ASS. REC. BY: Sanyogin

REF: CS3/AIG19020368 | 83 | Special Instruction:

ASSIGNMENT (Office)

From (Person): Dinnie Fan of AIG Date/Time: 18/11/2019 11.29am

Estimated Cost: Bill to:

OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLF3338H Insured: SLD7UT

at Workshop m/s: Caresmith Tel: 90910000

of: 13 Kaki Bukit Rd 4 #01-20 Bartley Biz

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record): D.O.A: 6/11/2019

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement

Date/Time: 18/11/19 1.42pm Person Contacted: Alex Vehicle IN / (OUT)

Date/Time	Action/Instruction
	(X) Estimate
	SLF3338H - X
	SLD7UT - X
16/12 4.46pm	Jimmy call up to cancel the case. Vehicle insured Liberty not AIG. Celine 26/12/19

- PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICL...

From: Fan, Winnie-LW
To:
Cc: Fong, Andy-SY
Sent: 11/18/2019 11:29:28 AM

Hi LKK,

Kindly assist to survey.

Workshop: **CARSMITH PRIVATE LIMITED**
13 Kaki Bukit Road 4
#01-20 Bartley Biz Centre
Singapore 417807
Person In-Charge: Alex / Wilson
Mobile Number: 9091 0000 / 8838 3318

Winnie Fan
AIG
Claims Service Associate
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

winnie-lw.fan@aig.com | www.aig.sg

AIG **ASIA PACIFIC INSURANCE PTE. LTD.** **BY EMAIL ONLY**
78 Shenton Way
Tower 2 #07-16
Singapore 079120

Dear Sirs,

ACCIDENT INVOLVING SLF 3338 H & SLD 711 T ALONG DEMPSEY HILL OPEN SPACE CARPARK ON 6 NOVEMBER 2019 AT ABOUT 1440 HOURS

We act for the owner of vehicle no. SLF 3338 H.

We are instructed to claim damages against you in connection with the above accident.

Pursuant to NIMA protocol, we hereby give you notice to conduct a pre-repair inspection of our client's motor vehicle at the under-stated workshop:-

TAKE NOTICE that you are required to respond to us within 2 working days (excluding Saturday, Sunday and Public Holiday) of receipt of this notice as to whether you wish to carry out or waive a pre-repair inspection. If we do not hear from you in this regard by the stipulated time, we shall construe your silence as waiver of the requirement for a pre-repair inspection and our client's repairers shall proceed to repair our client's vehicle.

Please contact our staff, Jerdine / Jiamin at 6422 2187 or email us at jiamin.mak@alt.sg / jerdine.wang@alt.sg for future correspondences.

* *Kindly be reminded of the change of our address as stated below.*

Best Regards,

Jiamin

For and on behalf of
Allister Lim

ALLISTER LIM & THRUMURGAN
ADVOCATES & SOLICITORS
1 Coleman Street
#05-01, The Adelphi
Singapore 179803
Telephone : 6422 2187
Facsimile : 6438 1211

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 08/11/2019 17:15

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 witholding 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	08/11/2019 17:02
Date Of Accident	06/11/2019 14:40
Exact Location Of Accident	DEMPSEY HILL OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF3338H
Insured/Policyholder	
Name Of Registered Owner	ZHANG LI
NRIC No	G3287745T
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-92956889
Alternative Phone No	OFFICE-92956889
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	MERCEDES-BENZ C200
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	GA486359/1
Cover Note Number	
Driver	
Name of Driver	MAI ZUER
NRIC No	G1645469P
Date Of Birth	24/08/1978
Occupation	INDOOR
Date Of Driving Pass	01/11/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92952346
Fax Number	
Contact Number	
EMail Address	SALES@MIA.COM.SG

Address	101 PRINCE CHARLES CRE #02-06
Postcode	159017
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 51 KILLINEY ROAD , **POSTCODE**: 239572 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7359999 - **FAX NO**: 67331934
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO 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	SLD711T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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 acknowledgement 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 Q & P 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.
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 the 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, 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.

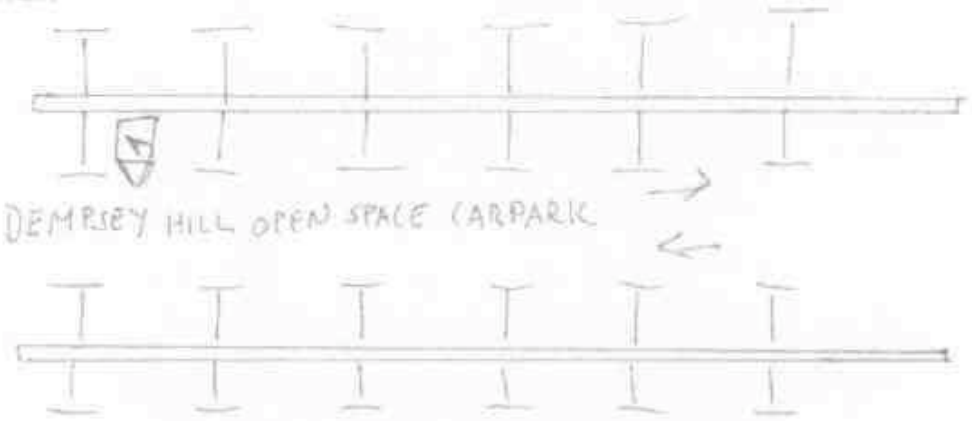
Policyholder's Signature
Date & Time

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Remark : I am the owner of SLF333H I want to state that I was a foreigner and I am not familiar with the rules of the insurance. But I make a police report on the accident date

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 Police Personnel's Signature
Name
NRIC/FIN No.