



04TH November 2019

AIG Asia Pacific Insurance Pte Ltd
Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SGG 6609 K (Our Ref) and SLX 5901 Z (Your Ref)
Dated 02nd November 2019, Time around 19:30HRS
@ LOYANG AVE TWDS TAMPINES AVE 7

We represent our client; ZULKARNAIN YUSZAINI BIN YUSOF, to notify you of the aforesaid road traffic accident involving our client’s vehicle registration number: SGG 6609 K and your insured’s vehicle registration number: SLX 5901 Z. Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against SLX 5901 Z for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within 2 working days from today, your insured’s and your intention to conduct a pre-repair survey on our client’s vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client’s vehicle without further reference to your insured or you.

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Contact Person	Eric Lee	8269 9999
Email Address	teamautopl@gmail.com	
Survey Address	160 Sin Ming Dr, #01-14 Singapore 575722	

Kindly cc a copy of this letter to your insured for his/her acknowledgement.

Authorized Signatory



Send/Fax to: giareportmy@gmail.com

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	02/11/19	Time of Accident:	19 : 30
Exact Location:	Loyang Ave twds Tampines Ave 7		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SG6 6609K		
Name of Registered Owner:	Zulkarnain Yuzzaini Bin Yusof		
NRIC / FIN / Passport no:	S8521186B		
Vehicle Make:	Honda	Vehicle Model:	Edix 1.7A
Type of Claim:	B/c Party claim		
Vehicle Category:	Private Car		
Name of Insurance Co:	Etiga Insurance		
Type of Policy:	Third Party, Fire & Theft Comprehensive		
Policy Number:	MA603688		

DRIVER			
Name of Driver:	Zulkarnain Yuzzaini Bin Yusof	<input type="checkbox"/> same as owner	
NRIC / FIN / Passport no:	S8521186B	Date of Birth:	30-06-1985
Occupation:	Outdoor	Driving Pass Date:	08-11-2006
Contact Number:	9087 5015	Gender:	Female Male
Address:	802C Keat Hong close #02-65 S'pore 683802		
Relationship with Owner:	Other:		

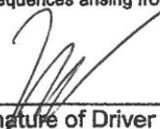
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	chain collision		
Weather Condition:	Clear		
Road Surface:	Dry		
Was anybody injured?	No	Police Report Made?	No Yes: choa chutai NPC.
No. of passenger onboard (including driver):	05 (Sharirah Nurain) Female (Nur Zahra (F) (Nur Tiara Qubariah) Female (AQHIL) (M)		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SLX5A01Z	6B6 3283U	
Vehicle Make / Model:	Subaru Forester	Toyota Hiace.	
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS				
Name:	—		Contact Info:	—

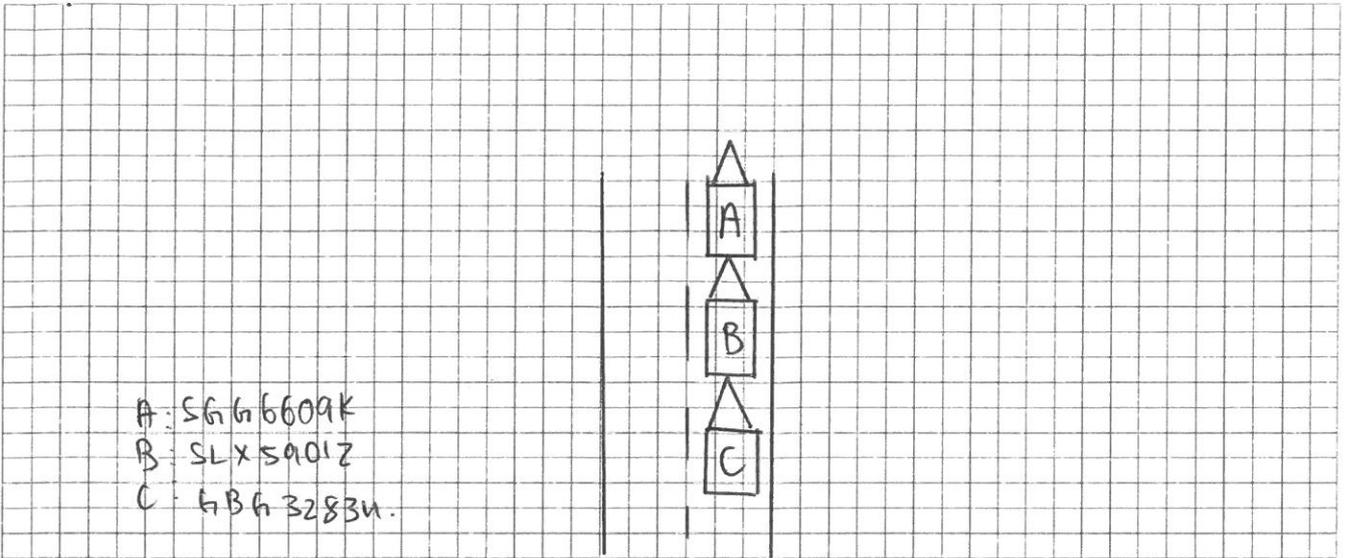
DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:	AQHIL QUB' SYABU SG6 6609K	Zulkarnain (owner) SG6 6609K driver	—

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.


Signature of Driver

Date and time

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date & time. I VEH A "SG66609K" was travelling along Loyang AVE towards Tampines AVE 7. A vehicle in front of me apply E-brake. I slowed down and stop in time. suddenly i felt an impact from my vehicle rear portion. I alighted and found out that I was involved in a chain collision. VEH C GBH3283U have failed to stop in time and collided into VEH B SLX5901Z which causes VEH B to collide into my vehicle rear portion.

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.:

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.:



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20191104/2029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG6609K	ETIQA INSURANCE BERHAD	MA003688	23/01/2019	22/01/2020

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA

Passenger

Name	AQHIL QUE 'SYABIL BIN ZULKARNAIN YUSZAINI	ID No.	T1414271H
Related Vehicle	SGG6609K (Car)	Contact No.	NIL
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/11/2019	Date Discharge	03/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver

Name	ZULKARNAIN YUSZAINI BIN YUSOF	ID No.	S8521186B
Related Vehicle	SGG6609K (Car)	Contact No.	90875015
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/11/2019	Date Discharge	03/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver

Name	ANG HWEE YONG	ID No.	S1586345E
Related Vehicle	SLX5901Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD RAHMAT BIN HUSSAIN	ID No.	S8515869D
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/11/2019 at about 1930hrs, I was driving my vehicle bearing SGG6609K along Loyańg Avenue towards Tampines. I was driving on the first lane when I performed an emergency brake as the vehicle in front of me stopped suddenly.

I managed to stop to avoid hitting onto the car. However, the car behind me bearing SLX5901Z was unable to stop and collided onto my vehicle. Another van bearing GBG3283U that was behind the car collided onto the car. It was a chain collision with my vehicle being the first vehicle.

My vehicle suffered damaged where my rear bumper was dented in and the boot was unable to open and close properly. The signal light is also faulty. I will be sending my vehicle to a workshop.

At the scene, no one informed that they were injured. Thus, we exchanged particulars and left the scene.

The driver of SLX5901Z was namely ANG HWEE YONG, S1586345E and the driver of GBG3283U was namely MUHAMMAD RAHMAT BIN HUSSAIN, S8515869D.

After the accident, I went to CCK Family Clinic and was given 3days of MC from 03/11/2019 to 05/11/2019. My son AQHIL QUE 'SYABIL BIN ZULKARNAIN YUSZAINI, T1414271H had 3days of MC from 03/11/2019 to 05/11/2019 too.

No police nor ambulance were at scene.



**SINGAPORE
POLICE FORCE**



T/20191104/2029

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20191104/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J/ Sgt 2 FELICIA GOH MIN EN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable 	Date/Time: 04/11/2019 10:54
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp
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