661
Fax Number
Contact Number OFFICE-91544661
EMail Address DANIELPANG92@GMAIL.COM

Address APT BLK 338 UBI AVENUE 1
#10-863 SINGAPORE

Postcode 400338

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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? 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 ATTACHED. VEHICLE A(SLR9673L) WAS HIT WHILE PARKED BY VEHICLE B(YP832K).

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP832K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver STEPHEN

NRIC/Passport Number S8539140B

Contact Number 87693530

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.

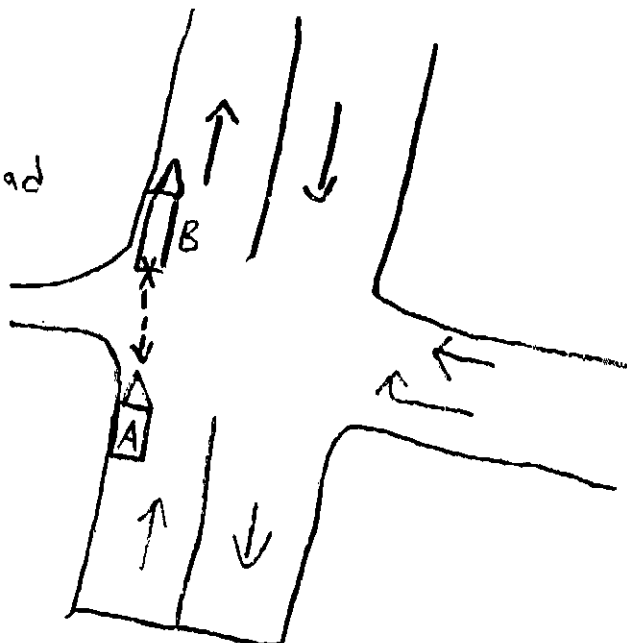
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Pearl's Hill Road
 9.47am
 Car A - SLR9673L
 Car B - YP832K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car on 30/9/19 9.40am at Pearl's Hill road the roadside to go to the toilet, as come back from the toilet at 9.48am my car front part has been damage, the damage is cause by lorry B, YP832K has reverse into my car's front part at 9.47am

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.: