张景祥大律師樓
(律师兼公证及宣誓官)

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098 Tel: 6333 4222 Fax: 6333 5676 / 5688
ROC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@singnet.com.sg
(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/M492-ACC-42612.19/sf (mc)
Your Ref : SKS 5923 Z
Date : 4 October 2019

Secretary in charge: Janice
Tel : 6333 4222 (ext 60)
Fax : 6333 5676 / 6333 5688
Email : janice.kee@ksteoptr.com

To: **AIG Asia Pacific Insurance Pte. Ltd**
AIG Building
78 Shenton Way
#07-16 Singapore 079120
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY PDX# 8181 & FAX 6835 7416 ONLY

Cc: Lee Wan Loong (Owner)
32 Bukit Batok Street 21
#11-10
Singapore 659637

BY POST ONLY

PDX Intercompany Exchange Pte Ltd
010808827216
FROM TEO KENG SIANG LLC
PDX Box No. 8902

Dear Sirs

RE: ACCIDENT INVOLVING SFE 3822 C / SKS 5923 Z ON 3/10/19 ALONG JUNC AT UBI AVE 3 & PAYA LEBAR ROAD

We are instructed by **Ng Han Song** to notify you of a road traffic accident on **3/10/19** at about **15:30 hours** at **ALONG JUNC AT UBI AVE 3 & PAYA LEBAR ROAD** involving our client's vehicle registration number **SFE 3822 C** and vehicle registration number **SKS 5923 Z** driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

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 or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle **SFE 3822 C** is now at the following workshop:-

Massive Trading & Auto
Blk 5038 Ang Mo Kio Industrial Park 2
#01-405
Singapore 569541
Contact: 9108 2728 Anthony

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

_____
Signature

Yours faithfully,

M/s Teo Keng Siang LLC
encs

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

MMIE1913(248-01 / Motor Image Enterprises Pte Ltd - Ton Payoh
ENTRY DATE & TIME: 04/10/2019 09:01
SUBMITTED BY: Mohamed Isman Bin Mohamad Hepkun

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	04/10/2019 09:01
Date Of Accident	03/10/2019 15:30
Exact Location Of Accident	JUNC AT UBI AVE 3 & PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFE3822C
Insured/Policyholder	
Name Of Registered Owner	NG HAN SONG
NRIC No	S1407031A
Email Address	VICTORHANSONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98715991
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL/LEISURE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800127836-01
Cover Note Number	
Driver	
Name of Driver	NG HAN SONG
NRIC No	S1407031A
Date Of Birth	27/11/1960
Occupation	INDOOR
Date Of Driving Pass	26/06/1978
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98715991
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	VICTORHANSONG@YAHOO.COM

Address	BLK 776 WOODLANDS CRESENT #06-56
Postcode	730776
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

PLEASE REFER ATTACHED

Attachment(s)

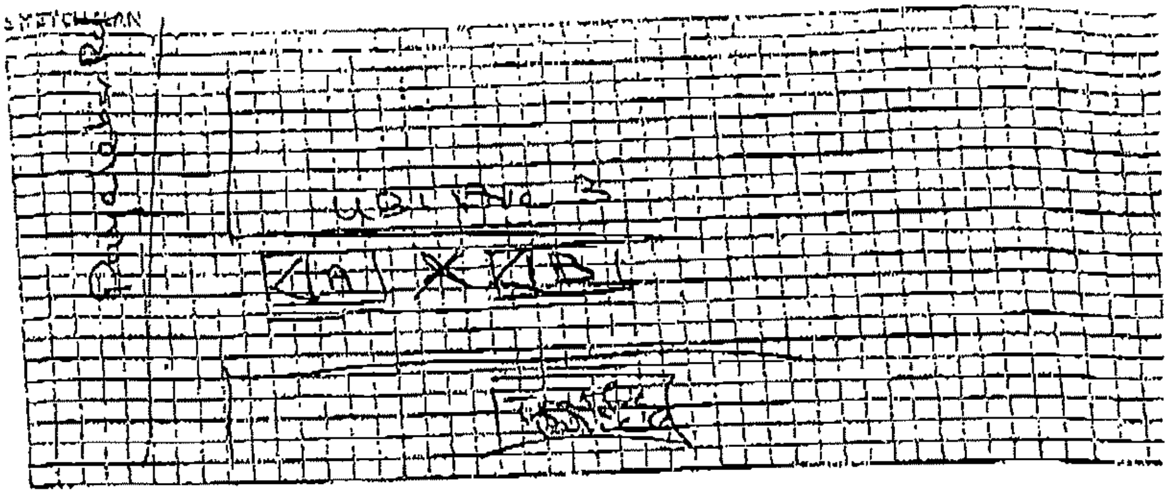
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS6923Z
Vehicle Make/Model/Colour	AUDI WHITE
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While stationary waiting for traffic light to turn green, suddenly Veh B (SKS 5923Z) rear ended my vehicle.

DECLARATION

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

3/10/2019
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Sig
Name: [illegible]
NRIC/FIN No.: [illegible]

SIARC SketchPlanForm_V3

Common Statement

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 informatio 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 insur vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, th 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 o external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively t "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are perm 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 provid agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above P

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detectio 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 in regulatory, 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.

2/10/2019
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Sig
Name: Lawan
NRIC/FIN No.: S8.0 1821F

GIA-GIC SketchPlanForm_V3